

Requesting Disability Retirement Benefits



Please print or type in black ink.

Section A. Tell us about yourself.

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

Section B. Please identify the System in which you are a member.

If more than one, a separate form is required for each retirement system account. If you are a TSERS member and do not meet the service requirement below, you are not eligible for disability retirement. You should consider applying for benefits through the Disability Income Plan of North Carolina.

- | | |
|---|--|
| <input type="checkbox"/> Teachers' and State Employees' Retirement System (TSERS) with 5 years of membership service prior to January 1, 1988, which has been maintained. | <input type="checkbox"/> Local Governmental Employees' Retirement System (LGERS) |
| | <input type="checkbox"/> Legislative Retirement System (LRS) |
| | <input type="checkbox"/> Consolidated Judicial Retirement System (CJRS) |

LAST EMPLOYER IN THIS SYSTEM	LAST POSITION HELD	LAST DAY OF WORK
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Section C. Please tell us your effective disability retirement date.

All effective disability retirement dates must be on the first day of a month. You must terminate employment before your effective disability retirement date. Under state law, you may not sign this application earlier than 120 days before your effective date of disability retirement. You may not sign this application on or after your effective date of retirement. See Guide C for more information. If you work or use accumulated leave after the date you enter here, your effective date of disability retirement will be adjusted to the next allowable date.

Your effective disability retirement date: MONTH DAY 1, YEAR

Section D. To receive an estimate of all retirement payment options, please provide the following.

The retirement payment option you choose will affect the amount you will receive each month and whether or not your beneficiary will receive a benefit after your death. Several retirement payment options are available to you. See Guide D for more information. Please provide the following information about a potential beneficiary of your monthly retirement benefit for the sole purpose of providing you an estimate of your payment options. You will have an opportunity to legally designate such a beneficiary later on the Form 7E (Choosing Your Disability Retirement Payment Option). **THIS IS NOT A BENEFICIARY DESIGNATION.**

<input type="checkbox"/> M	FIRST	MI	LAST	SSN (REQUIRED)	SPOUSE?	DATE OF BIRTH
<input type="checkbox"/> F					<input type="checkbox"/> YES <input type="checkbox"/> NO	

Section E. Please authorize this application and attach the following forms.

I hereby certify that I have read the provided Guides, and the above information is correct and true to the best of my knowledge. If I am a member of the Teachers' and State Employees' Retirement System, I certify I meet the service requirement stated in Section B.

I certify that I understand if I continue to work past the effective date of my disability retirement date, then my application will be void and I must reapply for disability retirement.

Signature _____ Date _____

To complete your disability retirement application, you must submit the following documents with this form.

- Job description, provided by your employer
- Form 7A, Medical Report for Disability Eligibility Review
- Proof of Birth, for you and your proposed beneficiary (acceptable forms for proof of birth include a copy of one of the following: birth certificate, driver's license, passport, or state/ federal/ military identification.)

Please continue to the next page.

Section F. Employer, please acknowledge this application and certify final work record information.

1 If employee is a member of TSERS, has this employee applied for and received short-term benefits through the Disability Income Plan of North Carolina? YES NO 1

1a If YES, what was the begin and end date of the short term period? BEGIN DATE [] END DATE [] 1a

2 What was the employee's last job title? [] 2

3 How frequently is the employee paid? Weekly Bi-weekly Monthly, 12 times per year Monthly, based on the retirement service type (9, 10, or 11 months) 3

4 What is the annual base rate of compensation? This is the rate of compensation in effect the last day a full-time employee worked or exhausted leave. [] 4

5 Please project the compensation for each month for this employee from the last employer report until the pay period ending on or after the employee's effective date of termination. **Do not include any payouts.**

6 Please project the final payouts below.

Month	Monthly Compensation

Annual Leave Payout []

Bonus Leave Payout []

Installment Payout []

Longevity Payout []

Supplement Payout (Non-LEO's) []

