



I hereby certify that the above information is true, correct and complete to the best of my knowledge and supersedes any beneficiary designation signed prior to the date shown below.

\_\_\_\_\_  
Employee Signature (*must be signed by participating employee*)

\_\_\_\_\_  
Date

**RETURN COPY TO: ADMINISTRATION OFFICE • 1391 SPEER BLVD SUITE 450 DENVER, CO 80204  
OR SCAN AND E-MAIL TO: INFO@COPIPEFUNDS.COM • OR FAX TO: 833-263-8956**

**NOTICE:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**DEFINITION OF ELIGIBLE DEPENDENT**

- The Eligible Employee’s lawful Spouse
- The Eligible Employee’s common-law Spouse as defined under Colorado law
- The Eligible Employee’s children, regardless of whether they are married, who are under the age of 26. “Children” are natural children, adopted children, or children for whom the Employee is required to cover by the terms of a Qualified Medical Child Support Order. Stepchildren and foster children are not considered eligible dependents.