



Guides to Determining and Recording Short-Term Disability Benefits

Guide A. What is the DIPNC short-term benefit process?

The Disability Income Plan of North Carolina (DIPNC) provides security to eligible members who have at least one year of retirement membership credit by providing the following:

- **Benefit.** A benefit roughly equal to 50% of the employee's compensation. **Note:** The short-term benefit period lasts a maximum of 365 days. Since disability benefits may not be effective on the first day of the calendar month, the maximum STD benefit period may include 13 payments: first partial month, 11 full months, and a final partial month. In the event of death, the employer will pay STD for the entire month in which the death occurred. In the event the member retires following the last month of STD, the employer is required to pay STD through the end of the month prior to the retirement effective date and pay the applicable State Health Plan coverage premiums.
- **Credit.** Retirement credit in the amount of 1/12th year (regardless of employee's retirement service type) for each month while receiving a benefit, unless contributing membership credit is applicable.
- **Health Coverage.** If an employee has 5 years of retirement membership service, under current law, he or she is eligible for paid individual coverage under the State Health Plan 70/30 Plan.

Under the Disability Income Plan, the employer funds the benefit and the health coverage premiums during the short-term. However, if requested, the employer may receive reimbursement for the benefit and the premiums paid during the second six months of the short-term period. (see Form 714).

The following is an overview of the short-term benefit process. The individual forms for the Disability Income Plan of North Carolina give detailed instructions.

Guide B. How do I complete the Form 711?

Please follow the instructions provided in Section B of this form to calculate the member's short-term benefit.

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.

Step	Action	Form
------	--------	------

TO BEGIN SHORT-TERM BENEFITS

- | | | |
|----|---|------------------|
| 1. | Member submits a completed application for short-term benefits (Form 701) to his/her employer along with Form 703, Form 7A, and a job description (provided by his/her employer). | 701
703
7A |
| 2. | Employer completes sections A through C of Form 700, and submits the form to the Retirement Systems Division at the appropriate time. | 700 |
| 3. | Employer completes Form 711 to determine the amount of the member's short-term benefit. | 711 |
| 4. | Member submits Form 703 (Earnings and Medical Report) to his/her employer. | 703 |

EACH MONTH DURING THE SHORT-TERM PERIOD

- | | | |
|----|---|-----|
| 1. | Member submits Form 703 (Earnings and Medical Report) on the first day of each calendar month within the short-term period to his/her employer. | 703 |
| 2. | Employer should record the benefit paid to the member each month on Form 711. | 711 |

NEAR THE END OF THE SHORT-TERM PERIOD

- | | | |
|----|---|-----|
| 1. | If the member is eligible for additional benefits, he or she should submit an application (Form 704) approximately three months before the end of his/her short-term period along with other required documents. See Form 704 Guides for details. | 704 |
|----|---|-----|

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

REV 20141202

711
GUIDES



North Carolina
Total Retirement Plans

Requesting Short-Term Benefits Through the Disability Income Plan of North Carolina



Please print or type in black ink.

Section A. Tell us about yourself.

FIRST NAME	MI	LAST NAME	SUFFIX
MAILING ADDRESS			SSN (Last 4 digits)
CITY	STATE	ZIP CODE	TELEPHONE NO.
E-MAIL ADDRESS			MEMBER ID
			DATE OF BIRTH

Section B. Please read the guides and authorize benefits with your signature.

I am applying for the following benefit:

☐ Short-term (ST) ☐ Preliminary long-term (PLT)

I certify that my illness did not result from active participation in a riot or committing or attempting to commit a terrorist act, felony, or intentional, self-inflicted injury.

I hereby authorize any physician, hospital, employer, agency, or other organization to disclose and release to my employer or the Retirement Systems Division any medical records or other information about my disability. I understand that a copy of this authorization will be considered to be as valid as the original. I further understand this information is to be furnished at no cost to my employer or to the Retirement Systems Division.

I certify that I have read the guides, and I certify that I understand I **cannot** withdraw my contributions from the Retirement System while receiving benefits under this Plan. I also understand that approval for short-term or preliminary long-term benefits is no indication of my eligibility for further benefits from the Plan.

Member's Signature _____ Date _____

Section C. Employee, please complete the following information about your employer.

