

# Company Data Information Form

Colorado Springs Utilities - Name of Employee Requester

Date

Is your company providing:

Service     Material     Both

---

## Company Information

Company name

Contact person

Where was your  
company incorporated?

Is the address below your primary place  
of business?

Yes  
 No

Primary place of business

Street address

Street address line 2

City

State

Zip code

E-mail address

Company Web Address

Phone

Fax

---

Does this company function solely as a manufacturer representative or distributor?

Yes     No

---

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

Street address

City

Phone

Contact person

Street address line 2

State

Zip code

Fax

---

### Additional Information

Check at least one: (Attach supporting documentation of these business classifications)

- Small Business
  - Disadvantaged Small Business
  - Woman Owned Small Business
  - Hub-Zone Small Business
  - Veteran Owned Small Business
  - Service Disable Veteran Owned Small Business
  - None of the Above
-

## 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](http://www.copera.org). You may also contact Accounts Payable at Colorado Springs Utilities at 719-668-8523 or [www.accounts payable@csu.org](mailto:www.accounts payable@csu.org).

### Vendor—please fill out this section. Choose One.

YES, I am a PERA Retiree receiving benefits.

NO, I am not a PERA Retiree receiving benefits.

Please Print Name

Please Print Name

Sign Your Name

Sign Your Name

PERA section does not apply to company.

Please Print Name

Sign Your Name