School Attendance Certification

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

This form certifies that you are a student who is eligible for a Colorado PERA survivor benefit because you are attending an accredited school on a full-time basis, unmarried, and under age 23. After you complete Section 1 of this form, have an official from your school complete Section 2 certifying your attendance, including **an official school seal or stamp**, and return to PERA within 30 days from the end date of your last term or semester.

Student's SSN ☐☐☐ ☐☐ ☐☐☐☐

Section 1: To Be Completed by Student

Student Name _____
Last / First / MI

Address _____
Street / City / State / ZIP Code

Email _____ Phone Number (_____) _____

I certify that the above information is correct and that I will repay PERA any overpayment which results from my ineligibility for survivor benefits. **I understand that I am eligible to receive survivor benefits as long as I maintain full-time enrollment in an accredited school, remain unmarried, and am under age 23. I also understand that if I become ineligible, I must contact PERA immediately. I further understand that certification must be made within 30 days of the ending date of my last term or semester to avoid suspension of my benefit payment.** I agree that if I receive payments from PERA for which I am ineligible, I will promptly repay any such overpaid monies to PERA.

I hereby authorize PERA to obtain verification of all information provided on this form, or any previous form I have submitted, through any appropriate source. I hereby authorize any school completing this certification form to release any pertinent information regarding my enrollment to PERA for the purpose of validating my eligibility for survivor benefits.

Sign Here ➔ **Student's Signature** _____ Date _____
Month/Day/Year

Section 2: To Be Completed by School Official

Name of School _____

Address _____
Street / City / State / ZIP Code

School Phone Number (_____) _____

1. Did the student named above complete the most recently concluded term or semester on a full-time basis? ☐ Yes ☐ No

   » **If Yes:**

   Beginning date of term/semester: _____ Ending date of term/semester: _____
   Month/Day/Year / Month/Day/Year

   » **If No:**

   Date student dropped below full-time status: _____
   Month/Day/Year

2. Is the student named above currently enrolled full-time for the upcoming term or semester? ☐ Yes ☐ No

   » Beginning date of term/semester: _____ Ending date of term/semester: _____
   Month/Day/Year / Month/Day/Year

3. Date of graduation or anticipated graduation (if applicable): _____
   Month/Day/Year

Affix school seal or stamp here

By my signature below, I certify the information I am providing regarding the student named above is accurate and complete to the best of my knowledge.

Sign Here ➔ **Signature of School Official** _____

Title _____ Date _____
Month/Day/Year

Email _____