CURRENT OR LAST EMPLOYER	EMPLOYER CONTACT NAME
--------------------------	-----------------------

Section D. Please submit this form to your employer.

This form is one part of an application for benefits from the Disability Income Plan of North Carolina.

You may submit this form independently of your employer, but doing so may cause a delay in the processing of your benefit, because the Retirement Systems Division will have to contact your employer to administer the benefit as necessary.

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

REV 20091207

701

Page 1 of 1



Guides to Requesting Short-Term Benefits Through the Disability Income Plan of North Carolina

Guide A. Am I eligible for short-term (ST) or preliminary long-term (PLT) benefits?

(1) You must have earned at least one year (as defined by your retirement service type) of contributing membership service credit in the Teachers' and State Employees' Retirement System in the past 36 months to be eligible for short-term benefits through the Disability Income Plan of North Carolina. You are not eligible for these benefits if your illness began after your effective termination date.

(2) You must have either been physically at work or receiving pay for leave (sick, vacation, bonus, compensatory, shared, or other leave allowed by your personnel policy) or receiving temporary total Worker's Compensation benefits when your illness began, as certified by an authorized medical professional (physician, physician's assistant, family nurse practitioner, psychiatrist, psychologist, or chiropractor).

(3) Your qualifying illness must be expected to last longer than 60 days and continuously and directly impact the performance of your regular duties. If your illness is expected to last less than 365 days, you need to submit a monthly medical report (Form 703) to your employer. If your illness is expected to last more than 365 days, you must submit a monthly doctor certification (Form 703) to your employer unless the Retirement System Division's Medical Board has approved you for preliminary long-term disability. Being approved for preliminary long-term disability means that the Medical Board has approved you to receive up to the maximum of 365 days of short-term disability benefits. At the end of your preliminary long-term period, you will need to apply for long-term benefits, if eligible.

Guide B. Who will determine if my illness qualifies for short-term/preliminary long-term benefits?

The determination will be made by one of the following:

(a) Your employer will make the determination based on information provided by your medical professional.

(b) You or your employer can request that the Medical Board make the determination based on information provided by your medical professional.

Guide C. What is the 60-day waiting period?

You must complete a 60-day waiting period prior to beginning the short-term disability period.

If you return to work during your 60-day waiting period for five (5) days or less, your waiting period will be extended by the number

of days you worked, excluding weekends and holidays.

If you return to work during your 60-day waiting period for more than five (5) consecutive business days, then your 60-day waiting period will start over.

Guide D. What is the length of the short-term (ST) and/or preliminary long-term (PLT) benefit period?

You may use any remaining leave balance as a source of income instead of receiving a benefit during the short-term period. If you exhaust all leave during this period, the benefit will be available to you for the remainder of the 365 days, as long as you remain eligible for benefits.

The short-term period will end in one of the following ways, whichever is first:

(a) A medical professional does not continue to certify your disability.

(b) You return to work in the same capacity, unless you are returning for a period of trial rehabilitation.

Trial Rehabilitation: you may return to work in the same capacity for a period of up to 40 continuous days without resuming regular

active System participation. Contributions to the System are not withheld during trial rehabilitation and System credit is not earned.

(c) The benefit reaches the maximum allowable 365 days. If you have reached the end of the 365 days, you may apply for extended short-term or long-term benefits from the Disability Income Plan of North Carolina. You cannot apply for these benefits more than 90 days prior to your short-term period ending.

Preliminary long-term benefits are for members who have a disability that is expected to last longer than 365 days. However, the maximum preliminary long-term disability period for which you may be approved by the Medical Board is the entire 365 days of short-term disability benefits.

Guide E. What do I need to do to apply for short-term (ST) or preliminary long-term (PLT) benefits?

To apply for short-term disability benefits, contact your employer.

To apply for preliminary long-term benefits, you need to submit the following forms to the Retirement Systems Division in one complete package:

- Form 700 (Required Employer Information)
- Form 701 (This form)
- Job description (Provided by your employer)
- Form 703 (Doctor Certification)
- Form 7A (Medical Report)

If the Retirement Systems Division does not receive all the above mentioned forms in one package, the processing and/or approval of your disability benefit may be delayed until all forms have been properly completed and received.

