Certifying Employee Status Under Retirement Reemployment Laws

**North Carolina Retirement Systems**

Please print or type in black ink.

### Section A. Tell us about yourself.

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MI</th>
<th>LAST NAME</th>
<th>SUFFIX</th>
<th>SSN (last 4 digits)</th>
<th>MEMBER ID (if known)</th>
</tr>
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<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>DATE OF BIRTH</th>
<th>TELEPHONE NUMBER</th>
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**Section B. Please understand that retirees are subject to earnings restrictions.**

Retirees may be subject to earnings restrictions upon returning to work. State return-to-work laws require suspension of retirement benefits when earnings from applicable employers exceed the allowable limit. Before returning to work, be sure that you understand the return-to-work laws that apply to the System from which you retired. For example, new retirees in the Teachers' and State Employees' Retirement System (TSERS) may not work with a TSERS employer, or make arrangements for future work, until the first six months of retirement have passed. A summary of return-to-work laws for the Local Government Employees' Retirement System and the Teachers' and State Employees' Retirement System is located in Guides B, C, and D.

**Section C. Please tell us if you are receiving a monthly benefit from any of the systems below.**

- [ ] YES, I am currently receiving a monthly benefit from the following: (check all that apply)
  - Teacher's and State Employees' Retirement System (TSERS)
  - Local Governmental Employees' Retirement System (LGERS)
  - Consolidated Judicial Retirement System (CJRS)
  - Legislative Retirement System (LRS)
  - Disability Income Plan of North Carolina (DIPNC)

- [ ] NO, I am not currently receiving a monthly benefit from any of the above listed systems.

**Section D. Please sign below.**

I certify that I have read the Guides and the information I provided in Sections A and C is correct to the best of my knowledge. I understand that if my employment subsequently creates an overpayment of benefits from the Retirement Systems Division, I am fully responsible for the repayment of the said overpayment.

**Member's Signature** ___________________________  **Date** ___________________________

**Section E. Please submit this form to your employer.**

Please do not send this form to the Retirement Systems Division (RSD). Your employer should retain this form.

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**Thank you.**

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

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(919) 807-3050 in the Raleigh area or (877) 627-3287 toll free

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