



**Confirming an Employee's
Resignation for Disability**

Please print or type in black ink.

Section A. Employer, please tell us about the employee.

FIRST NAME	MI	LAST NAME	MEMBER ID
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Section B. Please update the Retirement Systems Division about the employee's statue.

1. Has the employee submitted a signed resignation letter? Yes No

2. If **YES**, please provide the date the member last contributed to the retirement system, either by working, exhausting leave, or receiving any type of payout.

If **NO**, the employee must resign before he/she begins to receive long-term benefits.

Section C. Employer, please certify your answers with your signature.

I hereby certify that the information in Section **B** for the employee named in Section A is true and correct to the best of my knowledge. I will notify the Retirement Systems Division of changes with a revised Form 706.

Employer Contact Signature _____ **Date** _____

EMPLOYER CONTACT FIRST NAME	LAST NAME	EMPLOYER CONTACT JOB TITLE	
EMPLOYER			TELEPHONE NO.
MAILING ADDRESS			FAX NO.
CITY	STATE	ZIP CODE	E-MAIL ADDRESS

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