

**Department of State Treasurer**

Retirement Systems Division

3200 Atlantic Avenue, Raleigh NC 27604

www.myNCRetirement.com • (919) 814-4590

**Reporting Your 2024 Income To
Continue Your Disability Retirement**

DUE NO LATER THAN

APRIL 15, 2025

Please print or type in black ink.

Section A. Review or supply your personal information.

First Name	M.I.	Last Name	Suffix	
Mailing Address			SSN (Last 4 Digits)	
City	State	Zip Code	Telephone	Mobile Phone
Personal Email Address			Member ID	Date of Birth

Section B. Review or supply the retirement system that applies.

Teachers' and State Employees' Retirement System

Local Governmental Employees' Retirement System

Section C. List any salary, fees, and commissions for work paid to you in 2024.

List the **gross amount** of salary, fees, or commissions for work or services performed by you in 2024. "Gross amount" is defined as the amount prior to ANY deductions. State law limits the amount a person receiving a disability retirement benefit may earn before his or her disability retirement benefits are reduced.

Check here if you had no earnings in 2024. ☐

Salary, wages, commissions, or self-employment income		Gross Amount(s)
Paid by		
Paid by		
Paid by		
Paid by		

Please **do not** include any retirement benefits, interest income, rental income, or other public assistance received.

Check here if you received Social Security benefits for disability, age or retirement during 2024. If so, please return a copy of your Social Security Notice of Award along with this form. If you have previously submitted your Social Security Notice of Award, you do not need to submit this notice again. ☐

If you earn more than your allowable amount, the Retirement Systems Division (RSD) is required to reduce your disability retirement benefit. We will contact you if there is any reduction to your benefit. RSD must have a record of your 2024 earnings, or we will be required by law to suspend your disability retirement benefit.

I certify under penalties of law that the information provided on this form is correct.

Signature _____ Date _____

Section D. Submit this form by mail to the address below or by fax to (919) 855-5800.**[DUE: APRIL 15, 2025]****Thank you.**