



North Carolina
Retirement Systems

DUE NO LATER THAN APRIL 15, 2025

Form 297
Report your 2024 Income to Continue
Your Disability Salary Continuation Plan

Print or type in black ink. No erasures, strikeouts or whiteouts permitted. Do not staple pages.

Section A. Review or supply your personal information.

First Name	M.I.	Last Name	Suffix	
Mailing Address			Date of Birth	SSN
City	State	Zip Code	Phone (At least one phone required)	Mobile (At least one phone required)
Personal Email Address				Member ID

Section B. List any salary, fees, commissions, and other benefits paid to you in 2024.

Under the Disability Salary Continuation Plan, your monthly benefit is equal to 60% of your salary subject to a monthly maximum of \$1,000 offset on a monthly dollar for dollar basis by any income earned while working and by certain other payments you may be receiving or entitled to receive including Social Security, retirement, workers' compensation and federal Veterans Affairs benefits, and payments from other government sources. For each month in 2024 list below the **gross amount** of any salary, fees, and commissions for work or services performed, and any other benefits that were paid to you. "Gross amount" is defined as the amount prior to ANY deductions. **Write "0" in each applicable box if you had no income from that source.**

2024	Social Security for Disability, Age, or Retirement	Veterans Affairs and other Military Benefits	Workers' Compensation	Salary, Wages, or Self-Employment Income
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

I certify under penalties of law that the information provided on this form is correct.

Signature _____ Date _____

If you do have wages, salary, or other income, we will review your account and contact you if you are required to reimburse the Retirement Systems Division. The Retirement Systems Division must have a record of your 2024 monthly earnings and benefits from other sources or we will be required by law to suspend your Disability Salary Continuation Plan benefit.

[DUE: APRIL 15, 2025]

Submit the completed form with supporting documentation by mail or fax to (919) 855-5800.