



## Requesting Employer Information Required for Member Disability Income Plan Benefits



Please print or type in black ink.

### Section A. Tell us about the member.

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

### Section B. Complete if member is applying for Short-Term (ST), or Preliminary Long-Term (PLT).

Please indicate what type of disability the member is applying for: ☐ Short-term (ST) ☐ Preliminary Long-term (PLT)

1. What was the last day the member actually worked in his/her usual occupation?  1.
2. Is the member still exhausting leave (sick, vacation, bonus, compensatory, shared, or other leave allowed by your personnel policy)? ☐ YES ☐ NO 2.
  - 2a. If YES, how many days of leave does the member have remaining as of the date this form is completed?  2a.
  - 2b. If YES, what date will the member exhaust all available leave?  2b.
  - 2c. If NO, what was the last day the member exhausted all available leave?  2c.
3. Did the member receive any severance pay? ☐ YES ☐ NO 3.
4. What date did the medical professional certify as the date the member became disabled to work? (See Form 703, Section F, number 4)  4.
5. Did the member return to work for any period of time (trial rehabilitation) during the 60-day waiting period? ☐ YES ☐ NO 5.  
If YES, what dates did the member return to work?
6. Is the member receiving any of the following benefits?
  - 6a. Workers' Compensation Benefit (If YES, attach Form 60) ☐ YES ☐ NO 6a.
  - 6b. Veterans' Affairs Benefit (If YES, attach VA awards letter) ☐ YES ☐ NO 6b.
7. What is the member's job title/classification?  7.
  - 7a. Is the member a Law Enforcement Officer (LEO)? ☐ YES ☐ NO 7a.
  - 7b. If YES, was the LEO injured in the line of duty? ☐ YES ☐ NO 7b.

### Section C. Employer, certify your answers with your signature.

I hereby certify that the information in Section B for the employee named in Section A is true and correct to the best of my knowledge. I will notify the Retirement Systems of changes with a revised Form 700.

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

AGENCY NAME	EMPLOYER CONTACT FIRST NAME	EMPLOYER CONTACT LAST NAME
EMPLOYER CONTACT JOB TITLE	E-MAIL ADDRESS	TELEPHONE NO.

Please continue to the next page.

REV 20140701

**700**

Page 1 of 2

**Section D. Complete if member is applying for Long-term, Extended Short-term (XST), or remaining balance of XST**

Please indicate what type of disability the member is applying for: ☐ Long-term (LT) ☐ Extended Short-term (XST) ☐ Remaining balance of Extended Short-term

1. Did the member return to work in his/her usual job during the short-term disability benefit period? ☐ YES ☐ NO 1.

If YES, what were the dates?

2. What is the member's pay schedule? ☐ Bi-weekly ☐ Monthly 2.

3. What is the member's retirement service type? ☐ 9-month ☐ 10-month ☐ 11-month ☐ 12-month 3.

4. What was the member's annual salary as of his/her last day worked or the last day the member exhausted leave? (See Form 711, Section C, number 1)  4.

5. Is the member eligible for shift differential or overtime? ☐ YES ☐ NO 5.

6. Did the member receive a local supplement? ☐ YES ☐ NO 6.

If YES, what was the amount of local supplement received?  
(See Form 711, Section C, number 2)

7. Did the member receive annual longevity? ☐ YES ☐ NO 7.

If YES, what was the annual longevity percentage?  
(Form 711, Section C, number 4)

8. Did the member receive a payout for accumulated leave? ☐ YES ☐ NO 8.

If YES, how many days of leave was the member paid for?

9. What was the first day short-term benefits were paid to the member?  
(See Form 710, Section B, number 4)  9.

10. Is the member receiving, or has the member ever received, Workers' Compensation benefits? ☐ YES ☐ NO 10.

If the member received Workers' Compensation Benefits in the past, a copy of the Clincher Agreement must be attached to this form.

11. If the member is applying for long-term disability, have you confirmed that the member provided the NC Retirement Systems with a copy of either his/her ☐ YES ☐ NO 11.

