North Carolina
Retirement Systems

Form 316
Employer Request for a Refund of Contributions Reported to the Retirement System in Error

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

Section A. Employee Information.

First Name	M.I.	Last Name	Suffix

Retirement System	SSN	Member ID

Section B. Review the circumstances under which this form should be completed.

The employer should complete this form when retirement contributions for prior calendar year(s) were submitted to the Retirement System in error. If the retirement contributions reported in error were remitted in the current calendar year, the employer should not complete this form, but instead recover these erroneous contributions through ORBIT reporting. See Guides A and B for additional information.

Section C. Employer, provide information for each period of erroneous contributions.

List the following information separately for each pay period of erroneous contributions in the boxes provided below: the pay period start date, the pay period end date, the salary reported during the pay period, the correct salary that should have been reported during the pay period (if none, please write "0" in this box), pay type, and a brief explanation of why the refund is being requested. Data should be entered exactly as reported to the Retirement System.

Example:

Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type
10/20/2013	11/02/2013	$2,000.00	$1,000.00	OT or Regular or AnnLeave
Explanation of why a refund is being requested Example: Overpaid reg salary or DIPNC Benefit or Workers Comp Pay or Holiday Pay, Etc.				

Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type
Explanation of why a refund is being requested				

Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type
Explanation of why a refund is being requested				

☐ If you are providing information for more than two erroneous salaries, please attach a continuation page and check the box.

Section D. Certify this payroll information.

I hereby certify that the information provided about the employee named in Section A is true and correct to the best of my knowledge.

Employer Contact Signature _____ Date _____

Contact First Name	Contact Last Name	Agency Number

Employer / Agency	Contact Position Title

Email Address	Phone

Continue to the next page.

Section E. Provide information for additional periods of erroneous contributions. (optional)

Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type
Explanation of why a refund is being requested				

Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type
Explanation of why a refund is being requested				

Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type
Explanation of why a refund is being requested				

Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type
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Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type
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Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type
Explanation of why a refund is being requested				

Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type
Explanation of why a refund is being requested				

Pay Period Begin Date	Pay Period End Date	Salary Reported	Correct Salary	Pay Type
Explanation of why a refund is being requested				

Member Last Name	SSN

Submit the completed form by mail or email.

N.C. Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue, Raleigh, North Carolina 27604
OER@nctreasurer.gov • (919) 814-4590

North Carolina
Retirement Systems

Form 316 Guides
Employer Request for a Refund of Contributions Reported to the Retirement System in Error

Guide A. Under what circumstances should the Form 316 be completed?

The employer should complete this form, Form 316, when retirement contributions for prior calendar year(s) were submitted to the Retirement System in error. For example, this form should be completed for a prior calendar year period in which an employee was not eligible to participate in the Retirement System but contributions were erroneously remitted to the System.

A refund of retirement contributions reported in error is not necessarily a distribution of all funds in the member's account. This form cannot be used to request a refund of contributions correctly reported to the Retirement System (use Form 5 for this purpose).

If the retirement contributions reported in error were remitted in the current calendar year, the employer should not complete this form, but instead recover these erroneous contributions through ORBIT reporting. This will enable the employer to recover both the employer and employee contributions.

Guide B. Who will receive the refund of prior year contributions reported in error?

Employer contributions reported in error in prior calendar years will not be refunded. Only employee retirement contributions erroneously reported to the Retirement System in prior calendar years will be refunded.

A check for the erroneously reported prior calendar year employee contributions only will be made payable to the member in a lump sum distribution and will be mailed directly to the member's most recent address in ORBIT.

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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