



**Reviewing Your Service Record and
Requesting an Audit of Your Service Credit**

Please print or type in black ink.

Section A. Tell us about yourself.

| | | | | |
|-----------------|-------|-----------|---------------|---------------|
| FIRST NAME | MI | LAST NAME | | SUFFIX |
| MAILING ADDRESS | | | | SSN |
| CITY | STATE | ZIP CODE | TELEPHONE NO. | MEMBER ID |
| E-MAIL ADDRESS | | | | DATE OF BIRTH |

Section B. Please give the Retirement System into which you last contributed.

Regardless of the system you choose here, an audit will be performed on all accounts in all Systems.

- Teachers' and State Employees' Retirement System (TSERS)
 Legislative Retirement System (LRS)
 Local Governmental Employees' Retirement System (LGERS)
 Consolidated Judicial Retirement System (CJRS)

Section C. Please review the instructions for requesting an audit of your service record.

While you have been employed by a System-participating employer in an eligible position, you have been making contributions to the Retirement System. For each period during which you rendered service and made contributions, you receive credit. The exact amount of credit you receive for a given month depends on your *retirement service type*, but you normally would receive no more than one year's retirement credit in one calendar year. The retirement service type is determined by counting the total number of months in the regular term of annual employment for an eligible position. When you retire, your total retirement credit is calculated. The more retirement credit you have, the larger your monthly retirement benefit will be.

To prepare for retirement, you may want to thoroughly review your record of service; you may request that the Retirement Systems Division perform an audit of your service record. You should complete this form, which asks for details of your service record as best as you can recall. The Retirement Systems Division conducts the audit whether or not you supply the optional information. Once the form is completed and signed, please submit it to the Division at the address below.

Thank you for your interest in your service record. If we may be of further assistance, please contact us at the address and telephone number below.

Section D. Please list the period(s) of service in question and provide an explanation of discrepancy

Please mail this form to the address below or fax it to (919) 855-5800. Thank you.

N.C. Department of State Treasurer, Retirement Systems Division
 3200 Atlantic Avenue, Raleigh, North Carolina 27604
 1-877-NCSECURE (1-877-627-3287) toll-free
www.myncretirement.com



Worksheet 1 for Listing Service (Duplicate As Needed)

Section E. Please list all retirement service periods.

Please provide the start date and end date of the period(s) that meets the requirements in Section C. (A start date is not necessarily a hire date, and an end date is not necessarily a termination date.) **NOTE:** Retirement credit is counted based on each month you render eligible service and receive pay. For *retirement service period*, report the actual beginning month and ending month of your regular term of annual employment. For *retirement service type*, report the total of all months during your retirement service period. Certain community college, school system, and university employees have retirement service periods that are less than 12 months annually. For example, a teacher with a retirement service period beginning in August and ending in June is an 11-month retirement service type employee. If you do not want to supply this information, be assured that the Retirement Systems Division will contact your employer(s) if a question about your service record is raised.

You may duplicate this page as necessary. For reference, please number all the regular terms of annual employment in the boxes on the left-hand side of the page

| | | | | | |
|---------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------|--------------|
| ELIGIBLE PERIOD: | START DATE | END DATE | POSITION TITLE | | |
| RETIREMENT SERVICE TYPE: | <input type="checkbox"/> 9-MONTH | <input type="checkbox"/> 10-MONTH | RETIREMENT SERVICE PERIOD: | BEGINNING MONTH | ENDING MONTH |
| | <input type="checkbox"/> 11-MONTH | <input type="checkbox"/> 12-MONTH | | | |

How did this period end? I changed positions Employment with this employer ended

| | | | | | |
|---------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------|--------------|
| ELIGIBLE PERIOD: | START DATE | END DATE | POSITION TITLE | | |
| RETIREMENT SERVICE TYPE: | <input type="checkbox"/> 9-MONTH | <input type="checkbox"/> 10-MONTH | RETIREMENT SERVICE PERIOD: | BEGINNING MONTH | ENDING MONTH |
| | <input type="checkbox"/> 11-MONTH | <input type="checkbox"/> 12-MONTH | | | |

How did this period end? I changed positions Employment with this employer ended

| | | | | | |
|---------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------|--------------|
| ELIGIBLE PERIOD: | START DATE | END DATE | POSITION TITLE | | |
| RETIREMENT SERVICE TYPE: | <input type="checkbox"/> 9-MONTH | <input type="checkbox"/> 10-MONTH | RETIREMENT SERVICE PERIOD: | BEGINNING MONTH | ENDING MONTH |
| | <input type="checkbox"/> 11-MONTH | <input type="checkbox"/> 12-MONTH | | | |

How did this period end? I changed positions Employment with this employer ended

Section F. Please authorize with your signature.

I understand that the availability and amount of a retirement benefit I may be eligible to receive is governed by Retirement System law. I understand that any estimate provided cannot alter, modify, or otherwise change the controlling Retirement System law or governing legal documents in any way, nor can any right accrue to me by reason of any information provided or omission of information provided on the estimate. I understand that in the event of a conflict between a benefit estimate and Retirement System law, Retirement System law governs.

Signature _____ Date _____

Please mail all pages to the address below or fax to (919) 855-5800. Thank you.

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