• Social Security Awards Notice (which shows actual benefits), or  
• Social Security Estimated Benefits Statement (which must show estimates of both Social Security disability and age 62 benefits)?  
If NO, the member's long-term disability application cannot be processed. The member must provide a copy of one of these Social Security documents to the Retirement System before the long-term disability application can be processed.

**Section E. Complete if member is applying for restoration of Long-Term (LT) Benefits.**

1. Did the member return to work (trial rehabilitation) for a state agency for longer than 36 continuous months? ☐ YES ☐ NO 1.

If YES, then the member is not eligible for restoration of long-term benefits.

Month Day Year

If NO, what was the begin date and end date of the period for which the member returned to work (trial rehabilitation)?

BEGIN DATE  /  /

END DATE  /  /

**Section F. Employer, certify your answers with your signature.**

I hereby certify that the information in Sections D through E for the employee named in Section A is true and correct to the best of my knowledge. I will notify NC Retirement Systems of changes with a revised Form 700.

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

AGENCY NAME	EMPLOYER CONTACT FIRST NAME	EMPLOYER CONTACT LAST NAME
EMPLOYER CONTACT JOB TITLE	E-MAIL ADDRESS	TELEPHONE NO.

Please mail all forms to the address below.

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	SSN (Last 4 digits)
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REV 20140701

**700**

Page 2 of 2

# Guides to Requesting Employer Information Required for Member Disability Income Plan Benefits

## Guide A. What is the purpose of Form 700?

Form 700 is a continuation form that provides all necessary employer information for members navigating the DIPNC process. Employers must complete page 1 for short-term benefits, preliminary long-term benefits, or both, and page 2 for long-term benefits, extended short-term benefits, or an extension of extended short-term benefits.

### Short-term Benefits, Preliminary long-term Benefits, or both

If the Retirement Systems Medical Board is making the determination for short-term benefits, preliminary long-term benefits, or both, employers only need to submit page 1 of Form 700 to the Retirement Systems Division. Prior to submitting Form 700, employers must check the appropriate box under Section B and complete page 1 of the form in its entirety.

### Long-term Benefits, Extended Short-term Benefits, or an Extension of Extended Short-term Benefits

If the employee is applying for long-term benefits, extended short-term benefits, or an extension of extended short-term benefits, and page 1 of Form 700 was previously submitted to the Retirement Systems Division for short-term benefits, preliminary long-term benefits, or both, employers only need to submit page 2 of Form 700 to the Retirement Systems Division. Prior to submitting Form 700, employers must check the appropriate box under Section D and complete page 2 of the form in its entirety.

If page 1 of Form 700 was not previously submitted to the Retirement Systems Division for determination of short-term benefits, preliminary long-term benefits, or both, employers will need complete and submit pages 1 and 2 of Form 700. Before submitting Form 700, employers must check the appropriate box under Section D and complete both pages of the form in its entirety.

## Guide B. What information is needed if the member is applying for Short-Term or Preliminary Long-Term?

The following information serves as a guide to completing Section B on page 1 of Form 700.

**Question 1** - Employer should identify the last day the member physically worked on the job. Do not include the days the member returned to work in the same job capacity for up to 40 days during the 60-day waiting period, also known as trial rehabilitation.

**Question 2** - To be considered in "leave" status, the member must be in paid status, which means on the employer's payroll in paid leave status on the date of disability.

**Question 4** - The date entered should coincide with the date a doctor certified on previously submitted forms 7A or 703.

**Question 5** - The date the member returns to work offsets his/her short-term begin date. If member returns to work for more than 5 consecutive days during his/her 60-day waiting period, then the waiting period will start over.

**Question 7** - Provide the official state job title/classification.

**To apply for Short-term Benefits, Preliminary long-term Benefits, or both, the following information must be submitted to NC Retirement Systems**

<p>Form 700 (This Form) Form 701 (Short-term Benefits Application) Form 7A (Current Medical Report) Form 703 (Doctor Certification) Job Description (Provided by the Employer)</p>
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## Guide C. What information is needed if the member is applying for additional benefits?

The following information serves as a guide to completing Section D on page 2 of Form 700. Before completing page 2 of the form, indicate the type of disability for which the member is applying. Remember, the member must have completed Short-term disability before applying for Long-term, Extended Short-term or an Extension of Extended Short-term.

