



## DEPARTMENT OF MILITARY & VETERANS AFFAIRS FORCE PROTECTION AGREEMENT AND CHECKLIST

This document describes the terms and conditions of force protection employment that both the employee and the supervisor must sign indicating understanding and agreement of State Active Duty employment.

- State Active Duty employees may work no more than their permanent orders, signed by the Adjutant General, regardless of full-time or part-time status. State Active Duty Guards will not be paid after the permanent orders expire, even if a timesheet has been submitted.
- The pay rate for State Active Duty employees is determined based upon entitlements under Federal service pay tables established on grade, rank, and time in service.
- State Active Duty employees are immediately eligible for worker's compensation, short-term disability (60% of pay for approved disability), and life insurance (up to \$50,000).
- State Active Duty employees are eligible for insurance benefits after 30 continuous days of service. Instructions for on-line enrollment are enclosed with this new-hire packet. State Active Duty members are eligible to enroll on the 31<sup>st</sup> day of continuous employment, but must do so by the 60<sup>th</sup> day of continuous employment (or 30 days after eligibility). Failure to do so will result in waiving of benefits. SAD employees may enroll outside the open enrollment period provided a qualifying life event occurs (i.e. loss of coverage, divorce, marriage, birth of child, etc.). However, they are only eligible to enroll within 31 days of the qualifying event. Failure to enroll will result in denial of coverage. Please consult your State Human Resource representative immediately if a life event occurs for assistance and guidance.
- State Active Duty employees are eligible for retirement benefits after 30 continuous days of service. Upon conclusion of 30 continuous days of service, State Active Duty employees must contribute to PERA's defined benefit or defined contribution plan of 8.75%, rising to 10% on July 1, 2020. The State pays its portion of 10.4%, rising to 10.9% on July 1, 2020.
- State Active Duty employees are eligible for leave after 30 continuous days of service at the rate per National Guard protocol consisting of 2.5 days per month. Accrued leave must be taken while under permanent orders for State Active Duty.
- State Active Duty employees are eligible for paid holidays when authorized by The Adjutant General.
- State Active Duty employees are subject to wage withholding in accordance with state and federal laws.
- State Active Duty employees must submit a bi-weekly timesheet and will be paid on a bi-weekly schedule. Failure to submit timesheets timely may result in a payment delay.
- State Active Duty employees are on orders 24/7 and are not eligible for compensatory time or overtime.
- Orders for State Active Duty employees may terminate at any time.
- I have received a copy of the State Active Duty handbook and I know who I may contact to ask questions and where to find the latest handbook available.

State Active Duty employment paperwork must be initialed and include the following:

_____ Application for Employment	_____ Direct Deposit Form (attach voided check)
_____ Permanent Orders (JOC to provide)	_____ Form W-4 Tax Withholding
_____ I.T. Technology Use Policy	_____ PERA Member Information Form
_____ Employee Information Form	_____ Social Security Form SSA-1945
_____ I-9 (requires two forms of I.D.)	_____ Retirement Choice Election Form
_____ Workman's Compensation Verification	_____ Retirement Beneficiary Designation Form
_____ I have received a SAD Handbook	_____ I have received a Payroll & Holiday Schedule

I have read, understand, and completed all the necessary paperwork listed above.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date



**Department of Military & Veterans Affairs**  
**Human Resource Services**  
**720-250-1520**

**Employee Address and  
Emergency Contact Form**

EFFECTIVE DATE: \_\_\_\_\_

EMPLOYEE IDENTIFICATION #: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: CO ZIP CODE: \_\_\_\_\_

EMPLOYEE PRIMARY CONTACT NUMBER: (\_\_\_\_) \_\_\_\_\_

EMPLOYEE SECONDARY CONTACT NUMBER: (\_\_\_\_) \_\_\_\_\_

EMPLOYEE ETHNICITY: \_\_\_\_\_

**TO BE NOTIFIED IN CASE OF EMERGENCY:**

PRIMARY EMERGENCY CONTACT NAME(S): \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT ALTERNATE PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

SECONDARY EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT ALTERNATE PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Employee's Withholding Certificate**

OMB No. 1545-0074

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

**2020**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to [www.ssa.gov](http://www.ssa.gov).

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:**  
**Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do only one of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ☐

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 . . . . . ▶ \$		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

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

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

**Step 4 (optional).**

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

**Step 2(b)—Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b)—Deductions Worksheet** (Keep for your records.)

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5** Add lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**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 with no other entries on the form; 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 to the Department of Health and Human Services for use 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.

**Step 2(b) — Multiple Jobs Worksheet** (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
- 4** **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

**Step 4(b) — Deductions Worksheet** (Keep for your records.)

- 1** Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income . . . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information . . . . . **4** \$ \_\_\_\_\_
- 5** **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** \$ \_\_\_\_\_

**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 with no other entries on the form; 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 to the Department of Health and Human Services for use 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.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1: Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**

<input type="checkbox"/> I did not use a preparer or translator.	<input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
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(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*



## LISTS OF ACCEPTABLE DOCUMENTS

**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li>For persons under age 18 who are unable to present a document listed above:</li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



# EMPLOYEE'S AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT



Please read both sides, fill out the following information, and attach a voided check.

- ☐ New Employee
- ☐ Regular Direct Deposit Change
- ☐ Supplemental Deposit for Optum Health Savings Account
- ☐ Cancel Direct Deposit

Effective Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

SS # or Employee ID #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Phone #: \_\_\_\_\_

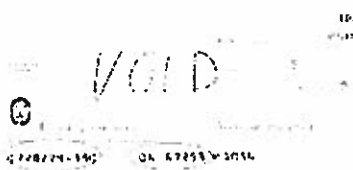
Financial Institution Transit/Routing # (never begins with a 5): \_\_\_\_\_

Account # (use separate forms for each account): \_\_\_\_\_

Account Type: ☐ Checking ☐ Savings ☐ Optum \_\_\_\_\_

For Additional Direct Deposit Deductions - Flat Amount Each Payroll: \$ \_\_\_\_\_

OR Percentage Each Payroll: \_\_\_\_\_ %



## ATTACH A VOIDED CHECK HERE

not needed for cancellations

**Authorization Agreement:** I hereby authorize the Department of Military and Veterans Affairs to deposit my payment each payday directly into the account named above. This authority will remain in force until I have given written notice that I am terminating it or until my employee has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account, I authorize my financial institution and the Department of Military and Veterans Affairs to make the appropriate adjustments.

