



North Carolina Retirement Systems



Form 709 Estimating Your Disability Retirement Benefits

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

Section A. Tell us about yourself.

| | | | |
|-----------------|-------|---------------|-----------|
| First Name | M.I. | Last Name | Suffix |
| Mailing Address | | Date of Birth | SSN |
| City | State | Zip Code | Phone |
| | | | Member ID |

Section B. Check the Retirement System that applies.

| | |
|--------------------------|--|
| 1. | If you belong to more than one Retirement System, you must complete a form for each system. |
| <input type="checkbox"/> | Local Governmental Employees' Retirement System (LGERS) - Five years of service credit is required except for law enforcement officers injured in the line of duty. |
| <input type="checkbox"/> | Consolidated Judicial Retirement System (CJRS) - Five years of service credit is required. |
| <input type="checkbox"/> | Legislative Retirement System (LRS) - Five years of service credit is required. |
| 2. | Last employer in the system checked above |
| 3. | Last position title at that employer |

Section C. Describe your estimated retirement.

| | | |
|----|--|--|
| 4. | What will be your estimated disability retirement date (mm-01-yyyy)? - Disability retirement is subject to review by the Medical Board. All disability retirement dates are on the first day of a month. You must terminate employment before your effective disability retirement date. | |
| 5. | What is or was your estimated termination date (last day worked, mm-dd-yyyy)? - A termination date is the last day for which you will be receiving regular compensation that is subject to retirement contributions for this System. | |
| 6. | What is your current sick leave balance? | Check which applies: <input type="checkbox"/> Hours <input type="checkbox"/> Days |
| 7. | What is your current annual leave balance? | Check which applies: <input type="checkbox"/> Hours <input type="checkbox"/> Days |

Continue to the next page.

Section C. Describe your estimated retirement. (Continued)

| | | |
|----|--|--|
| 8. | TSERS: What is your current bonus leave balance? | Check which applies: <input type="checkbox"/> Hours <input type="checkbox"/> Days |
|----|--|--|

| | | | | |
|--------------------------|---|--------------------------|--------------|--|
| 9. | How frequently do you receive a paycheck? | | | |
| <input type="checkbox"/> | Weekly | <input type="checkbox"/> | Semi-Monthly | |
| <input type="checkbox"/> | Bi-Weekly | <input type="checkbox"/> | Monthly | |

| | |
|-----|---|
| 10. | If you did not answer 12-MONTH in Question 9, do you get a paycheck year-round? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-----|---|

| | |
|-----|--|
| 11. | If you have received a cost statement to purchase retirement credit, how many years of service were included that you may be interested in purchasing? |
|-----|--|

| | |
|-----|---|
| 12. | If you did not answer 12-MONTH in Question 9, do you get a paycheck year-round? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prepare Both |
|-----|---|

| | | | | | |
|-----|--|------|-----------|---------------|--|
| 13. | If you were to choose a beneficiary to receive a monthly benefit after your death, who would that one person be? | | | | |
| | First Name | M.I. | Last Name | Date of Birth | Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No |

Section D. List or explain any potential irregularities in your retirement service record.

Please explain any breaks in service, fluctuations of salary, or periods of disability. Include the dates.

Section E. Authorize with your signature.

I understand that the availability and amount of a disability retirement benefit I may be eligible to receive is governed by Retirement System law. I understand that any estimate provided cannot alter, modify, or otherwise change the controlling Retirement System law or governing legal documents in any way, nor can any right accrue to me by reason of any information provided or omission of information provided on the estimate. I understand that in the event of a conflict between a benefit estimate and Retirement System law, Retirement System law governs.

Signature _____ Date _____

Section F. Submit the completed form by mail or email.

You may be able to get a general retirement estimate by using the web benefits estimator at myNCRetirement.com. Preparation of an estimate may take three to six weeks since a service audit will be performed to ensure the accuracy of the service on the account. No estimate provided per request will be a representation, contract, or guarantee of any benefit. All actual retirement benefits will be subject to verification before any payment is authorized.

| | |
|------------------|-----|
| Member Last Name | SSN |
|------------------|-----|

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



North Carolina Retirement Systems

Form 709 Guides Estimating Your Disability Retirement Benefits

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 myNCRetirement.com) and your last system employer as you apply for disability retirement benefits. All disability retirements are subject to approval by the Medical Board. 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:

- Local Governmental Employees' Retirement System (LGERS): You must have five years of credit unless you are a law enforcement officer injured in the line of duty.

- Consolidated Judicial Retirement System (CJRS): You must have five years of credit.
- Legislative Retirement System (LRS): You must have five years of credit.

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. Retirement Payment Options.

When you apply to receive disability retirement benefits, you will have a choice of retirement payment options. All of these options include the Guaranteed Refund. See Guide C. (Under the Legislative Retirement System, only the Maximum Allowance and Options 2 and 3 are available).

OPTIONS WITHOUT A MONTHLY BENEFIT FOR A SURVIVOR AFTER YOUR DEATH

Maximum Allowance: Basic, Straight Life Benefit

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

OPTIONS WITH A MONTHLY BENEFIT FOR A SURVIVOR AFTER YOUR DEATH

amount is affected by both your age and the age of the beneficiary you choose and is based on disability reduction factor tables.

Option 2: 100% Joint and Survivorship

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

Option 3: 50% Joint and Survivorship

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

Option 6-2: Modified 100% Joint and Survivorship

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

Option 6-3: Modified 50% Joint and Survivorship

You will receive a reduced monthly retirement benefit which provides upon your death that 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 this beneficiary pre-decease you, your monthly benefit will increase to the maximum allowance.

Guide C. 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 remaining accumulated contributions, 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 contributions that you transferred to the Retirement System if you are a law enforcement officer.

You will be asked to designate a beneficiary(ies) for the Guaranteed Refund feature as one of the steps in the retirement process. Please note that you cannot name the same beneficiary for your Guaranteed Refund and a monthly survivorship beneficiary. If all of your accumulated contributions have been exhausted, your monthly retirement benefit will continue, but the Guaranteed Refund will not be payable.

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