**Question 1** - The "usual job" indicated in this question pertains to the member's usual occupation as identified on page 1 of the Form 700, question 6. The time frame for returning to work in his/her usual occupation must not exceed 40 consecutive days.

**Question 3** - The retirement service type is determined by counting the total number of months in the regular term of annual employment.

**Question 6** - Applicable to teachers only.

**Question 8** - If the member receives a lump-sum payout, his/her begin date for Extended Short-term or Long-term is offset by that number of days, excluding weekends and holidays.

**Question 9** - This date can be the 1st day after the 60-day waiting period or the 1st day following exhaustion of bonus, vacation, sick, or donated leave.

**Question 11** - In order for NC Retirement Systems to process the member's long-term disability application, the member must provide us with a copy of either his/her:

- Social Security Awards Notice (which shows actual benefits), or
- Social Security Estimated Benefits Statement (which must show estimates of both Social Security disability and age 62 benefits)

Long-term disability benefits are offset (reduced) by an amount equal to any Social Security benefits the member is receiving (excluding widow's/widower's benefit) or which the member is entitled to receive, including age 62 Social Security retirement benefits.

**Please continue to the next page.**



# Guides to Requesting Employer Information Required for Member Disability Income Plan Benefits

## Guide C. (Continued)

If the member had *5 or more years* of membership service as of July 31, 2007:

- After 4 years from the end of the waiting period, if the member is not receiving Social Security benefits, the member's long-term benefit will be reduced by an amount equal to a hypothetical amount of a Social Security disability benefit to which the member might be entitled had he/she been awarded Social Security disability benefits.

If the member had *fewer than 5 years* of membership service as of July 31, 2007:

- After the first 36 months of the long-term disability period, the member's long-term benefits will end unless he/she is receiving Social Security disability benefits.

NC Retirement Systems will use the Social Security Estimated Benefits Statement (either the Social Security disability or age 62 estimate, whichever occurs first) in determining the amount of the future required offsets, if applicable, if an actual Social Security Awards Notice has not been received by the time of the required offsets.

**To apply for Long-term benefits, Extended Short-term benefits, or an Extension of Extended Short-term benefits, the following information must be submitted to the Retirement Systems Division**

Form 700 (This Form)  
Form 701 (Short-term Benefits Application)  
Form 704 (Additional Benefits Application)  
Form 7A (Current Medical Report)  
Form 703 (Doctor Certification)  
Job Description (Provided by the Employer)

**The following information serves as a guide to completing Section E on page 2 of Form 700.**

**Question 1** - If the member returned to work for fewer than 36 continuous months during the long-term period with the State, the member is not required to go back through the short-term waiting period. During this time of return-to-work, the long-term benefit is stopped while the member is in receipt of salary. If the member is medically determined to be disabled again during this 36-month time frame, whether for the same or different incapacity, and approved by the Medical Board, his/her long-term benefit will be restored on the first day following the last day worked or upon exhaustion of leave.

**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](http://www.myncretirement.com)

REV 20140701

**700**  
GUIDES



## Requesting Additional 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 request additional benefits with your signature.

I have been receiving the short-term benefit under the Disability Income Plan of North Carolina, and I am now applying for the following subsequent benefit (choose only one):

- ☐ Extended short-term    ☐ The remaining or a portion of the remaining balance of extended short-term    ☐ Long-term

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.

Further, I understand that I **cannot** withdraw my contributions from the Retirement System while receiving benefits under this Plan because withdrawing forfeits any rights to future benefits, including the benefits offered by this Plan.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

CURRENT OR LAST EMPLOYER	EMPLOYER CONTACT NAME
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### 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 and health insurance (if applicable), because your employer is required to provide information to the Retirement Systems Division in order for the Division to administer this benefit.

It is suggested that you do not apply for additional benefits more than 90 days prior to the end of your extended short-term benefit period.