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

must be signed to initiate direct deposit

**Cancellation Agreement:** I hereby cancel the authority previously given to the Department of Military and Veterans Affairs by this written notification from me of its termination in such time and in such manner as to afford the Department of Military and Veterans Affairs and the depository a reasonable opportunity to act on it.

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

must be signed to discontinue direct deposit

# STATE OF COLORADO

DEPARTMENT OF MILITARY AND VETERANS AFFAIRS



## AGREEMENT (Issuance of Equipment)

I may be issued certain equipment as a part of my job duties. As a condition of employment, I understand that this equipment is the property of the U.S. Government/State of Colorado, and that it must **all** be returned in good condition to the proper authority prior to my final termination. I further understand and agree that should I not return all equipment in good condition, any which is retained by me or has been damaged will be valued and that dollar value will be deducted from my final pay.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Print Employee Name

WITNESS:

\_\_\_\_\_

# STATE OF COLORADO

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## DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

6848 South Revere Parkway  
Centennial, Colorado 80112  
Phone (720) 250-1513



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John W. Hickenlooper  
Governor

Major General  
Micheal H. Edwards  
The Adjutant General

**Policy Letter:** DMVA 25-1

**Effective Date:** December 1<sup>st</sup>, 2013

**Summary:** Provides policy on use of State Information Technology devices and software.

**Applicability:** All State employees of DMVA

**Staff Proponent:** Deputy Director

**Supersedes:** DMVA 25-1, dated: January 11th, 2011

**Official:**

Michael Hunt  
Deputy Director

**Distribution:** All persons and entities utilizing information technology services and equipment.

Acceptable Use of State and Personal Assets	Document ID:	DMVA 25-1
	Creation Date:	12/01/2013
Version 1.1.1	Effective Date:	12/01/2013
	Document Type:	POLICY



## 1. TITLE: DMVA ACCEPTABLE USE OF STATE AND PERSONAL ASSETS

## 2. PURPOSE

State of Colorado information, applications and systems are essential to its success. Authorized Users must use or access the State of Colorado (State) IT resources through authorized and controlled processes and technologies. The Department of Military and Veterans Affairs (DMVA) has an interest and obligation under state statutes to ensure secure, effective, efficient operation and management of these information technology resources. DMVA establishes and adopts this Acceptable Use Policy to define the responsibilities of all employees of the DMVA to protect State IT resources appropriately.

## 3. POLICY

All State IT resources, information, and data are the sole property of the State of Colorado and applicable statutes, policies and guidelines govern their use. All Users must use State IT resources in an acceptable manner as defined below in Section 7. All Users must acknowledge reading this policy by signing the document within 30 days of hire date, or 30 days from when this policy goes into effect, and submitting a copy to their HR unit for retention in their personnel files.

DMVA has the right to monitor any DMVA State User's network, Internet, system or email accounts, and their usage for legitimate business reasons, including monitoring all IT resource performance, employee performance, compliance with this policy, compliance with any applicable laws and industry regulations, and where there is reasonable suspicion of activities that may violate this policy.

Additionally, the State of Colorado has the right to monitor any User's State network, State Internet system, or State email account, whether on a State-issued or personal device.

## 4. ORGANIZATIONS AFFECTED

The scope of this policy defines the obligations of Users, as defined in Section 6, in using State IT resources owned, managed, supported, maintained or operated by DMVA. While this policy contains specific information regarding expected use of State IT resources, employees must also abide by all additional requirements stated in Colorado Cyber Security Policies.

## 5. REFERENCES

Chief Information Security Officer - C.R.S. §24-37.5-401(1), C.R.S. §24-37.5-403(2)(b)-(c), and C.R.S. §24-37.5-404(2)(b). <http://www.colorado.gov/cs/Satellite/OIT-Cyber/CBON/1251575408771>

## 6. DEFINITIONS

6.1. Information technology (IT) resource - Computer equipment, communications equipment, storage media, applications, systems, and devices that are: 1) connected to a State of Colorado network; and/or 2) used to process, store, and/or transmit State of Colorado data.

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- 6.2. User - For purposes herein, the term "User" shall include all State employees of the DMVA Office, contractors and third-party vendors who have access to State IT resources.
- 6.3. Information technology (IT) resource owner - The IT or business leader and/or business subject matter expert responsible for the overall procurement, development, integration, modification, or operation and maintenance of the IT resource.
- 6.4. Personally Identifiable Information (PII) – Any information concerning a data subject, which, because of name, number, symbol, mark or other identifier, can be used to identify that data subject.
- 6.5. Sensitive information – Any information which the loss, misuse, or unauthorized access to or modification of could adversely affect the interest of the state, the conduct of programs, or the privacy to which individuals are entitled.
- 6.6. Portable device – Defines a smartphone, laptop, tablet (e.g., iPhone, Android, iPad, etc.), or portable drive, that has the ability to access State resources, including its network.
- 6.7. Personal IT resources – any IT resource that is owned by the User.
- 6.8. State IT resources – any IT resource that is owned by the State.

## 7. STANDARDS

### 7.1. Data Protection

- 7.1.1. Users shall obey all data protection requirements, as defined in Cyber Security Policy P-CCSP-011, and will not send or disseminate PII, regulated, or confidential information in an unencrypted form over a State network or the Internet.
- 7.1.2. Users shall password protect all IT assets that are used to access State information and that are connected to State IT infrastructure.
- 7.1.3. Users may learn, or have access to, sensitive information concerning State and/or agency business, State of Colorado residents, and employee data. It is the responsibility of Users to maintain the confidentiality of all State information. Users must take precautions to protect the unauthorized or careless disclosure of this information.
- 7.1.4. No sensitive data shall be downloaded or stored on a personal IT resource, including personal portable devices, computers, external hard drives, CDs/DVDs, or USBs.

### 7.2. Acceptable Use

#### 7.2.1. Internet

- 7.2.1.1. The Internet is used to conduct State business. Limited or occasional personal use of the Internet is permitted as outlined in the Personal Use section. Individual job functions will determine the Internet services approved for a User. The fewest privileges consistent with job duties will be assigned.

