

Adjunct Faculty Employment Packet

The attached packet of materials contains the necessary forms needed for your Human Resources and Payroll files. The following is a brief explanation of these forms and some other issues that employees should be aware of. **Failure to complete all information included in this packet in full, will result in a delay of your paycheck.** If you have any questions or need further information, please contact the Human Resources Department at (303) 360-4762 or the Payroll Department at (303) 361-7390.

1. The first form is the *Applicant Authorization & Consent for Release and Disclosure of Information*. This form must be completed in its entirety before employment can begin and your continued employment is contingent upon the results of your background check.
2. The second form is the *Applicant's Oath*. If you have been convicted of a felony or a misdemeanor (not including a traffic offense), the second part of this form **must** be completed.
3. The third form is the *Applicant Authorization & Consent for Release and Disclosure of Educational Transcripts*. A résumé and **official transcripts** of college credit or professional certification pertaining to all degrees achieved **must** be received within 30 days of employment. By signing this form, you are authorizing CCA to request transcripts on your behalf.
4. The fourth form is the *Adjunct Faculty Information Form*. Please list disciplines that you are teaching.
5. The fifth form is the *Personal Data Form*. If you are not a U.S. citizen or are in the U.S. on a VISA, please include a copy of the official documents declaring you thus. Payroll confirmation will be emailed to a college assigned email address. Please also include an alternate email.
6. The sixth form is the *W-4 Employee's Withholding Allowance Certificate*. The total number of allowances that you claim on your W-4 will determine your tax withholding. You **cannot** claim exempt if you are claiming dependents. If you are not a U.S. Citizen or are in the U.S. on a VISA, please contact the Payroll Department regarding your tax exemptions.
7. The seventh form is a *Direct Deposit Authorization Form*. **Direct Deposit is Mandatory and a condition of employment!** Direct deposit will take effect immediately. Your payroll confirmation will be e-mailed to the address on file with the Payroll Department.
8. The eighth form is the *Loyalty Oath Form*. Everyone employed to teach with the Community College of Aurora is **required** to complete this form. This form must be signed (in the presence of a notary) and notarized.
9. The ninth form is the *Employment Eligibility Verification Form (I-9)*. Employers are required to have this form on file for all employees. Proper identification is required. A representative from the Human Resources Department or the Payroll Department **must** examine and copy your documents, and complete and sign the employer section of the I-9 form. See the backside of the I-9 form for a list of acceptable documents.

10. The tenth form is the *Work Related Injuries or Illness Form*. This form concerns injuries sustained in the workplace. The designated treatment facilities for worker's compensation related injuries are Concentra Medical Center and HealthONE Occupational Medicine and Rehabilitation Clinics. Please contact the Human Resources Department at (303) 360-4823 if any medical treatment is needed.
11. The eleventh form is the *Employee at Will Statement*. If you have any questions regarding this form, please contact the Human Resources Department at (303) 360-4823.
12. The twelfth form is the *Drug-Free Workplace Policy Statement Employee Acknowledgement Form* concerning the College Drug Free Awareness Program. Please read the included information and complete the last page. Return only the last page with your employment packet.
13. The thirteenth form is the *PERAChoice Election Brochure*, which explains the benefits and election process for PERA benefits, followed by the necessary election forms. Employees hired on or after January 1, 2008, may be eligible to participate in PERAChoice. If PERA has received contributions on your behalf from you and another PERA affiliated employer in the last 12 months, you cannot participate in PERAChoice and must return to the plan in which you previously participated. PERA retirees are not eligible to participate. If PERA has not received contributions on your behalf in the past 12 months, and you are not a PERA retiree, you are eligible to participate in PERAChoice. Please contact the Human Resources Department at (303) 360-4823 or the Payroll Department at (303) 361-7390 for more information.

NOTE: Employers in the City of Aurora are required to deduct a \$2 per month Occupational Privilege Tax from each employee who will earn over \$250.00 per month. Your principal employer should be the one to take the \$2 Occupational Privilege Tax. The principal employer is that employer for whom one works the most hours. If your principal employer is that other than the Community College of Aurora, please obtain a withholding certificate from your principal employer and forward it to the Human Resources or Payroll Department so that the \$2 tax will not be deducted from your check. Your principal employer must be in the City of Aurora in order for you to be exempt from this tax. This amount is not included on your W2, but can be included when filing your taxes as a miscellaneous deduction.

Employers are also required to deduct a 1.45% Medicare tax from the wages of all non-student employees hired after March 31, 1986. This deduction will be stated as Medicare on your payroll confirmation.

Human Resources/Payroll



Attention!!!

When completing your employment packet, please make sure that it is complete and submitted to the Human Resources Department (A201) or the Payroll Department (A204) before beginning employment. If anything is missing, this will delay your first paycheck.

Make sure the following items are included:

- Your Applicant Authorization & Applicant's Oath (background check authorization);
- The Loyalty Oath that must be notarized (for faculty only);
- A copy of your Driver's license and social security card (other acceptable forms of identification can be found on the back of the I-9 form). **These must be examined and copied by a CCA Representative. Please bring them with you.**



Date: _____

Applicant Authorization & Consent for Release and Disclosure of Information

We truly welcome your application for employment at the Community College of Aurora (hereinafter referred to as “CCA”). We require, as a condition of employment, that all applicants must consent to and authorize a pre-employment verification of the background information submitted on their application and attached forms.

I authorize CCA and Background Information Services, Inc. (hereinafter referred to as “BIS”), a consumer reporting agency, to retrieve information from all educational institutions, government agencies, law enforcement agencies at the federal, state or county level, any agencies or individuals, relating to past activities, to supply information concerning my background, and release the same from liability resulting in providing such information. The information received may include, but not limited to previous education, motor vehicle, social security, credit and a criminal background check. I understand that the consumer report may be prepared summarizing this information.

I authorize BIS and any of its agents/designated representatives, to disclose orally, electronically, and in writing the results of its verification process and/or interview to the designated authorized representatives of CCA.

I do hereby discharge CCA, its agents, BIS, and its associates, to the full extent permitted by the law from damages, losses, liabilities, costs and expenses, or other charge of complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if adverse action is taken based on information obtained by CCA and to receive orally, written or electronically, a copy of the consumer report and a description of the rights of a consumer.

I hereby certify that all of the statements and answers set forth on the application and attachment forms are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for termination of employment.

Applicant's Signature

Printed Name

Other names you have used

Date of Birth

List any cities and states, including the county, where you have lived in the past 7 years

List your current address with zip code



Applicant's Oath

Name: _____ Maiden _____
Last First

Social Security # _____ Date of Birth _____

PLEASE READ CAREFULLY

- ❖ A person is deemed to have been convicted of committing a felony or misdemeanor if such person has been convicted under the laws of any state, the United States, or any Territory subject to the jurisdiction of the United States of an unlawful act, which, if committed within this state, would be a felony or misdemeanor.
- ❖ "Convicted" means a conviction by a jury or by a Court and shall also include the forfeiture of any bail, bond, or other security deposited to secure appearance by a person charged with having committed felony or misdemeanor, the payment of a fine, a plea of nolo contendere, and the imposition of a deferred or suspended sentence by the Court.

I have read the above, I am the above listed applicant, and I do hereby certify under penalty of perjury, either:

- 1. **I have never been** convicted of a felony or misdemeanor (not including a misdemeanor traffic offense or traffic infraction).
- 2. **I have been** convicted of a felony or misdemeanor (not including a misdemeanor traffic offense or traffic infraction) and I have attached documentation which specified the felony or misdemeanor for which I was convicted, the date of the conviction(s) and the name and address of the Court which entered the judgment or conviction. Information specifying the felony or misdemeanor for which I was convicted is as listed on the next page.

I hereby affirm that all information on and with this oath is true and complete to the best of my knowledge. I understand that any intentional misrepresentation of facts or falsification of statements on and with this attestation shall result in my termination and may be punishable by law.

