



# PERAPlus 401(k) Contribution Authorization Form

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



**Participant SSN**

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

**DO NOT SEND THIS FORM TO EMPOWER RETIREMENT OR COLORADO PERA.**

Deliver this form to your payroll office; make copies for any other employers who will be deducting 401(k) contributions.  
*If your employer offers online enrollment, do not complete this form.*

**Participant Information**

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

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

Work Telephone (\_\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

**Request Details**

I request that the following contribution(s) be deducted from my salary per pay period (whole percentages or whole dollars only):

\_\_\_\_\_ % or \$ \_\_\_\_\_ pre-tax contribution

\_\_\_\_\_ % or \$ \_\_\_\_\_ Roth\* (tax-paid) contribution

*\*Roth contributions are only available if your employer has adopted the Roth option. Please check with your payroll office.*

The maximum combined pre-tax and Roth contribution amount cannot exceed the lesser of 100% of your compensation or the annual IRS limit (see the Plan website), plus any allowed catch-up contribution.

**Authorization of Participant**

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_  
Month/Day/Year