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### 7.3. Email/Text/Chat/Instant Messaging (IM)

7.3.1. All emails, texts, chat, and instant messages sent to and from State-assigned email, text, chat and instant message accounts are property of the State. Users shall use email to further the goals and objectives of the State of Colorado. The types of activities that are acceptable include:

- Communicating with fellow employees, business partners, and clients within the context of an individual's assigned responsibilities.
- Acquiring or sharing information necessary or related to the performance of an individual's assigned responsibilities.
- Participating in educational or professional development activities.

### 7.4. Personal Use

7.4.1. The use of State IT resources, specifically email, Internet or telephone, for occasional, incidental personal use is acceptable. However, the following guidelines should be followed:

- Users must still comply with all provisions of this policy and all applicable policies, guidelines and laws.
- Such use must not overly consume scarce State resources (e.g., bandwidth, disk storage space, printing supplies, etc.).
- If a User's usage of a State IT resource is deemed unacceptable or it is impeding their ability to perform their job duties, the employee's supervisor has the right to restrict access, and or initiate corrective action.

7.4.2. Should a User engage State IT resources for personal confidential transactions (such as online banking or credit card usage), the State is not responsible or liable for the confidentiality of any personal data transmitted.

### 7.5. Remote Access

7.5.1. Employees accessing State information and processes must safeguard their device from loss or theft.

7.5.2. Remote access Users shall only connect to State IT infrastructure through secure encrypted channels that are authorized by agency management.

7.5.3. Remote access Users shall ensure that both State-owned and personally-owned information assets used to connect to State IT infrastructure are password protected and use up-to-date operating system software and security software (i.e., anti-virus, anti-spyware, firewall, and host intrusion prevention) every time a remote connection is initiated.

7.5.4. Employees may access State resources with their own devices, as long as they comply with all State requirements as outlined in the Acceptable Use Policy, they have a signed

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and documented agreement to abide by this policy in their personnel file, and the assets have been configured in accordance with State security policies and configuration standards.

- 7.5.5. Devices that are lost or stolen must be reported to the employee's manager and the DMVA Office of Information Technology Office ( 2 Story - room 2-158) within 24 hours.
- 7.5.6. The State and/or DMVA, reserves the right to remotely wipe any device, including an employee owned device if it was used to access State resources.
- 7.5.7. Data on devices pertaining to State business, including employee owned devices, are subject to the Colorado Open Records Act (CORA) as it pertains to State business.
- 7.6. Unacceptable Use of State IT Resources
  - 7.6.1. The use of State IT resources for any commercial purpose or for profit is strictly prohibited.
  - 7.6.2. Users may not change the configurations of any IT resource. Users may be grouped such that their group membership defines specific installation and configuration permissions. Users may not take any unauthorized, deliberate action, which damages, disrupts a State IT resource, alters, or degrades its normal performance, or causes it to malfunction.
  - 7.6.3. Users may not intentionally use State IT resources to access, or attempt to access, any machine, IT resource, network, file or information that they are not authorized to access by virtue of the privileges associated with their user account. This includes information within their Division, the Department or Agency, the State, or any external IT resource. Such unauthorized access may constitute a violation of law and be subject to penalty under law, as well as disciplinary action by DMVA.
  - 7.6.4. Users may not download or install software on a State IT resource without permission or coordination of the User's Appointing Authority. All unauthorized software will be removed upon discovery. Examples of unauthorized software include but are not limited to:
    - Online gaming software
    - Games (other than those that come standard with the device)
    - Unauthorized shareware or freeware
    - Unauthorized hacking or security software
    - Software intended for personal use (e.g., Quicken, TurboTax, Greeting Cards, etc.)
    - Registry cleaners
    - Peer-to-peer software
    - Personal firewalls
    - Malware, to include but not limited to, Viruses, Trojans, Spyware or Adware

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7.6.5. Users' Internet usage must comply with all federal and State of Colorado laws and all State of Colorado policies. Examples of inappropriate use on a state asset, or on a personal device for which the employee is receiving state issued reimbursement (i.e., Bring Your Own Device "BYOD") include the following actions and items that are strictly prohibited, but are not limited to, the following:

- Online gaming
- Visiting online pornography sites
- Sending pornographic text or images
- Participating in online auctions
- Unauthorized copying of State information (or other information intended for official business) to removable media (e.g., CDs, thumb drives, DVDs, etc.) or sending it to an unauthorized address
- Unauthorized postings to blog sites, unauthorized newsgroups, chat rooms, or discussion boards
- Purposefully altering, disabling, or circumventing security features and mechanisms on State IT resources and networks
- Purposefully tampering with or attempting to turn off monitoring software on an IT resource
- Unauthorized attachment of personal computers, laptops, handheld computers, smartphones, modems, etc. to a State IT resource or network
- Illegal file sharing (e.g., software, software keys, passwords, files, music, videos, etc.)
- Sending harassing, threatening, or hate-oriented content
- Creating and or knowingly sending spam or information that is sensitive and confidential to outside parties
- Creating and or knowingly sending malicious code
- Engaging in phishing or other fraudulent activities
- Intercepting data intended for others on the network
- Using spoofing techniques to disguise email addresses or other network activity
- Unauthorized access to any State IT resource
- Using network resources to store personal data or files
- Unauthorized attachment of wireless access points to a State network
- Unauthorized streaming of audio or video files



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- Sending or downloading copyrighted material unless authorized by the copyright holder

7.6.6. Internet addresses of sites containing racial, sexual, obscene, harassing, criminal, subversive or other information which violate local, state, federal laws and regulations, or DMVA Policies and Procedures may be blocked by the DMVA.

7.6.7. State IT resources must not be used for purposes of creating, accessing, viewing, retrieving, storing or disseminating any of the following:

- Harassing, threatening, hate-oriented or defamatory materials
- Sexually-oriented, sexually-explicit, obscene or pornographic materials

#### 7.7. Copyright Material

7.7.1. Copyright law subjects the State and its employees to the terms of software license agreements and similar restrictions on other products covered by copyright (e.g., electronic media items such as documents, books, photos, music or videos). State IT resources must be used in accordance with the terms of software license agreements or other copyright restrictions in order to protect the State, its officials and Users from possible legal action. Questions concerning copyright or license issues may be directed to the User's Appointing Authority and/or to their supervisor. It is the responsibility of the User's Appointing Authority to ensure the maintenance and availability of documentation demonstrating software license compliance.

