

Verification of Eligibility

Call ext. 6300

(303) 770-3772
in the Denver Metro area

(800) 332-3772 toll free
nationwide

Return to FPPA prior to October 31, 2022.

Employment Status

Did you file a tax return (or tax extension) in 2021? Yes No

In 2021, did you work in any capacity, paid or unpaid? Yes No

If yes, what was your job title? _____

Employer: _____ Number of hours worked per week: _____

What was your annual salary? _____

Is this different from last year? Yes No

It is your responsibility to inform FPPA immediately of any future employment changes.

Benefit Recipient Signature

Under penalty of perjury, I swear or affirm that all the information listed on this Verification of Eligibility form is true and complete.

SIGNATURE ▼	DATE ▼
PRINT NAME ▼	

Anyone who makes a false statement or representation material to the claim for disability benefits or survivor benefits commits a class 5 felony under the Colorado Penal Code and shall forfeit all right to future benefits. Section 31-31-1203 C.R.S.