

### Disclosure of Compensation

Colorado Public Employees' Retirement Association  
 PO Box 5800, Denver, Colorado 80217-5800  
 1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



Your SSN

  
 
   

See instructions on page 20 before completing this form. You may also submit this form online at [www.copera.org](http://www.copera.org) by logging into your account using your User ID and password.

#### Retiree Information

Your Name \_\_\_\_\_  
Last First MI

Mailing Address \_\_\_\_\_  
Street City State ZIP Code

Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Sign up for electronic delivery of PERA information?  Yes  No

**If applicable:**

Name of company providing services to the PERA employer \_\_\_\_\_

Company Tax Identification Number (TIN):   -

Name of owner of company \_\_\_\_\_

Please specify the nature of the relationship between you and the affiliated party (*For example:* The affiliated party is your spouse, daughter, brother-in-law, etc.) \_\_\_\_\_

#### Compensation Received

Name of PERA Employer \_\_\_\_\_

Enter the compensation received from the PERA employer listed above.

Date(s) Worked	Date of Invoice (if applicable)	Type of Service Provided	Compensation Received by Retiree to be reported to PERA*	Compensation Received by Retiree NOT to be reported to PERA*
			\$	\$
			\$	\$
			\$	\$
			\$	\$
<b>Total:</b>			\$	\$

\* Compensation reported to PERA should only include amounts paid for services rendered. Any amounts that were reimbursed for travel, materials, and other expenses should not be reported to PERA.

**Sign Here →**

Signature \_\_\_\_\_ Date \_\_\_\_\_