#### 7.8. Right to Monitor

7.8.1. State IT resources and all information and data which are the sole property of (or are controlled by) the State of Colorado and their use is governed by a variety of applicable statutes, policies and guidelines. DMVA has the right to monitor any employee's IT resource, network, Internet, e-mail accounts, and their usage, for legitimate business reasons, on either a State owned asset or BYOD device, including monitoring State IT resource performance, employee performance, compliance with this policy, compliance with any applicable laws and industry regulations, and where there is reasonable suspicion of activities that may violate this policy.

7.8.2. By making use of State IT resources, Users consent to allow all information they store on State IT resources to be divulged to State Management, State Human Resources, and/or law enforcement, at the discretion of State Management and State Human Resources.

#### 7.9. Incident Reporting

7.9.1. If an event, such as a seemingly malicious pop-up, virus warning, or other suspicious activity occurs, Users are required to report the incident to the Chief Information Security Officer at the DMVA, OIT Office (2 Story - Room 2-158, and to their reporting supervisor/manager. Examples of incidents include, but are not limited to:

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- Unusual Pop-ups and/or Virus Warnings
- Suspicious callers attempting to obtain unauthorized information such as a User's password or other personnel information
- Suspected attempts (either failed or successful) to gain unauthorized access to an IT resource or its data by unauthorized parties
- The unauthorized use of an IT resource for the processing or storage of data

#### 7.10. Privacy

- 7.10.1. Users of State IT resources should have no expectation of privacy or confidentiality in their use of a State IT resource. All State records, with minimal exception, are subject to the Colorado Open Records Act, Colorado Revised Statutes Title 24, Article 72. DMVA management, technical administrators, and security personnel will periodically monitor the usage of State IT resources to ensure they are operated in a secure, effective, efficient, lawful and ethical manner.
- 7.10.2. Computer files that are created, entered, stored, or downloaded to a State IT resource, and transmissions sent or received by Users, including those sent or received by email, instant message, voicemail, telephone or over the Internet can be accessed and monitored by authorized personnel at DMVA at any time, for any reason without the prior consent of the User. As such, Users should have no expectation of privacy in using a State IT resource.

### 8. RESPONSIBILITIES

- 8.1. Supervisors – Responsible for ensuring that his/her subordinates have read, understand, and signed this Acceptable Use Policy within 30 days of hire or when this policy goes into effect and all other security policies as a condition of employment or a condition for granting access.
- 8.2. Users – Responsible for reading, understanding and adhering to this Acceptable Use Policy. Users are responsible for acknowledging and signing the Acceptable Use Policy within 30 days of hire or when this policy goes into effect.
- 8.3. System Administrators (SA) –Responsible for reading and understanding all State Cyber Security policies. Additionally, SAs are responsible for managing access and security to the State's IT resources as defined in the State Cyber Security policies.

### 9. COMPLIANCE

- 9.1. Misuse of State of Colorado IT resources, as well as other violations of this policy may result in corrective or disciplinary action, up to and including immediate termination of employment. Termination may be warranted, even on the first offense, depending on the seriousness of the misconduct. Discipline is the responsibility of the Appointing Authority, working in conjunction with Human Resources.

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9.2. DMVA reserves the right to limit privilege of access or terminate the use of its applications and IT resources at any time for any valid technical or policy reason, including for purposes of investigation into possible violations of law or this policy.

9.3. Any violations of law will be reported to appropriate authorities and DMVA will cooperate with the authorities in any investigation, providing any information necessary.

## **10. EXPIRATION**

This policy will remain in effect until modified or changed by the Department of Military and Veterans.

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## Signature Page

### Department of Military and Veterans Affairs

### Acceptable Use Policy

As a state employee, contractor or other User of a State IT resource, I acknowledge that I have read and understand the Department of Military and Veterans Affairs Acceptable Use Policy. I further understand and acknowledge that it is my responsibility for obeying all local, state, and federal laws, including those governing copyright and intellectual property, as well as this policy and any applicable State, Department or Division policies.

I agree to abide by these policies and procedures and acknowledge that when an instance of non-compliance is suspected or discovered, proper corrective or disciplinary action may be taken, up to and including termination in accordance with state regulations. Criminal or civil action may be initiated where appropriate. I also understand that when using state IT resources, I have no expectation of privacy and, if required, DMVA management may monitor or investigate my usage.

\_\_\_\_\_  
Employee Name (printed)

\_\_\_\_\_  
Working Job Title

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date

# STATE OF COLORADO

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## DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

6848 South Revere Parkway  
Centennial, Colorado 80112  
Phone (720) 250-1500  
Fax (720) 250-1509



June 1, 2015

Bill Ritter, Jr.  
Governor

**Policy Title:** Workman's Compensation/Injuries on the Job

H. Michael Edwards  
Major General  
The Adjutant General

**Effective Date:** 01 June 2015

**Summary:** Provides Policy on Reporting On-the-Job Injuries

**Applicability:** All State Employees of DMVA

**Staff Proponent:** Human Resources

**Supersedes:** 01 December 2011

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**A. Purpose:** To address who, when, and how injuries incurred on the job are to be handled for all State DMVA employees and State Active Duty.

**B. Background:** The state's workers' compensation program is self-insured. Broadspire Services, Inc. is the state's third-party administrator and in coordination with State Risk Management, handle claims and provide loss control services. Risk Management and Broadspire work closely with state agencies to provide claim management, a Return-To-Work Program, and injury prevention assistance.

**C. Definitions:**

Workers' compensation insurance covers work-related injuries and diseases. Benefits include:

1. Medical - all bills paid, no deductible or co-pay;
2. Wage Loss - replacement wages for time lost from injury, specifically, 66% of employee's average weekly wage not to exceed a maximum amount annually set by the Division of Workers' Compensation;
3. Death benefits to dependent family.

**D. Policy:**

1. All state employees are automatically covered under the Workers' Compensation Insurance. This includes temporaries, State Active Duty, non-classified, and Civil Air Patrol volunteers.

2. Upon being notified of a work related injury or occupational disease, the human resource staff, supervisor, or designee will provide the injured worker with a list of at least 4 physicians/providers, from which the injured worker may select a treating physician. The list of designated providers must be provided to the injured party within seven (7) business days of notification.

