North Carolina
Total Retirement Plans

Form **710**

Determining the Waiting Period Before the Short Term Begins

Please print or type in black ink.

Section A. Please tell us about the employee.

FIRST NAME	MI	LAST NAME	MEMBER ID

Section B. Employer, please determine the employee's waiting period.

1 What was the **first day of the waiting period?** _____ **1**

2 Use the grid below to do the following exercise. Attach the work records or timesheets that you use for this exercise.

Week of	S	M	T	W	T	F	S

Step 1. Put the first day of the waiting period (Question 1) in the first row of the grid to the left, under the day of the week it represents.

Step 2. Mark the 59 calendar days following the effective date of disability.

Step 3. Cross out any days for which the employee physically returned to work for you in any capacity for any part of a day (trial rehabillitation). Do not cross out any days for which the employee only received pay on the basis of leave.

Step 4. Add one day to your grid for every day that is crossed out.

Step 5. Identify any instances of 6 or more consecutive **work** days where the employee returned to work for any part of the day.

If there are not any of these periods, go to Step 7.

If there are any of these periods, then the waiting period must start over. Draw a box around the first day after the last instance of six or more consecutive work days where the employee returned to work for any part of the day. Go to Step 6.

Step 6. Cross out any days prior the day you boxed, if applicable, then return to Step 2.

Step 7. Verify that you have 60 calendar days that are not crossed out. You may circle the valid days.

3 What is the last circled day on your grid? This is the last day of the 60-day waiting period. _____ **3**

4 What is the day following date **3**? _____ **4**

Date **4** is the **first day of the short term**.

5 What is the six month anniversary of the date in Question 4? _____ **5**
Do not adjust this date in cases of a leap year. Any benefits paid representing the benefit due on or after this date will be reimbursed by the Plan.

6 What is the 365th day following date of Question **4**? _____ **6**
This day is the one-year anniversary of date of Question **4** unless a leap day on or after date of Question **3** makes it one day sooner that the one-year anniversary.

Employer, please make copies of this form for you and for the employee, and submit it to the Retirement Systems Division with the other forms that request reimbursement and member credit.

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
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