

**Requesting Service Credit for the
DIPNC Short-Term Disability Period****Department of State Treasurer**

Retirement Systems Division

3200 Atlantic Avenue, Raleigh NC 27604

www.myNCRetirement.com • (919) 814-4590

Please print or type in black ink.

Section A. Employer, please provide member information.

First Name	M.I.	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?

-(Please do not include any period the member was exhausting accumulated leave.)

Begin Date

End Date

Section C. Employer, please record the short-term payments.

Complete only if the member exceeded his/her earnable allowance during his/her short-term payment period.

Check or Direct Deposit Number (Optional)	Date of Payment	Begin Date of Period Covered	End Date of Period Covered	Gross Amount of Payment	Less Earnings Reduction	Amount of Payment

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 _____

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

Thank you.

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Guide A. 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.

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.

The dates should coincide with the dates listed in Section B.

Guide B. How do I complete the Form 714?

The following information serves as a guide to completing Section C of this form.

- Use each line, starting from the top left side of the chart, to record the short-term payments you paid to your employee in chronological order.
- The check or direct deposit number requested in the chart should correspond to the check or transaction number of the direct deposit.

- "Date of payment" should be the day the check was issued or the direct deposit transaction was made.
- The "date of payment" should occur after the "end date of period covered."
- Record the gross payment amount. This is the amount before any deductions or taxes.

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.

Members do not accrue service credit while on Workers' Compensation or unpaid leave. If a member is in receipt of membership service during the month they receive short-term disability benefits, the member is not entitled to receive service credit for that month.

Guide D. Submit this form by mail or fax.

This form is for granting service credit. This form must be completed in its entirety for service credit to be granted.

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

Thank you.