

Company Data Information Form

Colorado Springs Utilities - Name of Employee Requester Date							
Is your company providing:							
Service	Material	Both					
Company Information							
Company nar	ne		Contact person				
Where was your company incorporated?			Is the address below of business?	your primary place			
			Yes				
Primary place of business No							
Street addres			Street address line	2			
City			State	Zip code			
E-mail address			Company Web Address				
Phone			Fax				
Does this company function solely as a manufacturer rep or distributor? Yes No							
163	110						
Are you interested in receiving payments electronically?							
Yes	No						

* If yes, please complete the ACH enrollment form

Remit Address, if different than above

Same		
Business name	Contact person	
Street address	Street address line 2	
City	State	Zip code
Phone	Fax	

Additional Information

Check all that apply: (Attach supporting documentation of these business classifications)

Small Business Disadvantaged Woman Owned Hub-Zone Veteran Owned Service Disabled Veteran Vietnam Veteran Business is 51 percent owned by physically disabled individual(s)

Business owner(s) ethnic identification: (Please check at least one if applicable)

Black American Asian	Hispanic American
Pacific American	Subcontinent Asian American
Native American	

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PERA-Public Employees' Retirement Association Benefit Status

Effective July 1, 2005, compensation paid by any PERA employer to any PERA retiree for services they perform in any capacity or of any entity owned or operated by a PERA retiree or an affiliated party is subject to employer contributions. Colorado Springs Utilities, as a PERA employer, must pay the employer share of those contributions to PERA. Effective January 1, 2011, compensation paid by any PERA employer to any PERA retiree for services they perform in any capacity or of any entity owned or operated by a PERA retiree or an affiliated party is subject to working retiree contributions. Working retiree contributions may be taken as a reduction of the benefit paid to the retiree by PERA. It is the responsibility of the PERA retiree to disclose their retiree status to the PERA employer and to inform both PERA and the PERA employer so that the need to make employer and working retiree contributions can be determined. The retiree must complete and submit a "Retiree Working for a PERA Employer" form and submit it to PERA and the PERA employer. If the PERA retiree performs services for the PERA employer through an affiliated party, the retiree must also complete a "Disclosure of Compensation" form and submit it to PERA and the PERA employer. For more information about working after retirement for a PERA employer, including the definition of "affiliated party", and for the required forms please contact PERA at 1-800-759-7372 or visit their website at www.copera.org. You may also contact Accounts Payable at Colorado Springs Utilities at 719-668-8523 or www.accountspayable@csu.org.

Vendor-please fill out this section. Choose One.

YES, I am a PERA Retiree receiving benefits.

Please Print Name

Sign Your Name

PERA section does not apply to company.

Please Print Name

Sign Your Name

NO, I am not a PERA Retiree receiving benefits.

Please Print Name

Sign Your Name