**NOTE: You must provide a copy of either your Social Security Awards Notice or Social Security Estimated Benefits Statement along with this form (Form 704) in order for the Retirement Systems Division to process your long-term disability application.**

Please contact the Social Security Administration to obtain a copy of your Social Security Awards Notice (which shows actual benefits) or a Social Security Estimated Benefits Statement (which must show estimates of both Social Security disability and age 62 benefits). You may be able to obtain a copy of your Social Security Awards Notice or Estimated Benefits Statement by logging into your Social Security account at [www.ssa.gov](http://www.ssa.gov). The Retirement Systems Division will use the Social Security Estimated Benefits Statement (either the Social Security disability or age 62 estimate, whichever occurs first) in determining the amount of the future required offsets, if applicable, if an actual Social Security Awards Notice has not been received by the time of the required offsets.

### Thank You.

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[www.myncretirement.com](http://www.myncretirement.com)

REV 20140321

**704**  
Page 1 of 1





# Guides to Requesting Additional Benefits Through the Disability Income Plan of North Carolina

Page 1 of 3

## Guide A. Am I eligible for extended short-term (EST) benefits?

To be eligible for extended short-term benefits:

- (1) You must complete your 365 day short-term benefit period.
- (2) Your illness should not be permanent, and should be expected to improve within the next 365 days following your short-term benefit period.
- (3) Your illness must be continuous and directly impact the performance of your regular job duties.
- (4) A medical professional must complete a Form 7A, explaining how your illness impacts your job duties.

To apply for extended short-term benefits, you should work with your employer to submit the following forms to the Retirement Systems Division in one complete package:

Form 704 (This form)

Form 700 (Required Employer Information)

Form 701 (Short-term Benefits Application) Only required if your employer made your short-term determination.

Form 7A (Medical Report - current, completed within the last 6 months)

Form 703 (Doctor Certification)

Job description (Provided by your employer)

*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.*

## Guide B. What is the length of the extended short-term (EST) benefit period?

Extended short-term benefits may last for a period of up to 365 days after the end of the short-term disability period.

You may use any remaining leave balance as a source of income instead of receiving a benefit during the extended 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.

Should you return to work during the extended short-term benefit period, contact the Retirement Systems Division regarding earnings limitations.

**The extended 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. To avoid a possible overpayment, contact the Retirement Systems Division if you return to work.

(c) Your extended short-term was not approved for the full 365 days, and you reached the end of the approved period. You may apply for the remaining balance or a portion of the remaining balance of extended short-term period, or you may apply for long-term benefits, if eligible.

(d) The benefit reaches the maximum allowable 365 days. If you have reached the end of the 365 days, you may apply for long-term benefits, if eligible. It is suggested that you do not apply for long-term disability benefits more than 90 days prior to the end of your extended short-term period, provided you meet the additional requirements for long-term benefits.

(e) You die.

## Guide C. Am I eligible for long-term (LT) benefits?

To be eligible for long-term benefits:

- (1) You must complete the 365 day short-term benefit period.
- (2) You may not apply for long-term benefits after 180 days from the end of your short-term, the end of any accumulated leave payments, or the conclusion of any Worker's Compensation payments.
- (3) You must have earned at least 5 years of contributing membership credit in the Teachers' and State Employees' Retirement System within the past 96 calendar months prior to the the conclusion of your short-term period, or as of the last day of continuous accumulated leave payments, whichever is later.

(4) Your illness must be continuous and directly impact the performance of your regular job duties and must be permanent.

(5) A medical professional must complete a Form 7A, explaining how your illness impacts your job duties.

(6) You must be approved by the Retirement Systems Division's Medical Board for long-term benefits.

(7) You must resign from your covered position before you can receive any long-term benefit payments.

NOTE: Approval for long-term benefits is necessary in order to receive retirement service credit, which will later affect your retirement date and the amount of your retirement benefit when you become eligible to convert from Disability Income Plan benefits to service retirement benefits.

**Please continue to the next page.**

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**704**  
GUIDES





# Guides to Requesting Additional Benefits Through the Disability Income Plan of North Carolina

Page 2 of 3

## Guide D. What is the length of the long-term (LT) benefit period?

**Long-term benefits will end in one of the following ways, whichever is first:**

- (a) A medical professional does not continue to certify your disability, when a re-examination is requested by the Medical Board.
- (b) You return to work as a contributing member of the Teachers' and State Employees' Retirement System. If you return to work in the above mentioned capacity, contact the Retirement Systems Division to avoid a possible overpayment.

