

# Verification of Eligibility

Questions about completing this form?

**Call ext. 6300**

(303) 770-3772  
in the Denver Metro area

(800) 332-3772 toll free nationwide

7979 East Tufts Avenue  
Suite 900  
Denver, Colorado 80237

## Return to FPPA prior to October 31, 2022.

### Dependent Status

Did any of your dependent children marry in 2021?  Yes  No

If yes, please indicate the child's name and date of marriage/civil union below

Name of dependent: \_\_\_\_\_ Date of marriage/civil union: \_\_\_\_\_

*You must contact FPPA immediately if your dependents marry or enter into a civil union before the age of 23.*

### Marital Status

Did your marital status change in 2021?  Yes  No

If yes, indicate which occurred:  Marriage  Divorce  Death of Spouse

Date of event(s): \_\_\_\_\_

*It is your responsibility to notify FPPA immediately of any future marital status changes.*

*Additionally, if you were married at the time you were disabled and are required to pay spousal maintenance to your former spouse, it is your responsibility to notify FPPA immediately if the maintenance payments cease.*

### 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.*