



Reporting Your 2019 Income To Continue Your Disability Salary Continuation Plan Benefit



Please print or type in black ink.

Section A. Please review or supply your personal information.

| | | | | |
|-----------------|-------|-----------|---------------|---------------------|
| FIRST NAME | MI | LAST NAME | | SUFFIX |
| MAILING ADDRESS | | | | SSN (Last 4 digits) |
| CITY | STATE | ZIP CODE | TELEPHONE NO. | MEMBER ID |
| E-MAIL ADDRESS | | | | DATE OF BIRTH |

Section B. Please list any salary, fees, commissions, and other benefits paid to you in 2019.

Under the Disability Salary Continuation Plan, your monthly benefit is equal to 60% of your salary subject to a monthly maximum of \$1,000 offset on a monthly dollar for dollar basis by any income earned while working and by certain other payments you may be receiving or entitled to receive including Social Security, retirement, workers' compensation and federal Veterans Affairs benefits, and payments from other government sources. For each month in 2019 list below the **gross amount** of any salary, fees, and commissions for work or services performed, and any other benefits that were paid to you. "Gross amount" is defined as the amount prior to ANY deductions. **Write "0" in each applicable box if you had no income from that source.**

| 2019 | Social Security for Disability, Age, or Retirement | Veterans Affairs and other Military Benefits | Workers' Compensation | Salary, Wages, or Self-Employment Income | Other Agency Disability Benefits |
|-------------|--|--|-----------------------|--|----------------------------------|
| 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 _____

Section C. Please submit this form by mail to the address below or by fax to (919) 855-5800.

DUE 4/15/2020

If you do have wages, salary, or other income, we will review your account and contact you if you are required to reimburse the Retirement Systems Division. The Retirement Systems Division must have a record of your 2019 monthly earnings and benefits from other sources or we will be required by law to suspend your Disability Salary Continuation Plan benefit.

Thank you.

N.C. Department of State Treasurer, Retirement Systems Division
 3200 Atlantic Avenue, Raleigh, North Carolina 27604
 1-877-NCSECURE (1-877-627-3287) toll-free
 www.myncretirement.com