

Questions about  
completing this form?  
**Call ext. 6300**  
(303) 770-3772  
in the Denver Metro area  
(800) 332-3772 toll free  
nationwide

**FPPA**  
7979 East Tufts Avenue  
Suite 900  
Denver, Colorado 80237

# Verification of Eligibility

**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: \_\_\_\_\_

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.*