Applicant's Signature

Date

NEXT PAGE MUST BE COMPLETED IF NUMBER 2 ABOVE IS CHECKED



Personal Data Form

Name Last First (as it appears on social security card) Middle Social Security #

Current Street Address

City State Zip County

Home Phone (include area code) Work Phone (include area code) Cell Phone (include area code)

Sex: Male Female Date of Birth:

Citizenship—Check One:

- AS—Asylee/Refugee
- N—Non U.S. Citizen
- OT—Other VISA Type
- RA—Resident Alien
- PR—Permanent Resident
- Y—U.S. Citizen

Citizenship Information—if other than a U.S. Citizen, you must include copies of your official documents.

VISA #: Country: VISA Expiration Date:

Ethnicity—Check One:

- 1—White Non-Hispanic
- 2—Black Non-Hispanic
- 3—Hispanic Other
- 4—Asian or Pacific Islander
- 5—American Indian/Alaskan Native
- 7—Other

Email Address Additional Email Address

Emergency Contact: Name Relationship Phone # (include area code)

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Form W-4 (2010)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____			
B	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}	B _____
{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}			
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____			
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____			
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____			
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F _____			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	G _____			
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H _____			
	For accuracy, complete all worksheets that apply. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	}	
{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	}			

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 0;">2010</div>
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 \$	
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions **1** \$ _____
- 2 Enter:

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$ _____
	\$8,400 if head of household				
	\$5,700 if single or married filing separately				
- 3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4 Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) **5** \$ _____
- 6 Enter an estimate of your 2010 nonwage income (such as dividends or interest) **6** \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter “-0-” **7** \$ _____
- 8 **Divide** the amount on line 7 by \$3,650 and enter the result here. Drop any fraction **8** _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3.” **2** _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____

Note. If line 1 is **less than** line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet **4** _____
- 5 Enter the number from line 1 of this worksheet **5** _____
- 6 **Subtract** line 5 from line 4 **6** _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Direct Deposit Authorization

Mandatory

Employee Name _____ S# _____

Bank Name (City, State) _____

Routing # (if known) _____ Account # _____

Account Type: Savings Account Checking Account

Attach a VOIDED Check No Deposit Slips

ATTENTION:

Note: This information will remain in effect until you initiate a change. Be aware that if you have a break in service, a new form must be completed to ensure that your payments are sent to the correct bank and account. If a new form is not completed immediately upon re-hire, payments may be sent to an account that is no longer valid.

I hereby authorize my employer to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings account as indicated by the above information and the depositories named above, each hereinafter called depository, to credit and/or debit the same to such account(s). I understand that if the information provided is incorrect, CCA will not be responsible for incorrect deposits.

Signature

Date



Loyalty Oath

I solemnly (swear)* (affirm)* that I will uphold the Constitution of the United States and the Constitution of the State of Colorado, and I will faithfully perform the duties of the position upon which I am about to enter.

Employee Name (Printed or Typed)

Employee Signature

Social Security #

Subscribed and (sworn)* (affirmed)* to me this _____ day of _____, 20_____.

Notary Public

My Commission Expires _____

***Strike Inapplicable Word**

Instructions**Read all instructions carefully before completing this form.**

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees, citizens, and noncitizens hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9**Section 1, Employee**

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen Nationals of the United States

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in **Section 2** evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete Section 3 when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in Section 1 (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 1. Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
 2. Record the document title, document number, and expiration date (if any) in Block C; and
 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing Section 3.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Community College of Aurora, 16000 E. CentreTech Pkwy., Aurora, CO 80011		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
	OR	AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)



EMPLOYMENT VERIFICATION AFFIRMATION FORM

Employee Name: _____

Date of Hire: _____

On behalf of the State of Colorado, I affirm the following, with respect to the above-named individual:

1. I have examined the employee's work authorization documents as required by the Immigration Reform Control Act of 1986;
2. I have retained file copies of the documents which the employee has presented as required by 8 U.S.C. § 1324a;
3. I have not altered or falsified the employee's identification documents; and
4. The State of Colorado has not knowingly hired an unauthorized alien.

This affirmation will be retained for the term of the above-named individual's employment.

Name of Employer Representative

Date

Attach this form to Form I-9 and supporting documentation for filing.



Work-Related Injuries or Illness Form

The Community College of Aurora strives to provide safe working conditions for all employees. However, injuries on the job do occur and prompt medical treatment of these injuries has been arranged through Concentra Medical Centers and HealthONE Occupational Medicine and Rehabilitation Clinics. If you are injured while at work, these are the **only** authorized facilities for treatment. Any medical cost other than that through these facilities is the responsibility of the employee. To locate a center near you, visit Concentra Medical Centers online at www.concentra.com, HealthONE Occupational Medicine and Rehabilitation Clinics online at www.healthoneclinics.com or contact the Human Resources Department at (303) 360-4823.

If you, or a fellow employee, is injured in a life- or limb-threatening manner, medical care should be obtained from the nearest emergency medical facility (hospital emergency room).

Notify the Human Resources Department as soon as possible, if a work-related injury or illness occurs.

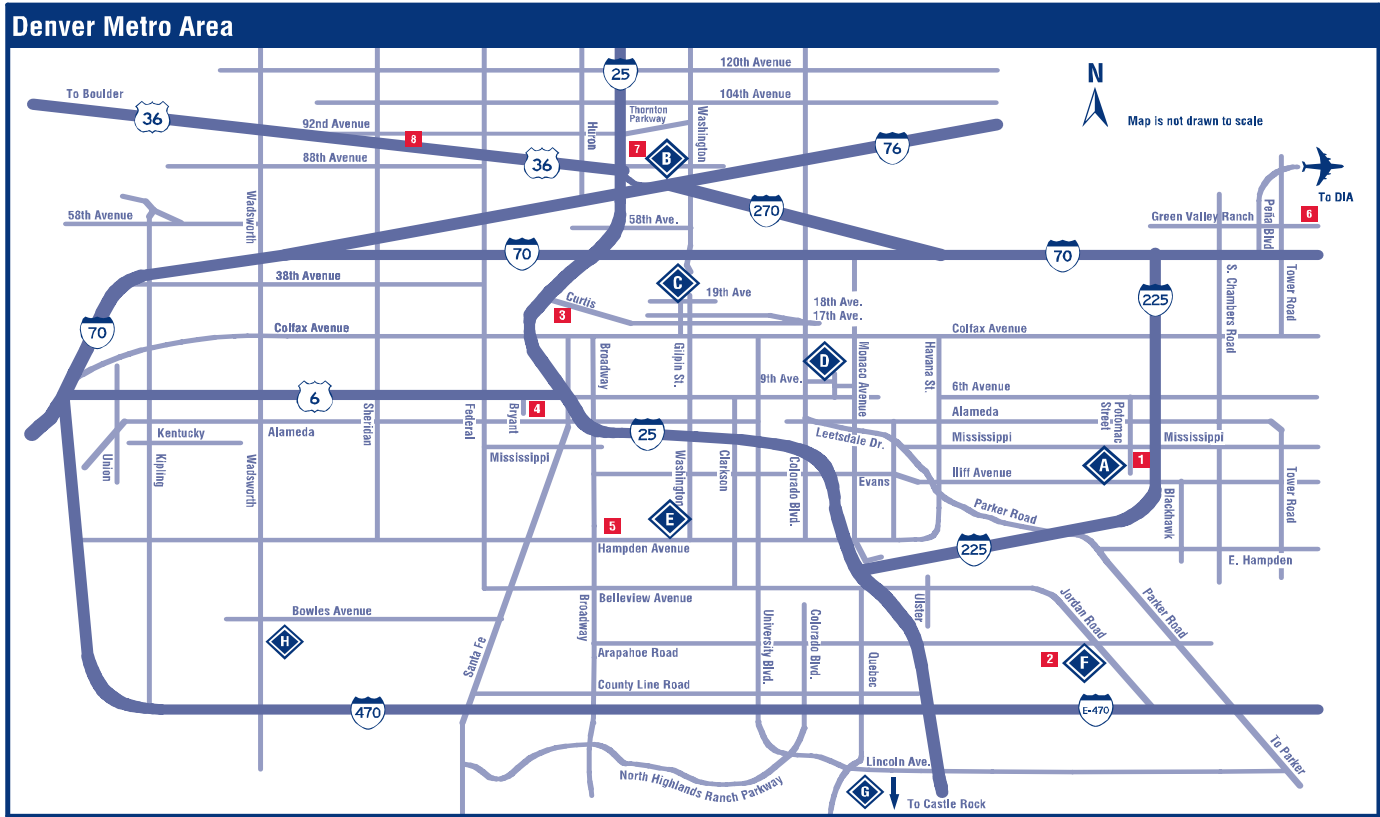
Please indicate that you have read this entire notice by signing and returning this sheet.

