

Verification of Eligibility

Call ext. 6300

(303) 770-3772
in the Denver Metro
area;

(800) 332-3772 toll
free nationwide

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: _____

What was your annual salary? _____

Is this different from last year? Yes No

It is your responsibility to inform FPPA immediately of any future employment changes.

Social Security Benefits

Are you currently receiving, or in the process of applying for, Social Security Disability Benefits?

Yes No

If yes, when did, or will, benefits start? _____

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.