7 What was the last date for which the employee was (or will be) paid? (Do not include terminal pay, such as vacation or bonus days paid out). [] 7

7a Did the employee receive any severance pay? YES NO 7a

8 What was (or will be) the effective date of termination? [] 8

9 How many **days** of unused sick leave did (or will) he/she have on the effective date of termination (date listed for number 8)? If TSERS, include personal leave. [] 9

10 What was, or will be, the last exhausted leave date? [] 10

I hereby certify that the information provided about the employee named in Section A is true and correct to the best of my knowledge. I certify that this employee has chosen an effective date of termination that is prior to his/her effective retirement date. I certify that the unused sick leave shown reflects the amount of unused sick leave at or projected to the date of termination and is sick leave for which this member would have been paid had he/she actually been sick. If any of this information changes, I will notify the Retirement System.

Employer Contact's Signature _____ Date _____

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

Section G. Please submit this form to the proper location.

If you are a member of the TSERS or the LGERS:

Please submit this form to your employer.

If you are a member of the CJRS or the LRS:

Please submit this form as you are instructed below.

You may mail this form to the address below, or fax to (919) 855-5800. Processing this application, including review by the Medical Board, will take approximately 60 days. If possible, submit this form to the Retirement Systems Division as soon as possible but no more than 120 days before the date in Section C. Remember, returning to work may cause an adjustment to a retirement date.

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

REV 20140617

MEMBER LAST NAME	MEMBER SSN (Last 4 digits)

Guide A. Who is eligible for disability retirement?

The eligibility requirements for disability retirement are different for each System, so it is important to consult your benefits handbook (available at www.myncretirement.com) and your last system employer as you apply for disability retirement benefits. You may be eligible for disability retirement if you have at least five years of retirement credit in the following retirement systems, prior to the certified date your disability began:

- The Teachers' and State Employees' Retirement System - if you had 5 or more years of maintained membership credit on January 1, 1988. If you do not meet this service requirement, you are not eligible for disability retirement, and you should consider applying for benefits through the Disability Income Plan of North Carolina.

For more information, contact your last System employer.

- The Local Governmental Employees' Retirement System
- The Consolidated Judicial Retirement System
- The Legislative Retirement System

If you are a member of the Local Governmental Employees' Retirement System, please ask your employer whether health coverage for retired members is available.

Disability retirees are subject to earnings restrictions. Before returning to work, be sure that you understand the return-to-work laws that apply specifically to disability retirement benefits in the System from which you retired. Please contact the Retirement Systems Division for information regarding the disability retirement earnings restrictions that will apply to you.

Guide B. What are the steps in the disability retirement process?

1. Before you begin the retirement process, we encourage you to discuss your disability retirement plans with your employer's benefits coordinator. The principal purpose of Form 7 is to declare your effective disability retirement date. If you sign your Form 7 earlier than 120 days before your effective disability retirement date, your Form 7 will not be processed. You will be required to complete a new Form 7 that is signed within 120 days of your effective retirement date. If you sign your Form 7 on or after your effective retirement date, your effective disability retirement date will be moved to the first day of the following month.

2. All effective retirement dates are on the first day of the month. In order to be legally retired, you must resign from employment and live until your effective date of disability retirement, assuming you are eligible (see Guide A). If you are a member of the Teachers' and State Employees' Retirement System or the Local Governmental Employees' Retirement System, your employer must complete Section F of your Form 7. It is recommended that your Form 7 be submitted to the Retirement Systems Division at least 60 days, but not more than 120 days, before your effective disability retirement date in order to allow adequate time for the Division to process your application.

3. The following are the basic steps in the Disability Retirement Process:

- Read, complete, and sign your disability retirement application (Form 7) and submit it according to Section G with a Form 7A, a current job description (obtained from your current employer), and proof of birth for you and your proposed beneficiary. See Section E.
- You will receive Forms 170 and 333, if applicable, in acknowledgement of your Form 7 (see Guide C). Complete and return these to the Retirement Systems Division.
- Receive notification from the Retirement Systems Division of the Medical Board's decision. If you are approved, continue to the following:

- Receive Forms 7E, 290 (see Guide C), and 319 (for certain law enforcement officers). Complete and submit Form 7E to choose a retirement payment option.