Employee Name (Printed or Typed)

Employee Signature

Social Security #

Date



HealthONE Occupational Medicine and Rehabilitation

- | | | | |
|---|---|--|--|
| <p>1 AURORA
1444 S Potomac St, #200
Aurora, CO 80012
Phone: 303-214-0000
Fax: 303-343-8135</p> | <p>3 DENVER
1515 Wazee, Ste D
Denver, CO 80202
Phone: 303-534-9550
Fax: 720-932-7805</p> | <p>5 ENGLEWOOD
125 E Hampden Ave
Englewood, CO 80113
Phone: 303-788-9292
Fax: 303-788-9260</p> | <p>7 THORNTON
9195 Grant St, Ste 100
Thornton, CO 80229
Phone: 303-292-0034
Fax: 303-292-0097</p> |
| <p>2 CENTENNIAL
14000 E Arapahoe Rd, #110
Centennial, CO 80112
Phone: 303-218-4250
Fax: 303-218-4247</p> | <p>4 DENVER
120 Bryant St
Denver, CO 80219
Phone: 303-936-9700
Fax: 303-936-9686</p> | <p>6 GREEN VALLEY RANCH
4809 Argonne St, Ste 150
Denver, CO 80249
Phone: 303-563-2750
Fax: 303-563-2751</p> | <p>8 WESTMINSTER
5044 W 92nd Ave
Westminster, CO 80031
Phone: 303-650-0445
Fax: 303-429-5088</p> |

After Hours Emergency Care

- | | | | |
|--|---|--|---|
| <p>A The Medical Center of Aurora-South Campus
1501 S Potomac St
Aurora, CO 80012
Phone: (303) 695-2600</p> | <p>C Presbyterian/St Luke's Medical Center
1719 E 19th Ave
Denver, CO 80218
Phone: (303) 839-6000</p> | <p>E Swedish Medical Center
501 E Hampden Ave
Englewood, CO 80110
Phone: (303) 788-5000</p> | <p>G Sky Ridge Medical Center
10101 Ridgeway Pkwy
Lone Tree, CO 80124-5522
Phone: (720) 225-1000</p> |
| <p>B North Suburban Medical Center
9191 Grant St
Thornton, CO 80229
Phone: (303) 451-7800</p> | <p>D Rose Medical Center
4567 E 9th Ave
Denver, CO 80220
Phone: (303) 320-2121</p> | <p>F Centennial Medical Plaza
14200 E Arapahoe Rd
Englewood, CO 80112
Phone: (303) 699-3000</p> | <p>H Swedish Southwest ER
6196 W Ammons Way
Littleton, CO 80123
Phone: (303) 932-6911</p> |



Concentra Medical Center Locations

Concentra Medical Center

10355 East Iliff Ave,
Aurora, CO 80231
Phone: 303-755-4955
Hours of Operation: 8:00 A.M. - 5:00 P.M. (Mon. - Fri.)

Concentra Medical Center

3350 Peoria Street,
Aurora, CO 80010
Phone: 303-340-3053
Hours of Operation: 7:00 A.M. - 6:00 P.M. (Mon. - Fri.)

Concentra Medical Center

3434 47th Street, Suite 100, Suite 300
Boulder, CO 80301
Phone: 303-541-9090
Hours of Operation: 8:00 A.M. - 5:00 P.M. (Mon. - Fri.)

Concentra Medical Center

2322 S. Academy Blvd.,
Colorado Springs, CO 80916
Phone: 719-390-1727
Hours of Operation: 8:00 A.M. - 5:00 P.M. (Mon. - Fri.)

Concentra Medical Center

5320 Mark Dabling Boulevard,
Colorado Springs, CO 80918
Phone: 719-592-1584
Hours of Operation: 7:30 A.M. - 5:00 P.M. (Mon. - Fri.)

Concentra Medical Center

6750 Stapleton Drive South,
Denver, CO 80216
Phone: 303-355-2389
Hours of Operation: 7:00 A.M. - 10:00 P.M. (Mon. - Fri.)

Concentra Medical Center

1212 S. Broadway, Suite 100,
Denver, CO 80210
Phone: 303-777-2777
Hours of Operation: 7:00 A.M. - 6:00 P.M. (Mon. - Fri.)

Concentra Medical Center

420 E. 58th Avenue, Suite 111,
Denver, CO 80216
Phone: 303-292-2273
Hours of Operation: 7:00 A.M. - 6:00 P.M. (Mon. - Fri.)

Concentra Medical Center

1860 Larimer Street, Suite 100
Denver, CO 80202
Phone: 303-296-2273
Hours of Operation: 7:30 A.M. - 8:00 P.M. (Mon. - Fri.)

Concentra Medical Center

7150 S. Fulton Street, Building 200-C,
Englewood, CO 80112
Phone: 303-792-7368
Hours of Operation: 8:00 A.M. - 5:00 P.M. (Mon. - Fri.)

Concentra Medical Center

2620 E Prospect Road, Suite 160,
Fort Collins, CO 80525
Phone: 970-221-5811
Hours of Operation: 8:00 A.M. - 6:00 P.M. (Mon. - Fri.)

Concentra Medical Center

770 Simms Street, Suite 100,
Golden, CO 80401
Phone: 303-239-6060
Hours of Operation: 8:00 A.M. - 5:00 P.M. (Mon. - Fri.)

Concentra Medical Center

500 E. 84th, Suite B-14,
Thornton, CO 80229
Phone: 303-287-7070
Hours of Operation: 8:00 A.M. - 5:00 P.M. (Mon. - Fri.)



Employee At Will Statement

I understand that I am employed on an “at will” basis and that this appointment may be terminated with or without cause by either party at anytime.

Employee Name (Printed or Typed)

Employee Signature

Social Security #

Date



Drug-Free Awareness Program

Information Sheet

Pursuant to the Drug-Free Workplace Act of 1988, any organization that is desirous of contracting with any Federal agency must take the following steps to ensure the existence of a drug-free environment for its employees:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the workplace and specify the actions that will be taken against employees for violation of such prohibition.
2. Establish a drug-free awareness program to inform employees about:
 - the dangers of drug abuse in the workplace,
 - the organization's policy of maintaining a drug-free workplace,
 - any available drug counseling, rehabilitation, and employee assistance programs,
 - the penalties that may be imposed upon employees for drug abuse violations.
3. Require that each employee who will be engaged in the performance of such contract be given a copy of the statement required by paragraph 1 and that, as a condition of employment on such contract, the employee agrees to abide by the terms of the statement and notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
4. Notify the contracting agency within ten (10) days after receiving notice under paragraph 3 from an employee or otherwise receiving actual notice of such conviction.
5. Within 30 days after receiving notice, impose a sanction on, or require the satisfactory participation in drug abuse assistance or rehabilitation program by, any employee who is so convicted, as required by the statute.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs 1 through 5.