(c) If you had *less than five years* of membership service as of July 31, 2007, and were denied or did not get approved for Social Security disability benefits after the first 36 months of the long-term disability period.

(d) You become eligible for an unreduced service retirement benefit. You will be notified approximately 120 days before your date of eligibility for unreduced service retirement benefits, and will be given further instructions at that time.

(e) You die.

## Guide E. Will other benefits affect the amount of my long-term (LT) benefit?

If you receive benefits from certain agencies, your long-term benefit amount may be reduced on a dollar-for-dollar basis. If you are receiving benefits from **Workers' Compensation, Veterans Affairs, Social Security**, and/or **Railroad Retirement** while receiving long-term benefits, your long-term benefit will be offset for benefits that you receive from any of the agencies listed above. A copy of any and all award notices must be submitted with this form.

You should file for any applicable **Social Security** benefits.

Long-term disability benefits are offset (reduced) by an amount equal to any Social Security benefits you are receiving (excluding widow's/widower's benefit) or which you are entitled to receive, including age 62 Social Security retirement benefits.

If you had *five or more years* of membership service as of July 31, 2007:

- After four years from the end of the waiting period (which is generally after the first 36 months of the long-term disability period), if you are not receiving Social Security benefits, your long-term benefit will be reduced by an amount equal to the estimated amount of a Social Security disability benefit to which you might be entitled had you been awarded Social Security disability benefits.

If you had *less than five years* of membership service as of July 31, 2007:

- After the first 36 months of the long-term disability period, your long-term benefits will end unless you are receiving Social Security disability benefits.

**NOTE: You must provide a copy of either your Social Security Awards Notice or a Social Security Estimated Benefits**

**Statement along with this form (Form 704) in order for the Retirement Systems Division to process your long-term disability application.** Please contact the Social Security Administration to obtain your Social Security Awards Notice (which shows actual benefits) or a Social Security Estimated Benefits Statement (which must show estimates of both Social Security disability and age 62 benefits). You may be able to obtain a copy of your Social Security Awards Notice or Estimated Benefits Statement by logging into your Social Security account at [www.ssa.gov](http://www.ssa.gov). The Retirement Systems Division will use the Social Security Estimated Benefits Statement (either the Social Security disability or age 62 estimate, whichever occurs first) in determining the amount of the future required offsets, if applicable, if an actual Social Security Awards Notice has not been received by the time of the required offsets.

If you receive retroactive benefits from the Social Security Administration, you may be required to repay the Disability Income Plan for benefits you received during the long-term period. The amount you must repay to the Disability Income Plan for Social Security benefits you receive during the long-term period may be reduced by attorney fees paid directly by Social Security to your legal representative, if you work with such a person in filing your Social Security claim.

Under the Disability Income Plan of North Carolina, a long-term disability benefit recipient may earn the difference between the monthly compensation on which the benefit is based and the net monthly amount of the long-term disability benefit after reduction for monthly Social Security benefits. If earned income exceeds this amount on a monthly basis, the monthly long-term disability benefits must be reduced on a dollar-for-dollar basis for the excess earnings.

**Please continue to the next page.**

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**704**  
GUIDES



# **Guides to Requesting Additional Benefits Through the Disability Income Plan of North Carolina**

Page 3 of 3

## **Guide F. Will Trial Rehabilitation affect my benefits?**

Trial Rehabilitation is a term used to reference the time period during which a member returns to service while receiving benefits from the Disability Income Plan of North Carolina.

While receiving long-term disability benefits, you may return to service in the same capacity for a period of up to 36 continuous months without resuming regular system participation.

Trial rehabilitation does not extend the length of the extended short-term period.

During periods of trial rehabilitation, your benefits will be suspended, contributions to the Retirement System will not be withheld, and System credit is not earned.

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

*N.C. Department of State Treasurer, Retirement Systems Division*  
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**704**