



Form **296**

Department of State Treasurer

Retirement Systems Division 3200 Atlantic Avenue, Raleigh NC 27604 www.myNCRetirement.com • (919) 814-4590

Reporting Your 2023 Income To Continue Your Benefit Through the Disability Income Plan

DUE NO LATER THAN APRIL 15, 2024

Please print or type in black ink.

First Name		M.I.	M.I. Last Name					Suffix	
Matter Address								001/4 (4.8) (4.1)	
Mailing Address							SSN (Last 4 Digits)		
Dity		State	Zip Co	de	Telephone		Mobile Phone		
Personal Email Address					Member ID		Date of Birth		
Section B.	Liet any solomy food		vicciono	and athor b	anofita n	aid to vou in	2022		
	List any salary, fees mount of any salary, fees, and commit								
or to ANY deductions.	This information is required because ble box if you had no income from the	State law lin							
2023	Social Security for Disability, Age, or Retirement	Veterar	Veterans Affairs and other Military Benefits		ion	Salary, Wages, or Self-Employment Income		Other Agency Disability Benefits	
anuary									
ebruary									
larch									
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itiliy under penaliles o					Date				
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DUE: APRIL 15, 2024