In response to the federal statute, the State Board for Community Colleges and Occupational Education has approved a policy statement requiring all employees at state system community colleges and on the System Central staff, whether exempt or classified, to comply with the requirements of the statute. Accordingly, please find attached to this memo a copy of the institutional Drug-Free Awareness Program that should be retained for reference. The program includes the following:

1. A Drug-Free Workplace Policy Statement. Note that a comprehensive list of “controlled substances” under the Drug-Free Workplace Act of 1988 is available for inspection in the workplace.
2. Information about the penalties employees may suffer as the result of drug abuse violations occurring in the workplace.
3. A listing of available drug counseling, rehabilitation, and employee assistance programs.
4. Information about the dangers of drug abuse in the workplace.
5. An Employee Acknowledgement Form. This form must be signed and returned to the Human Resources office **no later than five (5) days** after receiving the Employee Notification Packet.

If you have any questions, please contact the Human Resources office at (303) 360-4823. Thank you for your cooperation.

Drug-Free Workplace Policy Statement

It is the policy of the System/College's Governing Board that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the workplace. Any employee who violates the above policy will be subject to appropriate disciplinary action, which includes termination.

As a condition of employment, each employee shall:

1. Abide by the terms of this Policy Statement; and
2. Notify the College and/or System of any drug statute conviction for violation occurring in the workplace no later than five (5) days after such conviction.

Based on State Board for Community Colleges and Occupational Education Policy requiring a Drug-Free Workplace, BP 3-24.

Penalties Employees May Suffer For Violations

Any employee who is convicted of a violation of any criminal drug statute, which occurred in the workplace, will be subject to:

1. Appropriate personnel actions up to and including termination; or
2. Satisfactory participation in a drug abuse assistance or rehabilitation program approved for such purposes by federal, state, or local health, law enforcement, or other appropriate agencies.

Drug-Free Awareness Program

As part of its Drug-Free Awareness Program, which includes the Drug-Free Workplace Policy Statement, the College/System provides the following information to all employees:

1. Drug counseling, rehabilitation, and employee assistance programs, which are available to employees of this institution, include:

- Substance Abuse Treatment Locator
- AlcoholScreening.org
- Al-Anon/Alateen
- Alcoholics Anonymous (AA)
- American Council on Alcoholism
- Cocaine Anonymous
- Nar-Anon
- Focus on Recovery Helpline
- National Council on Alcoholism and Drug Dependence Hopeline

Addresses, phone numbers, and a brief synopsis of each above-mentioned drug counseling, rehabilitation, and employee assistance programs are available by contacting the Human Resources Office at (303) 360-4823.

2. Employees are encouraged to contact the Colorado State Employees Assistance Program (C-SEAP) concerning a wide range of services, from confidential counseling to the Drug-Free Workplace requirements.

C-SEAP is available for all state employees and their immediate family members (15 and older). C-SEAP offers confidential counseling, supervisory consults, conflict resolution, crisis intervention, training/workshops, drug-free workplace coordination, problem solving, violence prevention, and more! Contact C-SEAP for more information or to make an appointment with a qualified professional at (303) 866-4314 or (800) 821-8154.



Drug-Free Workplace Policy Statement Employee Acknowledgement Form

I, the undersigned employee of the Community College of Aurora, have received a copy of the Drug-Free Workplace Policy Statement; and

1. I agree to abide by the terms of the policy statement; and
2. I agree to notify my supervisor if I am convicted of violating a criminal drug statute in the workplace no later than five (5) days after the date of such conviction.

Employee Name (Printed or Typed)

Employee Signature

Social Security #

Date



Compare Your Options

As a new Colorado community college employee, you may select from two types of retirement plans offered by Colorado PERA. Whether you are comfortable investing for your retirement or would like professionals to invest on your behalf, Colorado PERA has an option for you.

What is Colorado PERA?

Colorado PERA was established in 1931 by the Colorado General Assembly, at the request of a group of State employees who foresaw the need for a safe and secure retirement system. PERA pre-dates the creation of Social Security, and as a community college employee, you do not contribute to that system, although workers hired after March 1986 contribute 1.45 percent of their pay to Medicare.

Colorado PERA serves over 400,000 public employees today. The PERA trust funds exceed \$40 billion and are invested in Colorado and companies around the world on behalf of the PERA membership. PERA is governed by a 15-member Board of Trustees, 11 of whom are elected by the membership. The Board works closely with your elected officials to ensure the soundness of the State's largest financial institution.

What Plans Does PERA Offer?

Colorado PERA has two types of plans—a defined benefit (“DB plan”) and a defined contribution (“DC plan”) available for eligible new community college employees. The DB plan is the traditional retirement plan, where your contributions are invested by professionals for you. In the DC plan, you direct your investments to an array of fund options.

Eligibility Requirements

Employees hired on or after January 1, 2008, at the institutions listed at the right may be eligible to participate in PERAChoice. If PERA has received contributions on your behalf from you and another PERA-affiliated employer in the last 12 months you cannot participate in PERAChoice and must return to the plan in which you previously participated. PERA retirees are not eligible to participate.

If PERA has not received contributions on your behalf in the past 12 months, and you are not a PERA retiree, you are eligible to participate in PERAChoice.

Community colleges eligible to participate in PERAChoice:

- Arapahoe Community College
- Colorado Community College System
- Colorado Northwestern Community College
- Community College of Aurora
- Community College of Denver
- Front Range Community College
- Lamar Community College
- Morgan Community College
- Northeastern Junior College
- Otero Junior College
- Pikes Peak Community College
- Pueblo Community College
- Red Rocks Community College
- Trinidad State Junior College



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Secure.**

www.copera.org



Making the Decision—DB or DC

The PERA DB retirement plan is a hybrid defined benefit plan. It is designed to attract and retain employees who are interested in working in PERA-covered employment for a large part of their careers, while providing greater portability than a traditional defined benefit plan.

Unlike the PERA DB Plan, the PERA DC Plan is based solely on the money you have contributed, the investment earnings or losses incurred, minus expenses. You have the flexibility to make investment decisions, which also means you assume the investment risks. The amount of your benefit can sometimes be difficult to determine given that the amount depends on the success of your investment decisions, when you begin withdrawals, and your life expectancy.

Over the years, PERA has worked with the State Legislature and others to address issues such as portability, cost of living adjustments, and overall improvement of the benefits PERA members receive. These changes have made the PERA DB plan more flexible and portable. PERA members and the State of Colorado benefit from a conservative yet innovative approach to public pension management.

The PERA DB and PERA DC Plans are both considered 401(a) plans and are created under that section of the Internal Revenue Code.

Defined Benefit Plan Features

- Lifetime retirement benefit
- Ancillary benefits such as disability and survivor coverage
- Plan invests for all beneficiaries, and individual contributors do not control the amount of their contributions nor their investments
- Also known as a traditional pension plan

Defined Contribution Plan Features

- The retirement benefit equals the amount accumulated in the account over time and the benefit ends when the account balance is depleted
- Employees contribute to a tax-deferred plan, making their own investment decisions
- Employees have their own unique accounts
- Plan type generally labeled according to the governing section of the Internal Revenue Code, such as 401(k), 403(b), 457, or a 401(a) plan

Personal Investment Assessment

By answering the following questions, you'll be better able to determine what type of plan (DB or DC) is right for you.

Do you like to manage your own investments? Yes No

If you answered Yes, consider PERA DC.

If you answered No, consider PERA DB.

Do you have the time and knowledge to appropriately invest for your retirement security? Yes No

If you answered Yes, consider PERA DC.

If you answered No, consider PERA DB.

Do you have dependents that rely on you for financial support? Yes No

If you answered Yes, consider PERA DB since your contribution includes survivor benefits and disability coverage.

If you answered No, consider PERA DC.

Are you still unsure of what type of plan to choose—DB or DC? Yes No

If you answered Yes, keep in mind that after a year of contributing to either the PERA DB or PERA DC plan, you can change your mind and switch plans between years 2 and 5.

