

# 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.*

### 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.*