



Requesting Reimbursement and Service Credit for the Short-Term Period



Please print or type in black ink.

Section A. Employer, please provide member information.

| | | | |
|----------------|----|---------------|---------------------|
| FIRST NAME | MI | LAST NAME | SSN (Last 4 digits) |
| POSITION TITLE | | DATE OF BIRTH | MEMBER ID |

Section B. Employer, please provide information to request the granting of service credit.

What period (mm-dd-yyyy) was the member eligible for and receiving short-term benefits?
(Do not include any period the member was exhausting accumulated leave.)

BEGIN DATE

END DATE

Section C. Employer, please provide information to request reimbursement.

- If the begin date of short-term disability benefits in Section B is on or after July 1, 2019, the employer has full responsibility for payment of 12 months of short-term disability benefits to include health insurance premiums (\$135-105(d)). Please proceed to Section D.
- If the begin date of short-term disability benefits in Section B is before July 1, 2019, please continue completing this section for reimbursement.

Only benefit payments made during the second six months of the short-term benefit period will be reimbursed by the Disability Income Plan of North Carolina.

- Please provide the amount you expect to be reimbursed for the second six month period of short-term benefit payments that were issued to the member listed above in Section A. 1
- Please provide the amount you expect to be reimbursed for the second six month period of State Health Plan premiums paid on behalf of the member listed above in Section A. 2
- What State Health Plan coverage was the member receiving? Please check one: PPO 70/30 Plan (Basic) PPO 80/20 Plan (Standard) PPO 90/10 Plan (Plus) 3

Section D. Employer, please certify the information you have provided.

I hereby certify that the information provided about the employee named in Section A is true and correct to the best of my knowledge, and if any of this information changes, I will notify the Retirement Systems Division with a revised Form 714.

Employer Contact Signature _____ Date _____

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

Thank you.

Guide A. Submit this form as well as required accompanying forms by mail or fax.

This form is one part of an application for granting service credit and reimbursement. If all forms are not submitted together, it may cause a delay in processing. All forms are available online at www.myncretirement.com.

A complete application package should include the following:

- Form 700 (Required Employer Information)
- Form 701 (Short-term Benefits Application) Only required if the employer made the member's short-term determination.
- Form 703 (Doctor Certification) Any and all that the member submitted.
- Form 711 (Calculation Report and Payment Record)
- Form 714 (this form)

**NOT SUBMITTING ALL
FORMS TOGETHER MAY
CAUSE A DELAY IN
PROCESSING**

Submit these documents to the address below, or fax to (919) 855-5800.

Guide B. What is the purpose of Form 714?

This form is used to grant the member non-contributory service credit when the member has been in receipt of short-term benefits. Also, if the begin date of short-term disability benefits is before July 2019, this form is used to reimburse the employer for the second six month period or portion thereof of short-term benefit and health insurance premiums.

Please note the following when completing this form:

Section B.

The dates should coincide with the dates listed on the member's previously submitted Form 711.

Section C.

Question 1 - The amount should coincide with the amount identified in the member's previously submitted Form 711.

Question 2 - The amount should be equivalent to the last six months of premiums for the member's current State Health Plan coverage(s).

Guide C. How is service credit granted?

Non-contributory service credit is granted when a member becomes disabled and is in receipt of disability benefits. This is not membership service but counts as retirement service credit.

Service credit accrues when a member is in receipt of short-term benefits or when using vacation, sick or donated leave. Members do not accrue service credit while on Workers' Compensation or unpaid leave.

Guide D. What is short-term reimbursement?

If the begin date of short-term disability benefits is before July 1, 2019, the benefits paid for the second six-month period or portion thereof are reimbursed to the employer from the Disability Income Plan of North Carolina. Also, if the begin date of short-term disability benefits is before July 2019, the health insurance premiums for the second six-month period or portion thereof are also reimbursed to the employer if the member has a minimum of five years of retirement membership service.

If the begin date of short-term disability benefits is on or after July 1, 2019, the employer has full responsibility for payment of 12 months of short-term disability benefits to include health insurance premiums (§135-105(d)).

Thank you.