If you answered No, complete the *PERAChoice Election and Release Form* in this packet within 60 calendar days of your date of hire to start investing in your future. (After 60 days, you'll be automatically enrolled in PERA DB.)



Defined Benefit Plan

As the premier Defined Benefit plan available to public employees in the State of Colorado, PERA has served Colorado public employees since 1931. An Internal Revenue Code Section 401(a) hybrid defined benefit plan, PERA operates as a “qualified retirement plan” and for most members serves as a substitute for Social Security. (PERA began before Social Security was created. In 1951, public employers could join Social Security; the Colorado Legislature decided to continue the PERA program instead of joining Social Security.)

Currently, more than 187,000 employees of state government, public schools, universities and colleges, and many cities and local government districts are active members of PERA, and more than 400 Colorado public employers are affiliated with PERA. In addition, PERA pays benefits to more than 75,000 retirees and other recipients, 87 percent of whom live in Colorado.

PERA also provides its members and retirees with a comprehensive benefit package that includes the following:

- Lifetime retirement benefits, which can continue to a cobeneficiary after your death
- Good portability provisions
- Tax-deferred interest (currently 5 percent) on member contributions
- Comprehensive survivor and disability benefits
- Annual cost-of-living increases in retirement benefits
- Access to PERACare retiree health care, including dental and vision plans
- Ability to invest in a voluntary 401(k) plan
- Access to voluntary life insurance and long term care insurance programs

PERA Benefits At A Glance...

The Advantages of Membership in PERA

- Your PERA contributions of 8 percent are tax deferred, which means reduced current state and federal income taxes.
- You earn a fixed interest rate on your member contributions (currently 5 percent compounded annually). The rate is set by the Board and is subject to change annually.
- You receive a matching amount equal to 50 percent of your contributions and interest if you withdraw your account before retirement eligibility or age 65, or, receive a 100 percent match if you withdraw your account after retirement eligibility or age 65.
- Your qualified survivors will be provided a monthly benefit, between 25 percent and 50 percent of your pay, if you die after earning one year of service. Your beneficiary will receive a lump-sum payment of your contributions, applicable interest, and a 100 percent match if no monthly benefits are payable.
- You receive a lifetime retirement benefit after meeting age and service requirements (minimum age 55).
- You receive benefits equal to 2.5 percent of your average highest three years of salary for each year of service up to 100 percent.

Did you know that as a PERAChoice participant you will have the one-time option of switching between the PERA DB and DC Plans? Between years two and five you can change your mind and end participation in one plan and begin participation in the other plan.



**Personal.
Innovative.
Secure.**

www.copera.org

PERA Defined Benefit Option

Even if you are a Colorado PERA member for only a short period of time during your career, your PERA membership is valuable to you. The following example illustrates how over a period of time, a PERA account will grow with compounded interest.

The example below uses Jim, a PERA member who earned five years of PERA service credit before terminating employment at age 30. Jim’s annual salary was \$30,000, with 3.5 percent raises per year. (Note: The refund and benefit amounts assume a 5 percent interest rate per year. The interest rate is set by the PERA Board and is subject to change annually.)

Account Balance Each Year with 5 Percent Compounded Interest

Age	Account Balance
30	\$14,552
35	\$18,572
40	\$23,703
45	\$30,252
50	\$38,610
55	\$49,278
60	\$62,892

When Jim terminated employment, he had an account balance of \$14,552 (member contributions and interest accumulated at 5 percent compounded annually for five years).

Jim has the option to withdraw his account as a lump sum when he terminates PERA-covered employment or leave it until he reaches retirement age. The amount of Jim’s refund, should he choose to withdraw his account prior to retirement eligibility, would be his account balance of \$14,552 plus a 50 percent match, for a total refund of \$21,828.

Jim also has the option of leaving his account with PERA, where it will continue accruing interest. At age 60, because he would be eligible for a retirement benefit, he would be eligible for a 100 percent match on his account balance and he could choose to withdraw the account or receive a *lifetime* monthly benefit.

At age 60, Jim’s account will have grown from \$14,552 to \$62,892 as a result of compounding over a 30-year period. With a 100 percent match, his refund amount as a lump-sum distribution would be \$125,784.

At age 60, if Jim were to choose to receive an Option 1 lifetime monthly benefit, which is calculated by projecting his account balance over his expected life span, his benefit amount would be \$745 per month.

Please note: Lump-sum distributions from the Plan will be subject to 20 percent federal tax withholding and, if you are less than age 59½, a 10 percent early withdrawal penalty will apply. Ordinary income taxes may apply. State and local taxes and withholding may also apply. Further, most PERA members do not contribute to Social Security, so if an account is refunded, retirement savings for that period of employment are gone.

PERA Defined Benefit Table

Find the percentage in the block where age intersects with years of service. Multiply your Highest Average Salary (HAS) by that percentage. HAS is one-twelfth of the average of the highest annual salaries on which PERA contributions were paid that are associated with three periods of 12 consecutive months of service credit. Credit is earned for each month.

Highest Average Salary Percentages for Retirement Benefit Option 1 For Members Hired on or After January 1, 2007

Years of Service	Age at Retirement															
	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65+
5											10.0	10.5	11.0	11.5	12.0	12.5
6											12.0	12.6	13.2	13.8	14.4	15.0
7											14.0	14.7	15.4	16.1	16.8	17.5
8											16.0	16.8	17.6	18.4	19.2	20.0
9											18.0	18.9	19.8	20.7	21.6	22.5
10											20.0	21.0	22.0	23.0	24.0	25.0
11											22.0	23.1	24.2	25.3	26.4	27.5
12											24.0	25.2	26.4	27.6	28.8	30.0
13											26.0	27.3	28.6	29.9	31.2	32.5
14											28.0	29.4	30.8	32.2	33.6	35.0
15											30.0	31.5	33.0	34.5	36.0	37.5
16											32.8	33.6	35.2	36.8	38.4	40.0
17											35.7	36.6	37.4	39.1	40.8	42.5
18											38.7	39.6	40.5	41.4	43.2	45.0
19											41.8	42.8	43.7	44.7	45.6	47.5
20						42.5	43.0	43.5	44.0	44.5	45.0	46.0	47.0	48.0	49.0	50.0
21						45.4	46.2	46.7	47.3	47.8	48.3	49.4	50.4	51.5	52.5	52.5
22						48.4	49.2	50.1	50.6	51.2	51.7	52.8	53.9	55.0	55.0	55.0
23						51.5	52.3	53.2	54.1	54.6	55.2	56.4	57.5	57.5	57.5	57.5
24						54.6	55.5	56.4	57.3	58.2	58.8	60.0	60.0	60.0	60.0	60.0
25	43.8	46.6	49.4	52.2	55.0	57.8	58.8	59.7	60.6	61.6	62.5	62.5	62.5	62.5	62.5	62.5
26	45.5	49.4	52.3	55.3	58.2	61.1	62.1	63.1	64.0	65.0	65.0	65.0	65.0	65.0	65.0	65.0
27	47.3	51.3	55.4	58.4	61.4	64.5	65.5	66.5	67.5	67.5	67.5	67.5	67.5	67.5	67.5	67.5
28	49.0	53.2	57.4	61.6	64.8	67.9	69.0	70.0	70.0	70.0	70.0	70.0	70.0	70.0	70.0	70.0
29	50.8	55.1	59.5	63.8	68.2	71.4	72.5	72.5	72.5	72.5	72.5	72.5	72.5	72.5	72.5	72.5
30	52.5	57.0	61.5	66.0	70.5	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0	75.0
31	58.9	58.9	63.6	68.2	72.9	77.5	77.5	77.5	77.5	77.5	77.5	77.5	77.5	77.5	77.5	77.5
32	65.6	65.6	65.6	70.4	75.2	80.0	80.0	80.0	80.0	80.0	80.0	80.0	80.0	80.0	80.0	80.0
33	72.6	72.6	72.6	72.6	77.6	82.5	82.5	82.5	82.5	82.5	82.5	82.5	82.5	82.5	82.5	82.5
34	79.9	79.9	79.9	79.9	79.9	85.0	85.0	85.0	85.0	85.0	85.0	85.0	85.0	85.0	85.0	85.0
35	87.5	87.5	87.5	87.5	87.5	87.5	87.5	87.5	87.5	87.5	87.5	87.5	87.5	87.5	87.5	87.5

The shaded areas indicate reduced service retirement percentages. For 35+ years, add 2.5 percent to 87.5 for each year over 35 up to 100 percent. Final calculations are made to the exact amount of service you earn, not necessarily even years.