- You will receive *Disability Plans Health Insurance Enrollment Guide*. If you are eligible to receive state-paid health coverage from the State Health Plan, follow the instructions provided in the *Disability Plans Health Insurance Enrollment Guide*.

- Receive Form 336 from the Retirement Systems Division. Complete and submit this form to designate beneficiary(ies) for your Guaranteed Refund (see Guide E).

- Receive your first benefit check. Once you cash this check or your second benefit is deposited into your account, whichever comes first, **your choice of payment option is irrevocable** (except under limited circumstances).

- Receive all subsequent payments through direct deposit. Maintain your benefit account (see Guide C).

4. Once the Retirement Systems Division has received your Form 7, we will send you an acknowledgement letter. After we have reviewed your record of service and the Medical Board has approved your disability, we will mail you an estimate that shows the amount of your maximum monthly benefit and alternative payment options. You may cancel the retirement process at this time. To continue, you will need to carefully review these options and make your choices on Form 7E (Choosing Your Disability Retirement Payment Option) that we provided to you with the estimate. Please note that if you choose a payment option with a monthly survivor, your retirement benefit will be calculated using the reduction percentages specific to disability retirement. Your choice of payment option is an important decision as the law allows a change to your option only under specific and limited circumstances. We will send you a letter acknowledging that we have received your Form 7E once you have submitted it.

REV 20140617

Guide B. (Continued)

5. Your first benefit check will generally be mailed to you on the 25th of the month in which your Form 7E was processed. The amount of this initial benefit, like all subsequent benefits, will be based on the most up-to-date information available to the Division. **Cashing your first benefit check will legally bind you to the payment option you chose**, but the amount of your benefit will always be subject to retirement law. If your contributions and service record is later updated, your benefit amount may be adjusted to ensure that the amount is in compliance with retirement law. At any such time, we will notify you.
6. Your subsequent disability retirement payments will be deposited into your bank account generally on the 25th of the month.
7. You may cancel the retirement process any time prior to the cashing of your first check. (Your second and subsequent checks are automatically deposited.) If you return to work after your effective disability retirement date, the Medical Board must review and approve your case again before you can receive further disability retirement benefits.
8. If the disability retirement process is interrupted by your death, specific provisions of the law may apply, depending

on when your death occurs. If your death occurs:

- Before your effective date of disability retirement, and you have named one person as your principal beneficiary for the Return of Contributions, the Medical Board will proceed with reviewing your case. If you are approved, your beneficiary will have the choice of either a monthly benefit, or a lump sum payment of your contributions and interest.
 - After your effective retirement date, if the Retirement Systems Division has not received your Form 7E, an administrator for your estate will complete your Form 7E.
 - After your effective retirement date when the Division has received your properly completed Form 7E, the Division will process any benefits due according to the option you chose on your Form 7E.
9. We encourage applicants to be sure that the complete application packet is submitted to the Division as soon as possible, as processing and Medical Board review takes a minimum of 60 days. Be sure to submit Form 7E as soon as possible after it is mailed to you. If your first monthly benefit payment is delayed, the first payment will include a retroactive amount.

Guide C. What other decisions will I make during the disability retirement process?

Your employer and the Division will supply you with other forms and information for your use in making other choices about your disability retirement.

Choosing a bank account to receive your direct deposit. You will choose a bank account for the automatic deposit of your benefit using the Form 170 (Authorizing Direct Deposit). Your first check will be mailed, but all following payments will be deposited automatically into a bank account, unless you are granted exemption after submitting a written statement that explains and documents why direct deposit is a hardship for you.

