

CO-931s

- 1) Please use fillable form if at all possible or please be sure it's legible handwriting. We will do the best we can with handwriting.
- 2) Complete:
 - a. Name
 - b. SSN
 - c. Date of employment (date when member became a member of the pension plan)
**Keep in mind that CMERS does not allow probationary periods for MERS membership
 - d. Date of birth
 - e. Gender
 - f. Home address, including ZIP
 - g. Marital status ***we cannot list a person as "married" unless we have a date of marriage, our database won't allow it. You will be listed as "UU" unknown if a marriage date is not provided.
 - h. Date of marriage, must be full date.(i.e. Jan 2001 is not sufficient.)
 - i. Employing agency
 - j. Beneficiary information, please provide all information. **there are two types, primary and contingent. If the primary beneficiary(ies) predeceases the member, the contingent beneficiary(ies) would receive the refund of contributions and interest. The percentage total for primary beneficiaries must add up to 100%, the percentage total for secondary beneficiaries must add up to 100%.
**please remember to change your beneficiary address if applicable if you change your address.
- K. forms must be signed by member and municipality.