Treatment by any other health-care provider, except in the case of a life or limb-threatening emergency, may not be covered by the insurance carrier. If the injury occurs outside the Denver Metro area, consult the Broadspire's PPO network which is on the DMVA web site under Human Resources, Benefits, or call the Human Resource office at 720-250-1520 for the name/address of an acceptable health care provider.

3. Injuries should be reported immediately (and in no case later than four days after the incident) to the supervisor or other designated person.
  - a. At the time the report is made, a brief written statement should be obtained from the injured party as to how the accident occurred and what injury was sustained. If the nature of the injury is such that a statement cannot be made immediately, it should be obtained as soon as possible and attached to the First Report of Injury form.
  - b. The supervisor or the Human Resource Director will call the nearest designated provider chosen by the injured party to advise of the injury and that the party is coming in to ascertain the nature and extent of the injury and for any necessary treatment.
  - c. The supervisor or designee will report the accident to the personnel office (720-250-1520) within 48 hours.
  - d. It is the employee and/or supervisor's responsibility to timely complete and sign the First Report of Injury form, based on the statements made by the injured party (and any witness(es)). The First Report of Injury form should be forwarded to the DMVA state human resource office to arrive no later than five (5) calendar days of the occurrence. It may be FAXed to 720-250-1529.
  - e. The First Report of Injury will then be filed with Broadspire by the personnel office no later than ten (10) calendar days of the occurrence of the accident. We may be liable for substantial fines for untimely reporting of work-related accidents. The accident must be reported immediately if the injury was fatal or involve injury to three or more people.
  - f. The employee should obtain a work status form from the designated provider chosen by the injured worker and advise the supervisor, or designee, as to the date of return to work or duty. The form will also indicate status (full duty, light duty, etc.) Paid leave, if applicable, will not be granted an employee without this form. This form must be forwarded to the HR office for filing. State Active Duty personnel are not eligible for paid leave time.
  - g. Subsequent treatment must be provided at by the designated provider chosen by the Claimant or the provider/facility to which the injured party was referred (P.T., surgery, etc.).

4. Prescriptions, if any, will be paid by Broadspire directly. If the pharmacy requires immediate payment, any receipts should be kept and then forwarded to Broadspire for reimbursement after the Claim No. is received.
5. If an employee seeks treatment as prescribed above on the day of the work-related injury, the employee will be considered as having worked that full day. If the employee does not seek treatment on the day of the work-related injury, the employee will be charged sick leave for the initial doctor's appointment. Subsequently, the employee will be placed on Sick Leave status at the time he/she goes for additionally-prescribed treatment, including physical therapy. State Active Duty personnel on orders for 30 days or less will be paid for the full day, however any additional time off required will not be treated as sick leave. The following rules apply to State employees and SAD on orders more than 30 days:
  - a. S/he will also be charged Sick Leave for any time off as prescribed by the health care provider, until further determination is made, up to a maximum of **three** days, based on the physician's recommendation. Any non-permanent party who does not accrue sick or annual leave will be placed in a LWOP status.
  - b. If the physician recommends modified duty, the supervisor will evaluate whether this is feasible and safe. If it is determined that modified duty is absolutely not an option, then the employee will be placed on leave. Supervisors will keep employees working in some capacity if at all possible when this has been the recommendation of the physician. Modified duty (or light duty) is **NOT** guaranteed. Employees will not be allowed to return to regular, pre-injury duty prior to the physician's return to work release.
  - c. On the **fourth** day (not necessarily consecutive), the employee will be placed on Injury Leave. Broadspire will reimburse the Department 2/3 of the employee's pre-injury wage, and the Department will pay the employee his/her regular wage, up to a maximum of **90 days**. To be granted Injury Leave, the employee must assign the worker's compensation payment to the Department. This will be automatic unless the employee indicates otherwise.
  - d. Only permanent employees are eligible for Injury Leave. Eligible employees receive up to 90 working days injury leave, counted in whole days regardless of the number of hours absent on a given day. Example: an employee who is absent from work for a two-hour medical appointment is charged a full day of Injury Leave. The employee is expected to work the remaining six (or eight) hours in the workday.
  - e. If the injury extends beyond 14 days, as defined in the preceding paragraphs, the sick (or annual) leave taken for the first three days can be restored to the employee.
  - f. If after the 90 days of injury leave the employee is still required to take leave due to the work-related injury, then the "make whole" policy will commence. That is, Broadspire will pay the employee 2/3rds of their pre-disability wage and the employee will be able to use sick and annual leave for the 1/3 balance.
  - g. If while on Injury Leave the employee chooses to go/stay home even though the health-care provider has directed that they are able to return to regular duty work, they will be charged with sick or annual leave and no payment will be forthcoming from Broadspire.

- h. In all cases, a leave slip should be completed, signed by the supervisor, and forwarded to the state timekeeper as soon as possible. **WHEN AN EMPLOYEE IS OFF ON LEAVE, INCLUDING INJURY LEAVE, DUE TO A WORK-RELATED INJURY, PLEASE BE SURE TO SO INDICATE ON THE LEAVE SLIP/TIME SHEET.**
  - i. Employees on Injury Leave will continue to accrue sick and annual leave as normal.
- 6. Depending on the severity of the injury and the anticipated time off, the employee may also be placed in an FMLA (Family Medical Leave Act) status. This determination is made by the personnel director, and will be based upon information provided.
  - 7. An employee may be able to file a claim for short-term disability (STD) while they are off work due to a work-related injury, if certain criteria are met. STD will be offset by any payments from the Department or Broadspire. This option should be explored for long-term (more than 30 days) treatment or time off work.
  - 8. State Personnel Policies and Procedures will be followed in all cases. More information can be obtained by contacting the Department's state personnel office (720-250-1520).

REVISED 6/01/2015 – All other editions of this policy are obsolete and should be destroyed.