Choosing health coverage for your dependents. You will decide whether or not to provide health care coverage for your eligible dependents, and what type of coverage, using Guide A of the *Guides for Selecting Your Health Coverage Through the State Health Plan Online*.

Choosing tax withholdings. You will indicate your tax withholding preferences using a Form 290 (Choosing Your Tax Withholdings). Your retirement benefit is generally subject to income tax withholdings.

Maintaining your account. You will be able to modify many of these decisions at any time by submitting an additional form or by accessing your account online at www.myncretirement.com and logging into ORBIT after you have received your first payment. This secure, web-based system provides you with full access to your personal account. Through ORBIT, you can view benefit payment history, tax withholdings, earnable allowance, and more. You can also conduct secure online transactions like changing your address and ordering a new 1099R.

Choosing the Contributory Death Benefit. If you are retiring for the first time in your system, you will have an opportunity to participate in the optional \$10,000 Contributory Death Benefit for Retired Members. Shortly after we receive your Form 7, we will mail you information about the contributions required for this optional benefit if you are eligible.

Guide D. What are my disability retirement payment options?

You have a choice of retirement options. You will be asked to choose one of these options in the next step of the retirement process. (All of these options include the Guaranteed Refund. See Guide E.)

Please review the following retirement options. (Under the Legislative Retirement System, only the Maximum Allowance and Options 2 and 3 are available.)

Guide D. (Continued)

OPTIONS WITHOUT A MONTHLY BENEFIT SURVIVOR AFTER YOUR DEATH

Maximum Allowance: Basic, Straight Life Benefit

You will receive a monthly retirement allowance that is paid throughout your lifetime with all monthly benefit payments ceasing at your death.

OPTIONS WITH A MONTHLY BENEFIT SURVIVOR AFTER YOUR DEATH

(Please note that if you choose one of the following payment options, your retirement benefit will be calculated using the reduction percentages specific to disability retirement.)

Option Two: 100% Joint and Survivorship

You will receive a reduced monthly retirement allowance which provides that upon your death, the same reduced retirement allowance will continue monthly to the survivorship beneficiary you designate, for the remainder of his/her life.

Option Three: 50% Joint and Survivorship

You will receive a reduced monthly retirement allowance, which provides that upon your death, one-half of the reduced retirement allowance will continue monthly to the survivorship beneficiary you designate, for the remainder of his/her life.

Option Six-Two: Modified 100% Joint and Survivorship

You will receive a reduced monthly retirement allowance, which provides that upon your death, the same reduced retirement allowance will continue monthly to the survivorship beneficiary you designate, for the remainder of his/her life. However, should your beneficiary pre-decease you, your monthly benefit will increase to the maximum allowance.

Option Six-Three: Modified 50% Joint and Survivorship

You will receive a reduced monthly retirement allowance, which provides that upon your death, one-half of the reduced retirement allowance will continue monthly to the survivorship beneficiary you designate, for the remainder of his/her life. However, should your beneficiary pre-decease you, your monthly benefit will increase to the maximum allowance.

Guide E. What is the Guaranteed Refund?

The Guaranteed Refund feature provides that under all retirement options, if you and your monthly survivorship beneficiary, if applicable (and your spouse if you are a member of the Consolidated Judicial Retirement System), die before exhausting the total of your accumulated contributions at the date of your retirement, any remaining portion will be paid in a lump sum payment to the beneficiary(ies) you designate. The purchase of additional creditable service after retirement (less the administrative fee) is also covered by the Guaranteed Refund feature, as well as NC 401(k) Plan employee contribu-

tions that you transferred to the Retirement System if you are a law enforcement officer. If all of your accumulated contributions have been exhausted, your monthly retirement benefit will continue, but the Guaranteed Refund will not be payable when you die.

You will be asked to designate a beneficiary(ies) for the Guaranteed Refund feature in the future step of the retirement process using the Form 336 (Designating Beneficiary(ies) for your Guaranteed Refund).

These guides are subject to and governed by the General Statutes of the State of North Carolina.