This publication provides general information about DB/DC Plans. PERA membership rights, benefits, and obligations are governed by Title 24, Article 51 of the Colorado Revised Statutes, and the Rules of the Colorado Public Employees’ Retirement Association, which take precedence over any interpretations in this publication.

Defined Contribution Plan

You can choose from a variety of low-cost, top-ranked funds in the Colorado PERA DC Plan. Remember that the key to successful investing is diversification, and in the Colorado PERA DC Plan, you have the ability to select your own funds based on your personal tolerance for investment risk, or you may select a lifestyle fund in which your fund allocation is done for you based on your anticipated retirement date.

Setting Up Your Account

You must set how your future contributions will be invested. To do this, go to www.copera.org and click on “DC Plan Asset Allocation.” If you do not do this, your money will automatically be invested in the Dodge & Cox Balanced Fund.

Web Site and Customer Service Center

Most Plan transactions and information requests can be made 24 hours a day, 7 days a week by accessing the DC Plan site through the PERA Web site at www.copera.org (click on Account Access) or by calling 1-800-759-7372 and selecting the DC/401(k) option. In each case, DC account access requires your Social Security number and PIN.

Participant Service Representatives

You may also speak with a Participant Service Representative any business day between 6:00 a.m. and 6:00 p.m. (Mountain time), excluding New York Stock Exchange holidays. You must use your PIN to get your account information from a Participant Service Representative.

Quarterly Account Statements

Every quarter, you will receive an easy-to-read statement that summarizes your account status, including your account balance, investment selections, and the current value of each investment. Or, if you'd prefer, you can generate a customized statement at any time on the DC Plan Web site.

Voluntary Plans

You have the option of enrolling in several voluntary plans including PERA's life insurance, long term care, and health care program. You may also join PERA's 401(k) plan, which allows you to make additional contributions to the same investment options as the DC Plan and you have access to loans and hardship withdrawals from your 401(k) money.

Distributions When Terminating PERA-Covered Employment

When you leave PERA-covered employment, you have several choices regarding the money in your DC Plan account:

- You can leave the money in the Plan.
- You must start distributions once you reach age 70½.
- You can request installment payments.
- You can roll over the balance to another qualified plan, 403(b), governmental 457 plan, or an IRA.
- You can take the money in cash, called a lump-sum distribution.

Distribution choices and rules are complicated. You are encouraged to talk with your tax adviser or financial planner before deciding how to take your distribution.

Note: Lump-sum distributions from the Plan will be subject to 20 percent federal tax withholding and, if you are less than age 59½, a 10 percent early withdrawal penalty will apply. Ordinary income taxes may apply. State and local taxes and withholding may also apply.

PERA DC Choice Vesting Schedule

Your Contributions
100% Immediately*

Your Employer's Contributions
50% Immediately*
60% After 1 year*
70% After 2 years*
80% After 3 years*
90% After 4 years*
100% After 5 years*

***Plus/minus investment gains/losses, minus fees**

Fees*

Administrative and recordkeeping fees will be charged directly to your account. Administrative fees are charged directly to participants on a monthly basis based on the participant's account balance as shown on the table at right.

Each investment fund charges an investment management fee, which participants pay directly by having the fee deducted from the investment fund's return. Fees for each fund are listed in the Investment Funds Available table on the next page.

You may also obtain fee information on the DC Plan Web site or by calling 1-800-759-7372 and selecting the DC/401(k) option.

* All fees subject to review and change

Account Balance	Monthly Fee	Total Fee Per Year
\$ 0-\$ 25,000	\$2.00	\$24.00
\$ 25,000.01-\$ 50,000	\$2.25	\$27.00
\$ 50,000.01-\$ 75,000	\$2.50	\$30.00
\$ 75,000.01-\$100,000	\$2.75	\$33.00
\$100,000.01-\$125,000	\$3.00	\$36.00
\$125,000.01-or greater	\$3.25	\$39.00

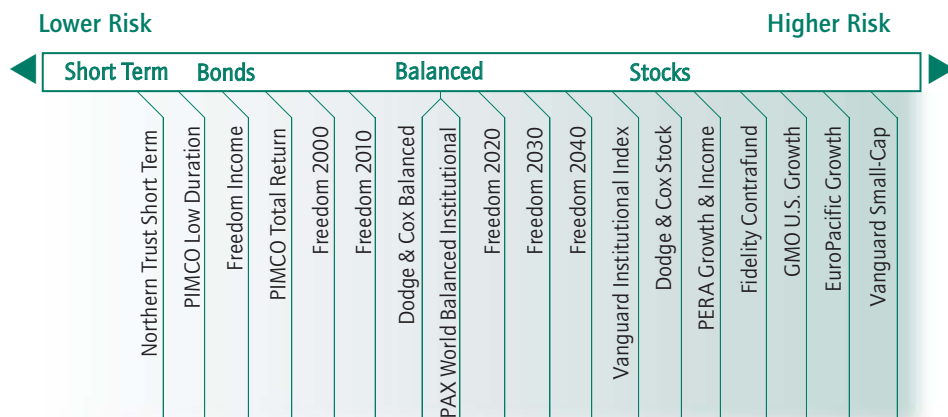
Types of Investments

If you choose to participate in PERA's DC Plan, you have a variety of investment options to choose from. The table below explains the four main investment classes available to you. When building your portfolio, keep in mind your goals, risk tolerance, and time horizon for retirement. And remember, neither diversification nor asset allocation ensures a profit or guarantees against a loss.

	Description	Benefits	Risks
Short-Term Funds	Short-term funds are generally made up of money market investments, certificates of deposit (CDs), and U.S. Treasury Securities.	Short-term funds offer a high degree of security, designed to protect your original investment or principal.	Short-term funds don't offer the income potential of bond funds or the growth potential of stock funds, so they may not keep pace with inflation over time.
Bond Funds	Bond funds invest in many individual government and corporate bonds. Bond funds generally earn interest, which is also referred to as income or yield.	Bond funds generally offer greater income potential than short-term funds and not as much risk as stock funds.	Typically, bond funds don't offer the growth potential of stock funds and are riskier than the short-term funds.
Stock Funds	Stock funds offer different investing strategies, ranging from conservative to aggressive, with varying degrees of risk and return potential. Stock funds invest in many different individual stocks.	Historically, stocks have provided larger long-term gains than other asset classes.	The value of stocks can go down over short periods of time. As a result, there is greater risk to your savings, including your principal, compared to other asset classes.
Lifestyle Funds	Lifestyle funds invest in a combination of all asset classes. One lifestyle fund provides your portfolio with adequate diversification and reduced exposure to market risk for the long term.	Lifestyle funds are designed to automatically make your investment allocation decisions for you based on your planned retirement date.	During the early years of your career, these funds invest more heavily in stock funds, which carry greater risk. As you near retirement, these funds automatically shift to an asset mix which has less risk.

Risk Spectrum

The graphic below features the funds that are available in the DC and 401(k) Plans. As you move along the spectrum from left to right, the greater the risk to your principal, but also the greater potential reward.



For more information, call PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372.

Information about PERA's DB and DC Plans is also available online at www.copera.org.

