



North Carolina
Retirement Systems

DUE NO LATER THAN APRIL 15, 2025



Form 296
Report your 2024 Income to Continue Your
Benefit Through the Disability Income Plan

Print or type in black ink. No erasures, strikeovers or whiteouts permitted. Do not staple pages.

Section A. Review or supply your personal information.

First Name	M.I.	Last Name	Suffix
Mailing Address			Date of Birth
City	State	Zip Code	SSN
Phone (At least one phone required)			Mobile (At least one phone required)
Personal Email Address			Member ID

Section B. List any salary, fees, commissions, and other benefits paid to you in 2024.

List the **gross monthly amount** of any salary, fees, and commissions for work or services performed and other benefits paid to you for each month in 2024. You do not need to report gifts, interest income, rental income, annuity or spousal income. You should include wage earnings, including SSA benefits. You do not need to include benefit income you receive from our office. "Gross amount" is defined as the amount prior to ANY deductions. This information is required because State law limits the amount a person receiving a Disability Income Plan benefit may receive on a monthly basis from other sources. **Write "0" in each applicable box if you had no income from that source.**

2024	Social Security for Disability, Age, or Retirement	Veterans Affairs and other Military Benefits	Workers' Compensation	Salary, Wages, or Self-Employment Income
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

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

Signature _____ Date _____

If the amount you earn or receive is higher than your monthly allowable amount, we will contact you to advise you of the amount of benefit that you are required to reimburse the Retirement Systems Division. The Retirement Systems Division must have a record of your 2024 earnings and benefits from other sources or we will be required by law to suspend your Disability Income Plan benefit.

[DUE: APRIL 15, 2025]

Submit the completed form with supporting documentation by mail or fax to (919) 855-5800.