These guides are subject to and governed by the General Statutes of the State of North Carolina.



North Carolina
Total Retirement Plans

Reporting Earnings for Short-Term Disability Benefits and Medical Report for Eligibility Review



Please print or type in black ink.

Section A. Tell us about yourself.

FIRST NAME	MI	LAST NAME	SUFFIX	SSN (Last 4 digits)
MAILING ADDRESS				MEMBER ID
CITY	STATE	ZIP CODE	TELEPHONE NO.	DATE OF BIRTH
POSITION TITLE				TODAY'S DATE

Section B. Please submit this form on the 1st business day of each calendar month.

During the waiting period, and during the short-term period while you are receiving short-term disability benefits, you must report any earnings to your employer. The report (this form) is due on the 1st of every calendar month, and it should state earnings **received** during the previous calendar month. This form is required because the amount of your benefit may be affected by the amount of your earnings.

- The earnings you must report on this form include all compensation for work performed by you, including salaries, wages, fees, commissions, and net profits from self-employment.
- You should **not** report public assistance, child support, rental income, or income from investments.

private disability insurance.

- You do not need to report income from your employer that administers your short-term benefit. It is your employer's responsibility to report that income and add it to any income you report to make benefit calculations.
- If you are working for a second Teachers' and State Employees' Retirement System employer that is not administering your benefit, you need to report that income.

You must submit this form to your employer even if you had no earnings. After your employer has received the first page of this form from you, your employer will complete Section H on page 2 of this form and authorize payment from the employer's payroll if a benefit is due.

Section C. Please tell us about any earnings you received during the past month.

- 1 This form represents a report of earnings **received** during the month of (MM-YYYY): _____ / _____ 1
- 2 Did you receive any compensation during this month? ☐ YES ☐ NO 2
- If YES, complete the information about your earnings below. Attach copies of pay stubs or earning statements signed by your employer.

Source of Income or Employer	Gross Amount Received	Date Received

- 3 Have you been approved for preliminary long-term benefits? ☐ YES ☐ NO 3

If YES, you do not need to complete the remainder of this form.

If NO, please have your employer complete Section H of this form. Next, you must give this form to your certified medical professional (physician, physician's assistant, family nurse practitioner, psychiatrist, psychologist, or chiropractor) to complete at the time of disability and every 30 days thereafter.

I certify that all answers are true and correct to the best of my knowledge, and I understand that any misstatement is unlawful and may disqualify me from receiving benefits under the Disability Income Plan of North Carolina.

Member's Signature _____ Date _____

Section D. Please sign below to authorize the release of your medical reports.

I hereby authorize the undersigned medical professional to release any information acquired in the course of my examination or treatment to my employer as indicated below or to the NC Retirement Systems. I understand that this information is to be furnished at no cost to my employer or to the NC Retirement Systems.

Signature of Patient/Applicant _____ Today's Date _____

Please continue to the next page.

Section E. Medical Professional, please tell us about your practice.

NAME OF MEDICAL PROFESSIONAL'S PRACTICE, IF APPLICABLE

MEDICAL PROFESSIONAL'S FIRST NAME	MI	LAST NAME	TITLE	LICENSE NO.
MAILING ADDRESS				DO NOT SEND A BILL TO THE RETIREMENT SYSTEM
CITY	STATE	ZIP CODE	TELEPHONE NO.	

The Retirement System **will not** assume any responsibility for payment of fees for furnishing the requested information.**Section F. FOR MEDICAL PROFESSIONAL USE ONLY: Describe the disabling illness.**

Medical Professional: As the patient's advocate, please describe the patient's illness(es) or condition(s) that may qualify the applicant for disability benefits and substantiate this information so that the patient's eligibility for benefits can be determined.

- 1 What is the principal cause of the disability? 1
- 2 How does the disability impact the patient's normal work activity? List any other restrictions or limitations to the patient's activities. 2
- 3 Please indicate the diagnosis(es) and whether each is causing or contributing to the disability. 3

Diagnosis (Full Name Required)	Causing or Contributing?	Code (Optional)

- 4 What date did the patient become unable to work, that is, disabled (mm-dd-yyyy)? 4
- 5 What is the expected duration of the member's disability, from the date of the Physician's signature below? (This is an estimated time frame in which the member is expected to be disabled.) 5

Section G. Medical Professional, please certify your evaluation for the member's visit.

