



Non-Traditional 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



The information below is required for all non-traditional school enrollments. A non-traditional school is any accredited educational institution that does not follow a standard school term, semester, or quarter calendar. These schools may instead follow self-paced programs, year-round enrollment, or some other alternative full-time program defined by the accredited institution. All non-traditional students must be enrolled for classes at least nine months out of every calendar year and are required to complete coursework in a similar time frame as traditional universities or colleges to be eligible for survivor benefits.

This form certifies that you are a student who is eligible for a Colorado PERA survivor benefit because you are attending school on a full-time basis (minimum of nine months of enrollment per calendar year). After you complete Section 1 of this form, have an official from your school complete Section 2 on the reverse side 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

Form with boxes for entering the Student's SSN (Social Security Number).

**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 on reverse





Non-Traditional School Attendance Certification (continued)

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

Student Name _____ Student SSN _____

**Section 2:
To Be Completed
by School Official**

Name of School _____

Address _____
Street City State ZIP Code

School Phone Number () _____

1. Is the student named above enrolled full-time in a program with your school? Yes No

» If Yes, please list the courses they are currently enrolled in including the enrollment date and, if applicable, the completion date.

Course Name	Enrollment Date Month/Day/Year	Completion Date Month/Day/Year
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____
_____	____/____/____	____/____/____

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

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.

Affix school seal or stamp here

Sign Here →

Signature of School Official _____

Title _____ Date _____
Month/Day/Year

Email _____

