



**Reporting Earnings Monthly While Receiving  
Extended Short-Term or Long-Term Benefits**

Please print or type in black ink.

**Section A. Tell us about yourself.**

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

**Section B. Please submit this form on the 1st day of each calendar month.**

While you are receiving extended short-term or long-term benefits, you must report any earnings to the Retirement Systems Division. The report (this form) is due on the 5th of every calendar month, and it should state earnings **received** during the previous calendar month. This form is required any time you have earnings because the amount of your benefit may be affected by the amount of your earnings.

- The earnings you must report on this form include all compensation for work performed by you, including salaries, wages, fees, commissions, and net profits from self-employment.

- You should **not** report public assistance, child support, rental income, or income from investments.
- You do not need to report your benefit from the Disability Income Plan of North Carolina.

After the Retirement Systems Division has received this form from you, we will authorize payment from the payroll if a benefit is due.

**Section C. Please tell us about any earnings during the past month.**

- This form represents a report of earnings **received** during the month of (MM-YYYY):   **1**
- Did you receive any compensation during this month? ☐ YES ☐ NO **2**  
If **YES**, please give information about your earnings below. Attach copies of pay stubs or earning statements signed by your employer.

Source of Income or Employer	Gross Amount Received	Date Received

I certify that all answers are true and correct to the best of my knowledge, and I understand that any misstatement is unlawful and may disqualify me from receiving benefits under the Disability Income Plan of North Carolina.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail this form to the address below or fax it 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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