I hereby certify that the patient named in Section A of this form became disabled and unable to perform his/her regular job on the day given (Question 4) with the diagnosis(es) given (Question 3), and that he/she was continuously disabled to the extent that he/she could not perform his/her regular job through today's evaluation date below or the last day of the illness, whichever is first.

Physician's Signature (Stamps are not accepted)	Date of Signature

Section H. After completing Sections E, F, & G, submit this form to the employer listed below.

EMPLOYER CONTACT FIRST NAME	EMPLOYER CONTACT LAST NAME	EMPLOYER CONTACT JOB TITLE	
EMPLOYER		TELEPHONE NO.	
MAILING ADDRESS		FAX NO.	
CITY	STATE	ZIP CODE	E-MAIL ADDRESS

Submit this form to your employer to receive short-term benefits.

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

MEMBER LAST NAME	MEMBER SSN (Last 4 digits)

REV 20140710

703
Page 2 of 2



North Carolina
Total Retirement Plans

Form 7A Medical Report for Disability Eligibility Review

Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue • Raleigh, NC 27604 • web: www.myncretirement.com
phone: 877-NC-SECURE (877-627-3287) • fax: 919-855-5800



Members should complete Sections A and B of this form. A licensed physician must complete all remaining sections. This form is not valid unless it is completed and signed by a licensed physician and received by our office. Forms submitted with erasures, strike-overs or white-outs will not be accepted.

Section A. Tell us about yourself. (To be completed by the member.)

First Name	MI	Last Name	Suffix	SSN (Last 4 digits)
Mailing Address			Member ID	
City	State	Zip	Telephone	Date of Birth
Age	Job Title			

Section B. Select the retirement system. (To be completed by the member.)

- | | |
|---|---|
| <input type="checkbox"/> Teachers' and State Employees' Retirement System (TSERS) | <input type="checkbox"/> Legislative Retirement System (LRS) |
| <input type="checkbox"/> Local Governmental Employees' Retirement System (LGERS) | <input type="checkbox"/> Consolidated Judicial Retirement System (CJRS) |
| <input type="checkbox"/> Firefighters' and Rescue Squad Workers' Pension Fund | |

Section C. Tell us about the member's diagnosis. (To be completed by the physician.)

When is the date of the patient's most recent exam?

Submit physician's notes from recent exam along with your completed version of this form.

When did your practice first see this patient?

**Diagnosis
Type**

Full Diagnosis Name (Please do not abbreviate.)

ICD-10 Code (Required)

Date of Onset (Required)
MM/DD/YYYY

Primary			
Contributing			
Contributing			
Contributing			

When did the patient become disabled?

NOTE: You must provide documentation that supports your diagnosis, same as you would if another physician were reviewing the patient's case. Supporting documentation includes, but is not limited to:

- | | |
|--|--|
| <ul style="list-style-type: none">• Surgical, diagnostic and/or lab reports• CAT/MRI scans or other radiology reports (films and images are not accepted)• Examination notes• Hospitalization records | <ul style="list-style-type: none">• Physician's notes from most recent exam• Mental Status Exam status notes• Other specialized test results supporting your diagnoses |
|--|--|

REV 20181227

7A

Page 1 of 3

Member's Last Name	SSN (Last 4 digits)
--------------------	---------------------



Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue • Raleigh, NC 27604 • web: www.myncretirement.com
phone: 877-NC-SECURE (877-627-3287) • fax: 919-855-5800

Form 7A Medical Report for Disability Eligibility Review

Section D. Physician's physical assessment of the member. (For physical diagnosis only.)

Patient's Height: Feet Inches Patient's Weight: Pounds Patient's Blood Pressure: /

Has the patient required any surgical procedure related to any disability listed in Section C? ☐ Yes ☐ No If yes, please provide documentation of each procedure.

Has the patient been prescribed any medication related to any disability listed in Section C? ☐ Yes ☐ No If yes, please attach a list of medication(s) and dosages.

For the following question, please review these definitions of work type.