**Official:**

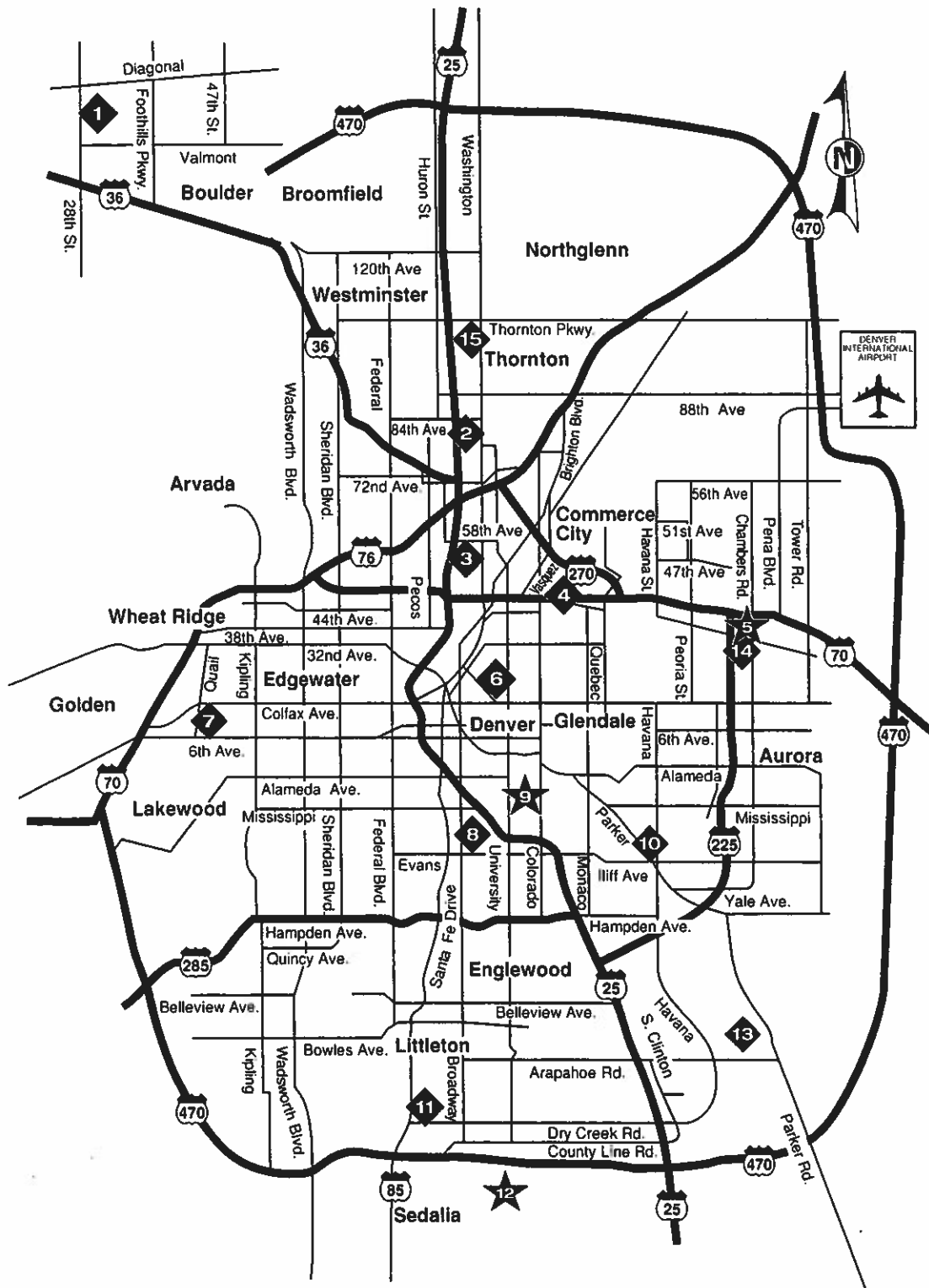
//signed//

H. Michael Edwards  
The Adjutant General

**Distribution:** DMVA Staff Proponents  
DMVA Website



# Colorado Locations



# Colorado Locations



- |   |   |  |   |
|---|---|--|---|
| <p><b>1</b> Concentra Boulder<br/>3300 28th St.<br/>Boulder, CO 80301<br/>Mon - Fri: 8 am - 6 pm<br/>303.541.9090<br/>Fax: 303.541.9393</p>   | <p><b>2</b> Concentra Thornton<br/>500 E. 84th Ave., Ste. B-14<br/>Thornton, CO 80229<br/>Mon - Fri: 8 am - 5 pm<br/>303.287.7070<br/>Fax: 303.287.7373</p>                       | <p><b>3</b> Concentra North Denver<br/>420 E. 58th Ave., Ste. 111<br/>Denver, CO 80216<br/>Mon - Fri: 7 am - 5 pm<br/>303.292.2273<br/>Fax: 303.296.4138</p>                     | <p><b>4</b> Concentra Stapleton<br/>5855 Stapleton Dr. North<br/>Unit A-130<br/>Denver, CO 80216<br/>Mon - Fri: 7 am - 5 pm<br/>303.371.7444<br/>Fax: 303.371.7364</p>  |
| <p><b>5</b> Concentra Aurora North<br/>15235 E 38th Ave.<br/>Aurora, CO 80011<br/>Mon - Fri: 8 am - 8 pm<br/>Sat: 8 am - 4 pm<br/>303.340.3053<br/>Fax: 303.340.3862</p>                          | <p><b>6</b> Concentra Downtown Denver<br/>1730 Blake St.<br/>Suite 100<br/>Denver, CO 80202<br/>Mon - Fri: 8 am - 6 pm<br/>303.296.2273<br/>Fax: 303.296.8330</p>                 | <p><b>7</b> Concentra Lakewood<br/>11185 W 6th Ave.<br/>Lakewood, CO 80215<br/>Mon - Fri: 8 am - 6 pm<br/>303.239.6060<br/>Fax: 303.239.6046</p>                                 | <p><b>8</b> Concentra South Broadway<br/>1212 S. Broadway, Ste. 150<br/>Denver, CO 80210<br/>Mon - Fri: 7 am - 5 pm<br/>303.777.2777<br/>Fax: 303.871.0218</p>  |
| <p><b>9</b> Concentra Cherry Creek<br/>875 S. Colorado Blvd<br/>Denver, CO 80246<br/>Mon - Fri: 8 am - 8 pm<br/>Sat: 8 am - 4 pm<br/>Sun: 10 am - 4 pm<br/>303.388.3627<br/>Fax: 720.266.6935</p> | <p><b>10</b> Concentra Aurora Southeast<br/>10355 E. Iliff Ave.<br/>Aurora, CO 80247<br/>Mon - Fri: 8 am - 5 pm<br/>303.755.4955<br/>Fax: 303.755.4956</p>                        | <p><b>11</b> Concentra Littleton<br/>20 W. Dry Creek Cir.<br/>Suite 100<br/>Littleton, CO 80120<br/>Mon - Fri: 8 am - 5 pm<br/>303.798.1009<br/>Fax: 303.798.1324</p>            | <p><b>12</b> Concentra Highlands Ranch<br/>9330 South University Blvd.<br/>Suite 100<br/>Highlands Ranch, CO 80126<br/>Mon - Fri: 8 am - 8 pm<br/>Sat: 8 am - 4 pm<br/>Sun: 10 am - 4 pm<br/>303.346.3627<br/>Fax: 303.683.9392</p> |
| <p><b>13</b> Concentra Tech Center Clinic<br/>11877 E. Arapahoe Rd., Ste 100<br/>Centennial, CO 80112<br/>Mon - Fri: 8 am - 6 pm<br/>303.792.7368<br/>Fax: 303.858.7076</p>                       | <p><b>14</b> Concentra Aurora Chambers<br/>3449 Chambers Rd.<br/>Suite B<br/>Aurora, CO 80011<br/>Mon - Fri: 8 am - 5 pm<br/>720.859.6139<br/>Fax: 720.859.3294</p>               | <p><b>15</b> Concentra Thornton Parkway<br/>550 East Thornton Pkwy.<br/>Suite 110<br/>Thornton, CO 80229<br/>Mon - Fri: 8 am - 5 pm<br/>720.872.0399<br/>Fax: 720.872.0421</p>   |   |
|   | <p>Concentra<br/>Fort Collins Lemay<br/>620 South Lemay Ave<br/>Fort Collins, CO 80524<br/>Mon - Fri: 7 am - 7 pm<br/>Sat: 9 am - 1 pm<br/>970.221.5811<br/>Fax: 970.221.5817</p> | <p>Concentra Rockrimmon<br/>5320 Mark Dabbling Blvd.<br/>Bldg. 7, Suite 100<br/>Colorado Springs, CO 80918<br/>Mon - Fri: 8 am - 5 pm<br/>719.592.1584<br/>Fax: 719.592.0965</p> | <p>Concentra South Academy<br/>2322 S. Academy Blvd.<br/>Colorado Springs, CO 80916<br/>Mon - Fri: 8 am - 5 pm<br/>719.390.1727<br/>Fax: 719.390.9690</p>   |

