



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.

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.