SEDENTARY	LIGHT	MEDIUM	HEAVY
<ul style="list-style-type: none">• Action: Sitting most of the time.• Occasionally: Exerting up to 10 pounds.• Most Often: Negligible physical exertion.	<ul style="list-style-type: none">• Action: Requires walking or standing to a significant degree.-OR-• Occasionally: Exerting up to 20 pounds.• Frequently: Exerting up to 10 pounds.• Most Often: Negligible physical exertion.	<ul style="list-style-type: none">• Occasionally: Exerting up to 20-50 pounds.• Frequently: Exerting up to 10-25 pounds.• Most Often: Exerting up to 10 pounds.	<ul style="list-style-type: none">• Occasionally: Exerting 50-100 pounds.• Frequently: Exerting 20-50 pounds.• Most Often: Exerting up to 10-20 pounds.

Given your observations of the patient, can he or she perform any work? ☐ Sedentary ☐ Light ☐ Medium ☐ Heavy ☐ None

Does the patient's disability cause him or her to be **permanent or temporarily** incapacitated from the performance of his or her usual occupation? ☐ Temporary Incapacitation ☐ Permanent Incapacitation

What specific job function(s) is the patient unable to perform?

Section E. Physician's mental assessment of the member. (For mental diagnosis only.)

Describe any deficits in the following areas:

Mood and Affect:

Ability to Relate:

Ability to Carry Out Daily Activities:

Ability to Follow Instructions:

Ability to Concentrate:

Impairments to Judgment:

Other:

REV 20181227

Member's Last Name	SSN (Last 4 digits)
--------------------	---------------------

7A



North Carolina
Total Retirement Plans

Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue • Raleigh, NC 27604 • web: www.myncretirement.com
phone: 877-NC-SECURE (877-627-3287) • fax: 919-855-5800

Form 7A Medical Report for Disability Eligibility Review

Section E. (continued) Physician's mental assessment of the member. (For mental diagnosis only.)

Does the patient's disability cause him or her to be **permanent or temporarily** incapacitated from the performance of his or her usual occupation?

☐ Temporary
Incapacitation

☐ Permanent
Incapacitation

What specific job function(s) is the patient unable to perform?

Section F. Tell us about the member's prognosis. (To be completed by licensed physician.)

Has the patient's condition changed since the date of disability?

☐ Improved

☐ Unchanged

☐ Worsened

☐ Unsure

When do you anticipate that the patient can return to work?

DATE: 11/11/11

When the patient returns to work, do you believe that the patient will be able to return to work with or without restrictions?

☐ With
Restrictions

☐ Without
Restrictions

Section G. Tell us about your practice and certify your answers. (To be completed by licensed physician.)

Note: Do not send a bill to the Retirement Systems for completing this form. Unless otherwise specified, the North Carolina Retirement Systems Division will not assume any responsibility for payment of fees for furnishing the requested information.

Name of Practice/Facility			Specialty	
Physician's First Name	M.I.	Last Name	Title	License Number
Mailing Address				
City	State	Zip	Telephone	

I certify by my signature that the information I have provided in this form is true and accurate to the best of my knowledge. I understand that the Retirement System will not accept this form with any erasures, strike-overs, white-outs or a stamped signature. I acknowledge that by completing this form, the North Carolina Retirement Systems Division is not responsible for any fees associated with the request for the information provided in this form, and my practice will not submit a bill to the Retirement Systems Division.

Physician's Signature

Date

REV 20181227

Member's Last Name	SSN (Last 4 digits)
--------------------	---------------------

7A

Page 3 of 3



Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue • Raleigh, NC 27604 • web: www.myncretirement.com
phone: 877-NC-SECURE (877-627-3287) • fax: 919-855-5800

Form 7A Guides Medical Report for Disability Eligibility Review

Guide A. The purpose of this form

The Form 7A provides the North Carolina Retirement Systems Medical Board with your licensed physician's detailed diagnosis and assessment of your disability. The Medical Board is a panel of licensed physicians that will review your Form 7A, along with the supporting medical records that your physician supplies, to certify that your illness or condition makes you eligible for a disability benefit.

Disability Restrictions. Your disability must:

- occur while you are actively contributing to a North Carolina retirement system;
- incapacitate you from the performance of your usual occupation; and
- be determined by a licensed physician.

