

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 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*
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total:			\$	\$

* 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 _____