★ Indicates Weekend Hours

In order to satisfy Colorado House Bill 14-1383, our other designated provider is:

Any Healthone Occupational Medicine and Rehabilitation Facility

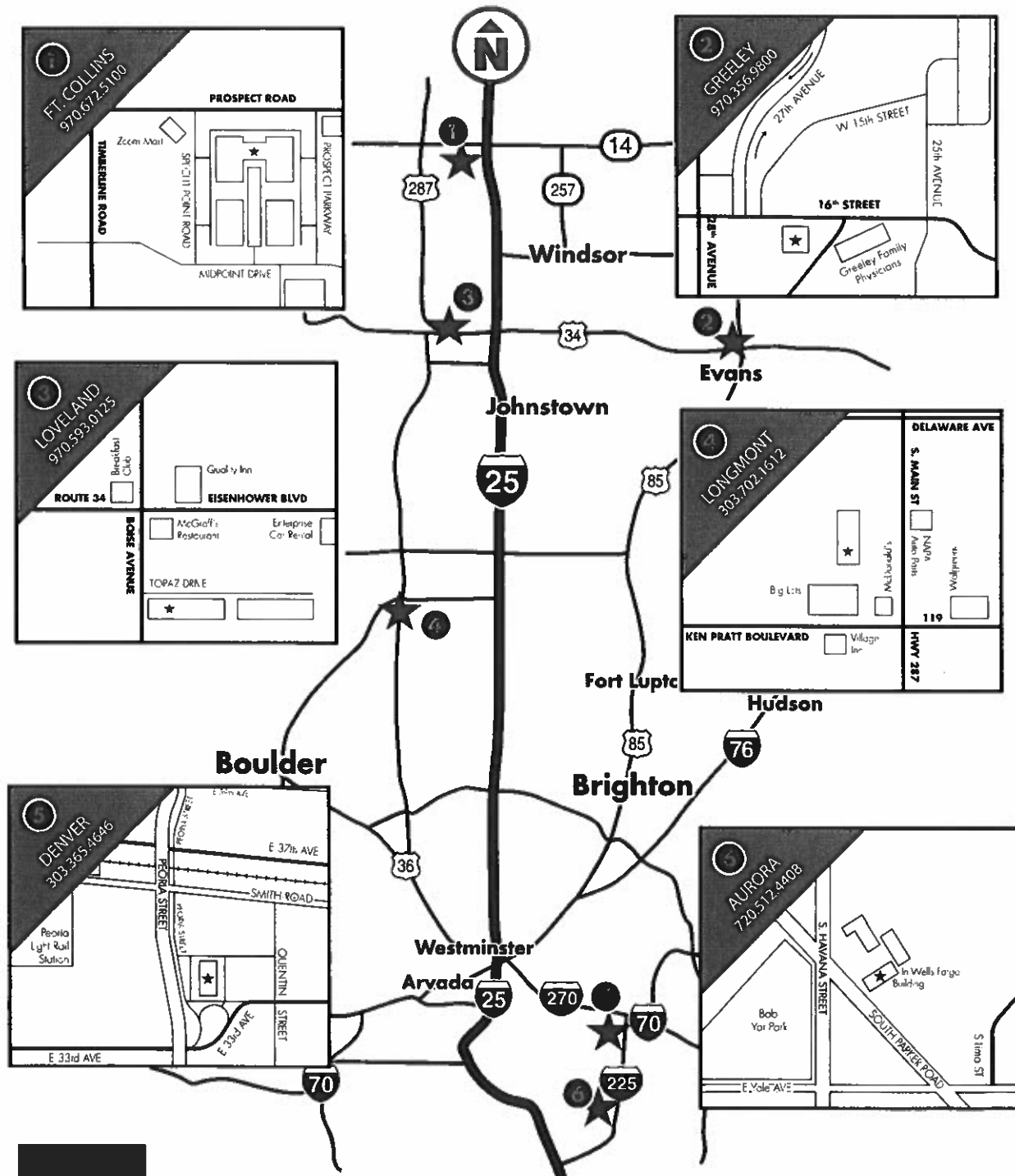
**Concentra**  
www.concentra.com

# INJURED AT WORK?

CALL  
**911**

**IF YOUR INJURY  
IS LIFE OR LIMB  
THREATENING**

THEN  
CONTACT  
WORKWELL



workwell

[workwellworks.com](http://workwellworks.com)