Investment Funds Available

Northern Trust Short Term Fund

Newspaper Symbol: None
Ticker Symbol: None
Investment Fee: 0.22%

PIMCO Low Duration Fund

Newspaper Symbol: PIMCO
Fds Inst I PIMS: LowDur
Ticker Symbol: PTLDX
Investment Fee: 0.43%

PIMCO Total Return Fund

Newspaper Symbol: PIMCO
Fds Inst I PIMS: TotRt
Ticker Symbol: PTTRX
Investment Fee: 0.43%

Dodge & Cox Balanced Fund

Newspaper Symbol: Dodge & Cox BalanN
Ticker Symbol: DODBX
Investment Fee: 0.52%

PAX World Balanced Institutional Fund

Newspaper Symbol: PAXIX
Ticker Symbol: PAXIX
Investment Fee: 0.71%

Vanguard Institutional Index Fund

Newspaper Symbol: VANGUARD INSTL
FDS: Instldx
Ticker Symbol: VINIX
Investment Fee: 0.05%

Dodge & Cox Stock Fund

Newspaper Symbol: Dodge & Cox: Stock
Ticker Symbol: DODGX
Investment Fee: 0.52%

PERA Growth & Income Fund

Newspaper Symbol: None
Assets are managed by PERA's investment staff
Ticker Symbol: None
Investment Fee: 0.30%

Fidelity Contrafund

Newspaper Symbol: Fidelity
Invest: Contra
Ticker Symbol: FCNTX
Investment Fee: 0.90%

GMO U.S. Growth Fund

Newspaper Symbol: USG-M
Ticker Symbol: GMWMX
Investment Fee: 0.77%

American Funds

EuroPacific Growth Fund

Newspaper Symbol: American Funds
CL R5: Eupac
Ticker Symbol: RERFX
Investment Fee: 0.58%

Vanguard Small Cap Index Fund

Newspaper Symbol: SmCapAdml
Ticker Symbol: VSCIX
Investment Fee: 0.08%

Fidelity Freedom Income Fund

Newspaper Symbol: Income
Ticker Symbol: FFFAX
Investment Fee: 0.51%

Fidelity Freedom 2000 Fund

Newspaper Symbol: FF2000
Ticker Symbol: FFFBX
Investment Fee: 0.52%

Fidelity Freedom 2010 Fund

Newspaper Symbol: FF2010
Ticker Symbol: FFFCX
Investment Fee: 0.62%

Fidelity Freedom 2020 Fund

Newspaper Symbol: FF2020
Ticker Symbol: FFFDX
Investment Fee: 0.70%

Fidelity Freedom 2030 Fund

Newspaper Symbol: FF2030
Ticker Symbol: FFFEX
Investment Fee: 0.74%

Fidelity Freedom 2040 Fund

Newspaper Symbol: FF2040
Ticker Symbol: FFFFX
Investment Fee: 0.76%

PERAChoice Election and Release Form

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
303-832-9550 or 1-800-759-PERA (7372) • Fax: 303-863-3727
www.copera.org



Dear PERAChoice Member:

As an employee of the Colorado Community College system hired after January 1, 2008, you must choose your retirement plan. Complete this form and choose between the Colorado PERA Defined Benefit (DB) or Defined Contribution (DC) Plan. Both plans are a substitute for Social Security.

If you are unsure if you're eligible to participate in PERAChoice, contact your employer's human resources office, or call PERA's Customer Service Center at 1-800-PERA (7372) or 303-832-9550.

More Information

Information about both the PERA DB and PERA DC plans are available from your employer's human resources office or PERA. You may call PERA's Customer Service Center at 1-800-PERA (7372) or 303-832-9550 to request information. PERA's Web site, www.copera.org, also has information about the plans available to you.

Next Steps

Depending on your choice, there is additional paperwork you will need to complete. All applicable forms are available on the PERA Web site.

If you choose PERA DB: Complete a *PERA Member Information Form* to designate a beneficiary.

If you choose PERA DC: Complete a *PERA DC Plan Beneficiary Designation Form* to designate a beneficiary. You should also set how your future contributions will be invested by going to www.copera.org and clicking on "DC Plan Asset Allocation."

Switching Plans

If you are eligible for PERAChoice, you have the option to stop participating in your PERA DB account and begin participation in a PERA DC account or stop participating in your PERA DC account and begin participation in a PERA DB account. This is a one-time option and the change can only be made in years two through five of participation in the plan. For more information, refer to the *PERAChoice Years 2-5 Change/Transfer Form*.



PERAChoice Election and Release Form

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
303-832-9550 or 1-800-759-PERA (7372) • Fax: 303-863-3727
www.copera.org



For Colorado Community College System employees only. You must submit this form to your human resources office promptly, but no later than 60 calendar days from your date of hire. The 60 calendar days start with and include your date of hire. If you do not complete and return this form to your human resources office within 60 calendar days from your first day of employment, you will be automatically enrolled in PERA DB. You may obtain information about each of the plans available to you from PERA or your employer's human resources office. You may call PERA to discuss these plans at 1-800-759-PERA (7372) or 303-832-9550.

**Member
SSN**

□ □ □ - □ □ - □ □ □ □

Name _____
Last First MI

Address _____
Street City State ZIP Code

Daytime Telephone () Birth Date _____

Retirement Choice Election

I elect to enroll in the PERA DB retirement plan. I understand that I may, at a subsequent time, elect to participate in the PERA DC Plan.

OR

I elect to enroll in the PERA DC retirement plan. I understand that I may, at a subsequent time, elect to participate in the PERA DB Plan.

Retirement Choice Release

I am an employee of the Colorado Community College System. I am eligible to make an election to participate in the Colorado PERA DB Plan, or the PERA DC Plan.

I understand that it is my responsibility to coordinate any rollovers I may wish to make from previous retirement accounts to PERA (if applicable). I also understand that I must confirm that my payroll deductions are accurate for the plan I have selected/defaulted into and I will notify my human resources office of any corrections within 10 days after the month in which the election becomes effective.

Retirement Plan Election. I understand that I am allowed to make an election about my retirement plan only within the first 60 calendar days after my first day of employment. I understand I will have one additional opportunity to elect to transfer to the other PERA plan during years 2 through 5 of active participation. I have read and understand the PERA DC Choice packet.

Investment of PERA DC Account. As a participant in the PERA DC Plan, I am responsible for deciding how my Plan account balance will be invested. I understand that my Plan account balance may increase or decrease based on the return on investments that I have selected. The individual investment funds offered under the PERA DC Plan could change in the future. Investment management fees may apply to the investments I select and administrative fees will be deducted from my PERA DC account.

Employee Contributions and Distributions. I understand that I must contribute a percentage of my salary to the Plan I select as a condition of participation.

Release of All Claims. In consideration for being able to participate in the Plan reflected on this form, I agree to release, hold harmless and indemnify my employer and the Colorado Public Employees' Retirement Association and its Board of Trustees, and their employees, agents, contractors, successors, and assigns from any and all liability, for any negative consequences, loss, lost opportunity cost, or expense resulting from my election to participate in the Plan reflected on this form.

Member Signature _____ **Date** _____

Member Information Form

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
303-832-9550 or 1-800-759-PERA (7372) • Fax: 303-863-3727
www.copera.org



Read the reverse side before completing this form. Type or print in black ink, and sign below. Please do not send photocopies of this form or staple, tape, or glue items to it. If you are a new member, give the form to your personnel office to send to PERA. If you are changing information PERA has on file, send it to PERA and provide your employer with a copy. Changes made on this form take effect upon receipt of the completed form at PERA. Do not complete this form if you are a PERA retiree or need to change your PERA-sponsored life insurance or 401(k) Plan beneficiary(ies), or your PERA Defined Contribution Plan name, address, phone number, or beneficiary(ies). (See "To Members Changing Information" on reverse.)

SSN

SSN boxes: [][][] - [][] - [][][]

Member Information—to be completed by you.

- New Member Changing Colorado PERA Information (Fill in name and any information you are changing and sign.)