Medical Board Review. After the Medical Board has reviewed your form, we will notify you by mail of the decision. If your application is approved, you

will receive a letter providing you with the additional steps you must take so that we can process your disability benefit. Your application may be rejected for one of the following reasons:

- Your application is incomplete.
- You do not meet the eligibility requirements.
- Your application is completed by someone other than a licensed physician.
- The Medical Board has determined that you are not eligible for a disability benefit.

You may also be notified that the Medical Board requires additional information. In this case, you will have 90 days to return to your physician, request the additional information and submit it to the Retirement Systems Division. Delays in your response may result in a denial of your application.

Guide B. Information needed from the member.

Recent Visit. You must have visited the licensed physician who signs your Form 7A within the past six months.

Medical Bills. You are responsible for your medical bills. The Retirement Systems Division is not responsible for any payment of fees to your physician for completing the forms and providing the records necessary for your disability application.

Timely Response. Throughout the application process, you may be asked to provide additional documentation to the Retirement Systems Division. It is your responsibility to comply with any time limitations that apply to these requests. In the event that you are unable to respond within the time frame specified, be sure to contact the Retirement Systems Division in advance.

Guide C. Information needed from the licensed physician

This form must be completed by a licensed physician as completely as possible, and it must include an original signature. Forms that are completed by someone other than a licensed physician or forms that contain a stamped signature will be rejected.

Medical Documentation. The North Carolina Retirement Systems Medical Board will view this application, so it is important that you as the licensed physician provide thorough and accurate answers to the questions asked on this form and include copies of all current medical records within the last six months of the patient's most recent visit, lab reports, etc. that support your disability diagnosis.

Impaired Ability to Work. If, in your medical opinion, the member is no longer able to perform his or her usual occupation, be sure to fully document and explain how their ability is impaired in Section D and/or Section E.

Other Work. While assessing the member's ability to perform their usual occupation, be sure to thoroughly document whether, in your medical opinion, the member is capable of performing other types of work and to what degree he or she can perform that work.



Determining and Recording Short-Term Disability Benefits



Please print or type in black ink.

Section A. Employer, please provide member's information.

FIRST NAME	MI	LAST NAME	MEMBER ID
------------	----	-----------	-----------

Section B. Employer, calculate the amount of the member's short-term benefit.

1. **Annual base rate of compensation** as of the last day the full-time employee worked or exhausted leave, in his/her usual occupation.

If the employee worked two part-time jobs to reach the membership qualification of 30 hours per week, use an annual estimate.

Initial Short-Term
Disability Calculations

	1.
--	----

2. **Local supplement**, if applicable.

Give the dollar amount above the base rate; this amount is **not** greater than the annual base rate. (See Form 700, Section D, number 7)

	2.
--	----

3. **Subtotal:** Add #1 to #2

	3.
--	----

4. **Annual Longevity amount and percentage**, if applicable.

(See Form 700, Section D, number 8)

	%
--	---

	4.
--	----

- 4a. If there is no local supplement or if the longevity does not apply to any applicable local supplement, multiply % of longevity times the amount in # 1 above; or

	4a.
--	-----

- 4b. If longevity does apply to any applicable local supplement, multiply % of longevity times the amount in # 3 above.

	4b.
--	-----

5. **Total adjusted annual compensation:** Add #3 to #4a or #4b, whichever is applicable.

	5.
--	----

6. **Monthly rate of compensation:** Divide #5 by 12 (months).

	6.
--	----

7. **Gross monthly short-term benefit:** Multiply #6 by 50%, not to exceed \$3,000. If greater than \$3,000, enter \$3,000 as the amount.

	7.
--	----

- 7a. **Calculating the first month of short-term disability (STD) pay (if it is a partial month only):** Divide #7 by the number by the total number of calendar days in the first month of STD, then multiply by the number of days the member should receive STD in the first month of STD and pay this amount.

	7a.
--	-----

- 7b. **Calculating the last month of STD pay (if the last month is a partial month only):** Subtract #7a from #7 and pay this amount.

	7b.
--	-----

Note: Do not use this calculation if the member was not paid STD benefits during all applicable days in the first month of STD (e.g., if the member was exhausting leave). Instead, divide #7 by the number of calendar days in the last month of STD, then multiply by the number of days the member should receive STD in the last month of STD and pay this amount.

