



**Employer Request for a Refund of Contributions  
Reported to the Retirement System in Error**

Please print or type in black ink.

**Section A. Employee information**

FIRST NAME	MI	LAST NAME	SUFFIX
RETIREMENT SYSTEM		SSN (last 4 digits)	MEMBER ID

**Section B. Please review the circumstances under which this form should be completed.**

The employer should complete this form when retirement contributions for prior calendar year(s) were submitted to the Retirement System in error. *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. See Guides A and B for additional information.*

**Section C. Employer, please provide information for each period of erroneous contributions.**

Please list the following information separately for each pay period of erroneous contributions in the boxes provided below: the pay period start date, the pay period end date, the salary reported during the pay period, the correct salary that should have been reported during the pay period (if none, please write "0" in this box), pay type, and a brief explanation of why the refund is being requested. Data should be entered exactly as reported to the Retirement System.

**Example:**

Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type
10/20/2013	11/02/2013	\$2,000.00	\$1,000.00	OT or Regular or AnnLeave

**Explanation of why a refund is being requested**

**Example: Overpaid reg salary or DIPNC Benefit or Workers Comp Pay or Holiday Pay, Etc.**

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

If you are providing information for more than two erroneous salaries, please attach a continuation page and check the box.

**Section D. Please certify this payroll information.**

**Employer Certification:** I hereby certify that the information provided about the employee named in Section A is true and correct to the best of my knowledge.

**Employer Contact's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

CONTACT FIRST NAME	CONTACT LAST NAME	POSITION TITLE
EMPLOYER/AGENCY		AGENCY NO.
E-MAIL ADDRESS	TELEPHONE NO.	FAX NO.

**Thank you.**





**Section E. Please provide information for additional periods of erroneous contributions (optional).**

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 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				

**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](http://www.myncretirement.com)

MEMBER LAST NAME	MEMBER SSN

**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.

**Thank you.**