



# North Carolina Retirement Systems

Department of State Treasurer  
3200 Atlantic Avenue, Raleigh NC 27604  
www.myNCRetirement.com



## Form CONCHG Employer Contact Update Request

Please print or type in black ink.  
No erasures, strikeovers or whiteouts permitted.  
Please do not staple pages.

### Section A. Requester Contact Information.

First Name	M.I.	Last Name		Agency Code (5 Digit)
Mailing Address				<input type="checkbox"/> Main agency mailing address has changed to this address
City	State	Zip Code	Telephone Number	Fax Number
Email Address			Agency Name	

### Section B. Instructions.

Complete this form to update your agency contacts. Once your contact information has been updated you will be notified. **Please note, new contact information will overwrite the previous contact for that position/role.** You may mail this form to the address below or email the form to [OER@nctreasurer.com](mailto:OER@nctreasurer.com).

### Section C. Primary Payroll contact (Person or Vendor Submitting Monthly Orbit Report).

First Name	M.I.	Last Name		
Title		Company Name (If third party vendor)		
Email Address	Telephone Number		Fax Number	

### Section D. Primary Finance contact.

First Name	M.I.	Last Name		Telephone Number
Title		Email Address		Fax Number

### Section E. Primary Human Resources contact.

First Name	M.I.	Last Name		Telephone Number
Title		Email Address		Fax Number

**Please continue to the next page.**

**Section F. Form Certification contact (Limit 2).****Primary Contact**

First Name	M.I.	Last Name	Telephone Number
Title		Email Address	Fax Number

**Secondary Contact**

First Name	M.I.	Last Name	Telephone Number
Title		Email Address	Fax Number

**Section G. Information Technology (Payroll Software Development/Updates/Administrator).**

First Name	M.I.	Last Name	Telephone Number
Title		Email Address	Fax Number

**Section H. Superuser (Person in charge of User/Password credentials for your Agency's Orbit Access).**

First Name	M.I.	Last Name	Telephone Number
Title		Email Address	Fax Number

**Section I. Additional Authorized Agency Contact changes.****Remove Contact**

First Name	M.I.	Last Name
First Name	M.I.	Last Name
First Name	M.I.	Last Name

**Please continue to the next page.**

**Section I. Additional Authorized Agency Contact changes. (Continued)**

Add Contact			
First Name	M.I.	Last Name	Telephone Number
Title		Email Address	Fax Number

Add Contact			
First Name	M.I.	Last Name	Telephone Number
Title		Email Address	Fax Number

Add Contact			
First Name	M.I.	Last Name	Telephone Number
Title		Email Address	Fax Number

Add Contact			
First Name	M.I.	Last Name	Telephone Number
Title		Email Address	Fax Number

**Section J. Change Authorization.**

Please authorize these changes with your signature. You may mail this form to the address below or email the form to OER@nctreasurer.com.

Employer Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Position Title \_\_\_\_\_

**Thank you.**