# STATE OF COLORADO

## DEPARTMENT OF MILITARY AND VETERANS AFFAIRS

6848 South Revere Parkway  
Centennial, Colorado 80112  
Phone 720-250-1500  
Fax 720-250-1509  
www.dmva.state.co.us



### EMPLOYEE VERIFICATION FORM

#### FOR

#### WORKERS' COMPENSATION

John W. Hickenlooper  
Governor

Major General  
H. Michael Edwards  
The Adjutant General

I have been notified by my employer of the procedure to follow in the event I incur a work-related injury/illness. I understand that my employer has designated (a) primary provider(s) for all work related injuries/illnesses depending on the work-site location; and that I or my supervisor has been provided with a list of said providers and their locations. I understand that if I do not receive my medical care for work-related injuries/illnesses from said provider(s), I will be financially responsible for that care. I further understand that work-related injuries are to be reported to my supervisor within twenty-four hours of injury.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department Official

\_\_\_\_\_  
Date

**Department of Personnel & Administration  
Form SSA-1945**



**Statement Concerning Your Employment in a Job Not Covered by Social Security**

**Employee Name**

**Employee ID # or Social Security Number**

State of Colorado, Department of Personnel & Administration  
**Employer Name**

840644739  
**Employer ID#**

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the Social Security publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension. For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security,  $\$500 - \$400 = \$100$ . Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to the Social Security publication, "Government Pension Offset."

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or, for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.**

**Signature of Employee**

**Date**



## PERAChoice Election and Release 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](http://www.copera.org)



### Member SSN

You must submit this form to your human resources office no later than 60 calendar days from your first day of employment. If you do not complete and return this form to your human resources office or Colorado PERA within 60 calendar days from your first day of employment, you will be automatically enrolled in the PERA DB Plan. **If you have made PERA contributions in the last 12 months, you must return to the Plan in which you previously participated.** 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).

#### Member Information

Name \_\_\_\_\_  
Last First MI  
Address \_\_\_\_\_  
Street City State ZIP Code  
Birthdate \_\_\_\_\_ Email Address \_\_\_\_\_  
Daytime Telephone (\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_  
Sign up for electronic delivery of PERA information? Yes ☐ No ☐

#### Retirement Choice Election

You must choose one of the following:

☐ I elect to enroll in the PERA DB Plan. I understand that I may, at a subsequent time, make a one-time irrevocable election to participate in the PERA DC Plan.

OR

☐ I elect to enroll in the PERA DC Plan. I understand that I may, at a subsequent time, make a one-time irrevocable election to participate in the PERA DB Plan.

#### Retirement Choice Release

*You are not eligible to make an election if you have participated in a PERA Plan in the last 12 months.*

I am eligible to make an election to participate in the 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 or PERA 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 the second to fifth year of active participation (unless I was previously enrolled in a State DC Plan that was transferred to PERA on July 1, 2009). I have read and understand the *PERAChoice* brochure.

**Investment of PERA DC Plan.** 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 Plan.

**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.

**Disability and Survivor Benefits.** I understand that if I choose the PERA DC Plan I will not have access to survivor or disability benefits.

**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.

**Sign Here →**

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

#### For Payroll/Personnel Use Only

Employer Name: \_\_\_\_\_ Employer Number: \_\_\_\_\_  
Employee Status (FT, PT, Temp): \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
Date Election Form Received: \_\_\_\_\_ Screen Entry Date: \_\_\_\_\_  
Entered By (print name): \_\_\_\_\_ Telephone Number: \_\_\_\_\_



## Member Information Form—Defined Benefit Plan(s)

Colorado Public Employees' Retirement Association

PO Box 5800, Denver, Colorado 80217-5800

1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org



Member SSN

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Read the instructions on page 2 before completing this form. Be sure to sign and date this form as well as any enclosures. If you are a retiree who is currently receiving a monthly benefit and would like to change your beneficiary, do not complete this form. Please complete the *Retiree Named Beneficiary Change Form* and return it to PERA.

### Member Information

I am: ☐ A New Member ☐ Changing PERA Information (Complete any information you are changing and sign.)

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

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: ☐ Female ☐ Male  
Month/Day/Year

Home Telephone (\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_

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

Email Address \_\_\_\_\_

Sign up for electronic delivery of PERA information? ☐ Yes ☐ No

Spouse's Name \_\_\_\_\_  
Last First MI

Spouse's Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse through: ☐ Marriage ☐ Civil Union  
Month/Day/Year

### Named Beneficiary

Complete this section to list the primary and contingent named beneficiary(ies) of your PERA DB Plan account(s).

If you have additional named beneficiaries, complete the "Additional Named Beneficiaries" section on page 4.

Beneficiary for: ☐ PERA Benefit Structure DB Plan Account ☐ DPS Benefit Structure DB Plan Account  
☐ Apply to Both DB Plan Accounts

Note: If you do not check a box, the beneficiary designation will be made to both DB Plan accounts, if applicable.

#### Primary Beneficiary:

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

#### Contingent Beneficiary:

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

Sign Here → Member Signature \_\_\_\_\_ Date \_\_\_\_\_

### To Be Completed by Employer

For new employees only

Employer No. \_\_\_\_\_ Employer Name \_\_\_\_\_

Date \_\_\_\_\_ Starting Salary \_\_\_\_\_

Job Title \_\_\_\_\_ Date Employed \_\_\_\_\_

# DC Plan Beneficiary Designation Form



Voya Financial  
Attn: Colorado PERA DC Plan  
PO Box 23219  
Jacksonville, FL 32241-3219  
Fax: 1-888-310-6019

Member  
SSN

## Participant Information

Participant Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First M.I.

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

Home Telephone Number ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer 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 WILL 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 die. A contingent beneficiary is the person who would receive your DC Plan benefits if your primary beneficiary dies 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
-----------------------------	--------------	------------------------	---------------	-----------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name of Contingent Beneficiary	Relationship	Social Security Number	Date of Birth	(Total=100%) % 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.

**Sign Here →**

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_