



Denver Employees Retirement Plan
777 Pearl Street
Denver, Colorado 80203-3717
303/839-5419 FAX 303/ 839-9525
www.derp.org

Member Enrollment Form

Section I

To be completed by the Hiring Authority or Payroll Clerk

Name _____ Social Security # _____

Address _____
Street City State Zip Code

Date of Birth ____/____/____ Sex: M / F Department Name _____

Department Code _____

Employee Status: Hire Date _____ Former City Employee: Yes / No
 Former DHHA Employee: Yes / No

- Employee is in a permanent or temporary position and **eligible** for fringe benefits.
- Employee is in an on call position and **NOT eligible** for fringe benefits.

Employee Change: Name Change from _____
 Transfer from _____

I hereby certify that the information provided in the above section is true and correct.

Signature _____ Position _____ Date _____
Hiring Authority or Payroll Clerk

Section II

To be completed by the employee

This beneficiary may qualify for a benefit upon your death while employed with the City and County of Denver or DHHA. Spouse or child(ren) under age 21 qualify for this benefit before any other designated beneficiary. Only one person may be named.

I, the undersigned employee, designate the following as my beneficiary:

Beneficiary Name _____ Beneficiary Birth Date ____/____/____ Relationship _____

Beneficiary Social Security # _____

Beneficiary Address _____
Street City State Zip Code

Employee Signature _____ Date _____

For Retirement Office Use Only

File # _____ Date processed _____ By _____
 Eligible date _____ Ineligible date _____