Member Last Name First Name Middle Name Former Name

Birthdate Sex: Male Female Home Telephone () Work Telephone ()

Mailing Address Street, Route, or Box Number, and Apt. Number City State ZIP Code

Spouse Last Name First Name Middle Name Spouse's Birthdate Month/Day/Year

Named Beneficiary(ies) (Primary and Contingent) of Your PERA Account: If you die and no monthly benefits are payable, a lump-sum payment will be made to your primary beneficiary(ies). If your primary beneficiary(ies) predeceases you, payment will be made to your contingent beneficiary(ies). If you do not designate a named beneficiary or your named beneficiary(ies) is deceased, payment will be made to your estate. No law shall apply to automatically revoke a spouse's designation as a named beneficiary upon your divorce, annulment, or any dissolution or declaration of invalidity of your marriage. Completion of this form is the only method of changing or revoking a named beneficiary designation. For additional named beneficiaries, enclose a list of their names, relationships, Social Security numbers, birthdates, and addresses. **Sign and date any list you enclose.** If you complete any beneficiary information below and submit this form to PERA, you are canceling and replacing all of your previously named beneficiaries. If you want to continue any previous designations, you must fully name all named beneficiaries on this form or on a separate list submitted with this form. **If you have more than one year of service, state law specifies who receives monthly benefits after you die.** See the *Survivor Benefits* brochure.

Primary Beneficiary: If you list more than one beneficiary (attach a separate sheet if necessary), payment will be divided equally among them.

Name Relationship SSN Birthdate
Street, Route, or Box Number, and Apt. Number City State ZIP Code

Contingent Beneficiary (person to receive payment if your primary beneficiary(ies) is deceased): If you list more than one beneficiary (attach a separate sheet if necessary), payment will be divided equally among them.

Name Relationship SSN Birthdate
Street, Route, or Box Number, and Apt. Number City State ZIP Code

Member Signature Date

***** TO BE COMPLETED BY EMPLOYER FOR NEW EMPLOYEES ONLY *****

Employer No. Employer Name Date

Starting Salary Job Title Date Employed

To New Colorado PERA Members:

Welcome to membership in the Colorado Public Employees' Retirement Association (PERA).

As an employee of a public employer affiliated with Colorado PERA, you may or may not pay Social Security tax depending on whether your employer contributes to both PERA and Social Security. Colorado PERA is a qualified retirement plan that can substitute for Social Security, as required by law.

Upon receipt of this form, PERA will establish a member contribution account for you. You will contribute 8 percent of your salary to the account through payroll deduction. PERA pays interest on your contributions at a rate determined by the Board. The rate is currently 5 percent per year and is subject to change annually. Your PERA contributions are tax-deferred—that is, they are not subject to federal or state income tax until they are withdrawn or received as a monthly benefit. Your contributions and interest will always be returned to you, either in the form of a lump-sum withdrawal or a monthly benefit.

While our mission is to provide members with retirement benefits, we also provide the following other benefits:

- Monthly benefits to your qualified survivors if you die after one year of PERA service.
- Disability coverage after you have five years of earned service credit.
- A voluntary life insurance program in which you may participate immediately.
- A voluntary 401(k) plan in which you may participate immediately. Contribution limits change annually; additional contribution amounts are allowed if you are age 50 or older. For more information on the 401(k) Plan, please call 1-800-759-7372 and select the 401(k) option or go to PERA's Web site at www.copera.org and select "401(k) Information" located on the PERA home page.
- A voluntary long term care insurance program available to you and other family members.

After PERA receives this completed *Member Information Form*, we will mail you a PERA membership packet that contains details about your benefits. For more information about these benefits, go to the PERA Web site at www.copera.org.

When you end PERA-covered employment, you may leave your member contribution account with PERA (it will continue to earn interest). If you return to PERA-covered employment, your account will be ready to accept additional contributions and you will build additional service credit. If you leave your account at PERA be sure to keep us informed of your address to prevent your account from being transferred to the State's Unclaimed Property Fund.

If you were previously covered by PERA and withdrew your member contribution account, you may purchase service credit based on this refunded account when you have one year of earned service credit. You may also be able to purchase service credit for employment not covered by PERA or another pension plan. See the *Purchasing Service Credit* booklet for more information.

Again, welcome to Colorado PERA! We will strive to inform you about your PERA benefits by sending you the *PERA Member Report* newsletter three times per year, a statement of your account annually after your first year of membership, and other publications.

To Members Changing Information:

- If you have changed your name, changed employers, or want to change your address or beneficiary(ies), complete this form and send it to PERA. PERA requires a new copy of your Social Security card only if you have changed your name since sending in your initial copy.
- If you would like to change your address only, you may log on to the PERA Web site at www.copera.org and click on the "Contact Us" button or call PERA's Customer Service Center at 303-832-9550 or 1-800-759-7372 and speak to a customer service representative.
- If you are enrolled in PERA-sponsored life insurance and have changed employers, notify your new employer to deduct your life insurance premium. If you want to change your life insurance beneficiary(ies), call Unum toll-free at 1-866-277-1649 or visit PERA's Web site at www.copera.org, click on "Account Access," and select "Life Insurance."
- If you have a PERA 401(k) account and need to make beneficiary changes, you can change them online through the PERA Web site or by calling PERA at 1-800-759-7372 and selecting the PERA 401(k) Plan option to order a form. In either case, you will need your Personal Identification Number (PIN). If you are transferring from or are currently employed by another PERA-affiliated employer and actively contributing, notify your new employer's payroll office so that contributions may continue through your new employer.
- If you have a PERA defined contribution account and need to change your name, address, or phone number, complete the *PERA Defined Contribution Plan Change Form*. If you need to make beneficiary changes, you can change them online through the PERA Web site or by calling PERA at 1-800-759-7372 and selecting the PERA Defined Contribution Plan option to order a form. In either case, you will need your Personal Identification Number (PIN).
- If you are a PERA retiree receiving a PERA benefit and planning to work less than 110 days or 720 hours per calendar year, you do not need to complete this form.



DC Plan Beneficiary Designation Form

CitiStreet LLC
Attn: Colorado PERA DC Plan
PO Box 5599, Boston, MA 02206-5599
1-800-759-7372
www.copera.org

Please print or type in dark ink.

Your SSN

Participant Information

Participant Name _____ Date of Birth _____
Last First M.I.

Mailing Address _____
Street, Route, or Box Number City State ZIP Code

Home Telephone Number () _____

Employer Name _____

Mailing Address _____
Street, Route, or Box Number City State ZIP Code

Work Telephone Number () _____

Beneficiary Information

Your designation can only be changed by you. Your divorce, annulment or any dissolution or declaration of invalidity of your marriage SHALL NOT revoke the beneficiary named below as your designated beneficiary unless you revoke the designation by submitting a new form. Colorado Revised Statute § 15-11-804 does not act to revoke a spouse's designation as a beneficiary.

To change your existing beneficiary information, please fill in the name and relationship of the individuals you would like to designate as your future beneficiaries. A primary beneficiary is the person who is your first choice to receive your DC Plan benefits if you should die. A contingent beneficiary is the person who would receive your DC Plan benefits if your primary beneficiary should die prior to your death. You may name one or more primary and contingent beneficiaries. Your contingent beneficiaries will not receive benefits unless all of your primary beneficiaries predecease you.

Name of Primary Beneficiary	Relationship	Social Security Number	Date of Birth	% Payable
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Total=100%)

Name of Contingent Beneficiary	Relationship	Social Security Number	Date of Birth	% Payable
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(Total=100%)

Authorization

The execution of this form and delivery thereof to the Colorado PERA DC Plan revokes all prior designations that I have made.

Signature of Participant _____ Date _____

Please return your completed form to:

CitiStreet LLC
Attn: Colorado PERA DC Plan Administration Unit
PO Box 5599
Boston, MA 02206-5599