

**Public Employees' Retirement Association (PERA)  
401(k) Plan Contribution Change/Cancellation Form**



*(You may view your account on-line at <http://www.copera.org>, but contribution changes are to be made on this form.)*

**Instructions:** Complete this form no later than the **10th** of the month in which you want the change to take effect; return to the CSU Benefits Office, 555 S. Howes, Suite 210, Fort Collins, CO 80523-6004.

**Employee Information:**

<b>Name (Last, First M.I.):</b>		<b>Social Security #:</b>
<b>Employee Type:</b> State Classified      Faculty/Non-Classified Staff	<b>Department:</b>	<b>Day Phone:</b>

**Indicate below the *change* desired for your PERA 401(k) account:**

whole percentage

whole dollars

a. Change my **monthly** contribution to: \_\_\_\_\_%\* **OR** \$ \_\_\_\_\_

\*Please note that State Classified Hourly and Temporary Hourly employees can only do percentage deductions.

b. Cancel my monthly contribution.

**Effective date of change/cancellation:** \_\_\_\_\_, 20\_\_\_\_

Month

Year

**Authorization:** I authorize the above payroll deduction change.

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