- 7c. All STD months between the first partial month and last partial month (i.e., after the first partial month and before the last partial month) are paid the monthly amount calculated in #7 regardless of how many days are in a given month (unless the monthly STD amount is reduced due to returning to work under Trial Rehabilitation or an earnable allowance offset). See Guide A for more information.

	7c.
--	-----

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

--	--

Please continue to the next page.

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

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 the payment

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

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 711.

Employer Contact Signature _____ Date _____

EMPLOYER CONTACT FIRST NAME	LAST NAME	EMPLOYER CONTACT JOB TITLE
AGENCY NAME		TELEPHONE NO.
MAILING ADDRESS		FAX NO.
CITY	STATE	ZIP CODE
E-MAIL ADDRESS		

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

MEMBER LAST NAME	MEMBER SSN (Last 4 digits)
------------------	----------------------------

REV 20141202

711

4.5 – Disability Income Plan

4.5.1 Plan Administration

The Disability Income Plan of North Carolina is administered by the North Carolina Department of the State Treasurer and the Board of Trustees of the Teachers' and State Employees' Retirement System within the terms and conditions of the Plan as set forth in the North Carolina General Statutes.

For employees vested in the Teachers' and State Employees' Retirement System after July 1, 2003, definitions of disability and disabled have been revised. Employees and employers need to contact the Retirement System to determine whether situations meet the requirements for the Disability Income Plan.

The information in this section is provided as a brief overview of the Disability Income Plan and does not substitute for or in any way alter the detailed provisions of the Retirement System law.

4.5.2 Short-Term Disability Benefits

Employees with at least one year of contributing membership service with the Teachers' and State Employees' Retirement System earned within 36 calendar months preceding the disability are eligible for short-term disability benefits.

After a waiting period of 60 continuous calendar days from the onset of a disability, an eligible employee may receive a monthly short-term benefit equal to 50% of 1/12th of his or her annual base rate of compensation plus 50% of 1/12th of his or her annual longevity payment, if any, to a maximum of \$3,000 per month.

A person in receipt of short-term disability benefits is covered under the Teachers' and State Employees' Comprehensive Major Medical Plan, with the State contributing the cost of employee-only coverage, provided the person had contributed to the Retirement System at least five years as a public school or state employee at the time of disability. A person in receipt of benefits who did not meet the five year requirement at the time of disability may elect to continue coverage under the Major Medical Plan by paying the full premium required.

Short-term disability benefits may be extended for as many as 365 days beyond the original short-term period in cases where the Medical Board finds that the disability continues to be temporary and is likely to end during the extended period.

4.5.3 Long-Term Disability Benefits

Employees with at least five years of contributing membership service with the Teachers' and State Employees' Retirement System, earned within 96 calendar months prior to the end of the short-term disability period, are eligible for long-term disability benefits.

Long-term disability payments are payable after the conclusion of the short-term disability period. During the first 36 months of the long-term disability period, the monthly long-term benefit will equal 65% of 1/12th of the employee's annual base rate of compensation that was last payable prior to the beginning of the short-term benefit period plus 65% of 1/12th of the annual longevity payment, if any, to a maximum of \$3,900 per month. After the first 36 months of the long-term disability period, the long-term benefit is reduced by an amount equal to the primary Social Security disability benefit to which the employee might be entitled had he or she been awarded Social Security disability benefits.

A person in receipt of long-term disability benefits is covered under the Teachers' and State Employees' Comprehensive Major Medical Plan, with the State contributing the cost of employee-only coverage.

An employee approved for long-term disability benefits must terminate employment as a permanent employee prior to receiving long-term disability benefits.

An employee approved for long-term disability benefits who has not exhausted accumulated sick leave must be paid a lump sum for any available sick leave, if the employee is unable to apply the sick leave toward retirement. See Section 4.1.11. (Note: This does not include extended sick leave, and this is the only time an employee may be paid in lump sum for unused sick leave.)

4.5.4 More Information

Detailed information on the Disability Income Plan is available in the booklet Your Retirement Benefits published by the State Retirement System (919) 733-4191).

Legal Reference(s)

G.S. 135-100 to G.S. 135-114
NCGA 2003, H.B. 397, Sections 30.20(k) and 30.20(l)