North Carolina
Retirement Systems

Form 7
Requesting Disability Retirement Benefits

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

Section A. Tell us about yourself.

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. Indicate the Retirement System into which you contributed.

If more than one, you must fill out a separate form for each retirement system account.

- ☐ Local Governmental Employees' Retirement System (LGERS)
- ☐ Consolidated Judicial Retirement System (CJRS)
- ☐ Legislative Retirement System (LRS)

Last employer in this system	Last position held	Last day of work

Section C. Tell us your effective disability retirement date.

All effective disability retirement dates must be on the first day of a month. You must terminate employment before your effective disability retirement date. Under state law, you may not sign this application earlier than 120 days before your effective date of disability retirement. You may not sign this application on or after your effective date of retirement. If you work or use accumulated leave after the date you enter here, your effective date of disability retirement will be adjusted to the next allowable date.

Your effective retirement date	Month	Day	Year
		1 - (First day of a month)	

REQUIRED: Continue on page 2 of 4 (next page) to complete Section D and Section E.

Continue to the next page.

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

Section D. To receive an estimate of all retirement payment options, provide the following.

The retirement payment option you choose will affect the amount you will receive each month and whether or not your beneficiary will receive a benefit after your death. Several retirement payment options are available to you. Please provide the following information about a potential beneficiary of your monthly retirement benefit for the sole purpose of providing you an estimate of your payment options. You will have an opportunity to legally designate such a beneficiary later on the Form 7E (Choosing Your Disability Retirement Payment Option).

NOTE: This is not a beneficiary designation.

***REQUIRED FIELD**

First Name	M.I.	Last Name	
Date of Birth	SSN*	Spouse ☐ Yes ☐ No	Gender ☐ M ☐ F

Section E. Authorize this application and attach the following forms.

I hereby certify that I have read the provided Guides, and the above information is correct and true to the best of my knowledge. I certify that I understand if I continue to work past the effective date of my disability retirement date, then my application will be void and I must reapply for disability retirement.

Signature _____ Date _____

To complete your disability retirement application, you must submit the following documents with this form.

☐	**Job Description:** Provided by your employer
☐	**Form 7A** (Medical Report for Disability Eligibility Review)
☐	**Supporting Medical Documentation**
☐	**Proof of Birth:** Submit proof of date of birth for you and your beneficiary by providing a copy of the following: - Birth Certificate, Driver's License, Passport, or State/ Federal/ Military Identification

Continue to the next page.

Section F. Employer, acknowledge this application and certify final work record information.

If you are a member of Local Governmental Employees' Retirement System (LGERS), Consolidated Judicial Retirement System (CJRS), or Legislative Retirement System (LRS), please submit this form to your employer. Processing this application, including review by the Medical Board, will take approximately 60 days once the properly completed form is received. Remember, returning to work may cause an adjustment to a retirement date.

Member Last Name	Member ID

1. What was the employee's last job title?

2. How frequently is the employee paid?

☐	Weekly	☐	Monthly (12 times per year)
☐	Bi-Weekly	☐	Monthly, based on the retirement service type (9, 10, or 11 months)

3. What is the annual base rate of compensation?
- *This is the rate of compensation in effect the last day a full-time employee worked or exhausted leave.*

4. Project the compensation for each month for this employee from the last employer report until the pay period ending on or after the employee's effective date of termination.
- *Do not include any payouts.*

Month	Monthly Compensation

5. Project the final payouts below.

Annual Leave Payout	
Bonus Leave Payout	
Installment Payout	
Longevity Payout	
Supplement Payout (Non-LEO's)	

6. What was the last date for which the employee was (or will be) paid?
- *Do not include terminal pay, such as vacation or bonus days paid out.*

6a. Did the employee receive any severance pay?
☐ Yes ☐ No

7. What was (or will be) the effective date of termination?

8. How many days of unused sick leave did (or will) he/she have on the effective date of termination (date listed for number 7)?

REQUIRED: Continue on page 4 of 4 (next page) to complete Section F.

Continue to the next page.

Section F. Employer, acknowledge this application and certify final work record information. (Continued)

9.	**What was, or will be, the last exhausted leave date?**

I hereby certify that the information provided about the employee named in Section A is true and correct to the best of my knowledge. I certify that this employee has chosen an effective date of termination that is prior to his/her effective retirement date. I certify that the unused sick leave shown reflects the amount of unused sick leave at or projected to the date of termination and is sick leave for which this member would have been paid had he/she actually been sick. If any of this information changes, I will notify the Retirement Systems Division.

Employer Contact Signature _____ Date _____

Contact First Name	Contact Last Name	Unit Number
Employer / Agency	Contact Position Title	
Email Address	Phone	Fax

Member Last Name	Member ID

Submit the completed form with supporting documentation by mail or email.

North Carolina
Retirement Systems

Form 7 Guides
Requesting Disability Retirement Benefits

Guide A. What are the steps in the disability retirement process?

1. Discuss your disability retirement plans with your employer's benefits coordinator.
2. You may apply for retirement up to 120 days before your effective disability retirement date. If you sign this form on or after your retirement date, your disability date will be moved to the first day of the following month. We recommend you submit your retirement application at least 60 days before your effective retirement date.
3. All effective retirement dates are on the first day of the month.
4. Disability Retirement Process Overview:
   - Read, complete and sign this form – Form 7 (Requesting Disability Retirement Benefits). Submit to employer for completion.
   - Complete Form 7A (Medical Report for Disability Eligibility Review).
   - Provide verification of birth date.
   - All required forms (Form 7, Form 7A), medical documentation to support disability condition, job description and proof of birth for you and your beneficiary, if applicable, must be sent to the Retirement Systems Division.
   - Receive notification from the Retirement Systems Division of the Medical Board's decision.

   If approved:

   - You will receive an estimate of benefits.
   - There will be additional forms and steps required as you move through the process. These must be properly completed and processed by the Retirement Systems Division when requested.
   - You may cancel the retirement process any time prior to your effective retirement date.
   - Your first disability retirement benefit payment should be made by direct deposit if instructions are received and acknowledged by the Retirement Systems Division before your effective retirement date. Otherwise, a paper check will be mailed.
   - Your retirement selection is locked in when the first payment becomes normally due and the first benefit payment date has occurred.
5. Additional forms/documents provided as you move through the process include:
   - Form 7E (Choosing your Disability Retirement Payment Option)
   - Form 170 (Authorizing Direct Deposit)
   - Form 333 (Designating Beneficiary(ies) for the Contributory Death Benefit for Retired Members)
   - Form 290 (Choosing Income Tax Withholding Preferences)
   - Form 336 (Designating Beneficiary(ies) for the Guaranteed Refund as a Retiree)
   - Disability Plans Health Insurance Enrollment Guide (if applicable)
6. If the disability retirement process is interrupted by your death, specific provisions of the law may apply.

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
3200 Atlantic Avenue, Raleigh, North Carolina 27604
NC.Retirement@nctreasurer.com • (919) 814-4590