



Form 316

Employer Request for a Refund of Contributions

Please print or type in black Section A. Employ		mation		Report	ed to	the Retire	ement	System in Erroi	
IRST NAME			MI	LAST NA	ST NAME			SUFFIX	
RETIREMENT SYSTEM						SSN (last 4 d	ligits)	MEMBER ID	
Retirement System in e employer should not cor A and B for additional in	complete terror. <i>If the</i> mplete this formation.	his form wh e retirement form, but ins	nen retire contribut tead reco	ement contributions reported	utions fo in erro neous c	or prior calenda r were remitted ontributions thro	ar year(s in the cu ugh ORE) were submitted to the urrent calendar year, the BIT reporting. See Guides	
pay period start date, the reported during the pay requested. Data should	information e pay perio period (if n	n separately d end date, t one, please	for each the salary write "0"	pay period of reported duri in this box), pa	erroned ng the p ay type,	ous contributions ay period, the co and a brief exp	in the b	contributions. oxes provided below: the ary that should have been of why the refund is being	
Example: Pay Period Begin Date		eriod End D	Date	11 - 1		- -		/ Type	
10/20/2013 Explanation of why a I Example: Overpaid reg	refund is b			\$2,000.00 ers Comp Pay	or Holid	\$1,000.00 ay Pay, Etc.	01	or Regular or AnnLeave	
Pay Period Begin Date	Pay Period	d End Date	Salary Reported Correct		Correc	ct Salary Pay Ty		pe	
Explanation of why a re	fund is beir	ng requested			l		<u> </u>		
Pay Period Begin Date	od Begin Date Pay Period End Date S		Salary Reported		Correct Salary		Рау Туре		
Explanation of why a re	l fund is beir	ng requested							
☐ If you are providing i	information	for more tha	n two err	oneous salarie	es, pleas	e attach a contir	nuation pa	age and check the box.	
Section D. Please	certify t	his payrol	ll inforn	nation.					
Employer Certification: pest of my knowledge.	I hereby cer	rtify that the i	nformatio	n provided abo	ut the er	nployee named ir	n Section	A is true and correct to the	
Employer Contact's Sig	gnature						Da	te	
CONTACT FIRST NAME			LAST N	AME		POSITION	ΓITLE		
EMPLOYER/AGENCY		1						AGENCY NO.	
E-MAIL ADDRESS						TELEPHONE	NO	FAX NO.	

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

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Form 316 Continuation Page for Form 316 (Duplicate As Necessary)

Please print or type in black ink.
B) BB BB

Section E. Pleas	e provide informa	tion for additional	periods of erroneoเ	ıs contributions (optional).			
Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type			
Explanation of why a re	fund is being requested	d					
Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type			
Explanation of why a refund is being requested							
Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type			
Explanation of why a re	fund is being requested	d					
Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type			
Explanation of why a refund is being requested							
Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type			
Explanation of why a refund is being requested							
Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type			
Explanation of why a refund is being requested							
Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type			
Explanation of why a refund is being requested							
Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type			
Explanation of why a refund is being requested							
Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type			
Explanation of why a re	fund is being requested	d					

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www.myncretirement.com

MEMBER LAST NAME MEMBER SSN REV 20210720

Continuation Page



Form 316 Guides Continuation Page for Form 316 (Duplicate As Necessary)

Guide A. Under what circumstances should the Form 316 be completed?

The employer should complete this form, Form 316, when retirement contributions for prior calendar year(s) were submitted to the Retirement System in error. For example, this form should be completed for a prior calendar year period in which an employee was not eligible to participate in the Retirement System but contributions were erroneously remitted to the System.

A refund of retirement contributions reported in error is not necessarily a distribution of all funds in the member's account. This form cannot be used to request a refund of contributions correctly reported to the Retirement System (use Form 5 for this purpose).

If the retirement contributions reported in error were remitted in the current calendar year, the employer should not complete this form, but instead recover these erroneous contributions through ORBIT reporting. This will enable the employer to recover both the employer and employee contributions.

Guide B. Who will receive the refund of prior year contributions reported in error?

Employer contributions reported in error in prior calendar years will not be refunded. Only employee retirement contributions erroneously reported to the Retirement System in prior calendar years will be refunded.

A check for the erroneously reported prior calendar year employee contributions only will be made payable to the member in a lump sum distribution and will be mailed directly to the member's most recent address in ORBIT.