



# North Carolina Retirement Systems



## Form 706 Confirming an Employee's Resignation for Disability

Print or type in black ink. No erasures, strikeouts or whiteouts permitted. Do not staple pages.

### Section A. Employer, provide member information.

First Name	M.I.	Last Name	Member ID
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### Section B. Employer, update the Retirement Systems Division about the employee's status.

1.	<b>Has the employee separated from employment?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<ul style="list-style-type: none"><li>• If <b>YES</b>, please provide the date the member last contributed to the retirement system, either by working, exhausting leave, or receiving any type of payout.</li><li>• If <b>NO</b>, the employee must resign or be terminated before receiving long-term benefits.</li></ul>
3.	<b>Will the member receive any payout of leave?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
3a.	If so, please indicate how many days this payout represents?

### Section C. Employer, certify the information you have provided.

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 \_\_\_\_\_

Contact First Name	Contact Last Name		
Employer / Agency	Contact Position Title		
Mailing Address	City	State	Zip Code
Email Address	Phone		

**Submit the completed form with supporting documentation by mail or email.**

N.C. Department of State Treasurer, Retirement Systems Division  
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