North Carolina
Retirement Systems

Form 700
Requesting Employer Information Required for Member Disability Income Plan Benefits

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

Section A. Employer, provide member information.

First Name	M.I.	Last Name		Suffix
Mailing Address			Date of Birth	SSN
City	State	Zip Code	Phone	Member ID

Section B. Complete if member is applying for Short-Term, or Preliminary Long-Term Benefits.

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 worked in his/her occupation?**

2. **Is the member still exhausting leave (sick, vacation, bonus, compensatory, shared, or other leave allowed by your personnel policy)?**
☐ Yes ☐ No

2A. If **YES**, how many days of leave does the member have remaining as of the date this form is completed?

2B. If **YES**, what date will the member exhaust all available leave?

2C. If **NO**, what was the last day the member exhausted all available leave?

3. **Did the member receive any severance pay?**
☐ Yes ☐ No

4. **What date did the medical professional certify as the date the member became disabled to work?**
- See Form 703.

5. **What was the first day of the waiting period?**
- See Form 710.

6. **Did the member return to work for any period of time (trial rehabilitation) during the 60-day waiting period?**
☐ Yes ☐ No
• If **YES**, what dates did the member return to work?

Continue to the next page.

Section B. Complete if member is applying for Short-Term, or Preliminary Long-Term Benefits. (Continued)

7. Is the member receiving any of the following benefits?

7A. Workers' Compensation Benefit
- If **YES**, attach Form 60.

☐ Yes ☐ No

7B.
- **Veterans' Affairs Benefit**
- If **YES**, attach VA awards letter.

☐ Yes ☐ No

8. What is the member's job title/classification?

8A. Is the member a Law Enforcement Officer (LEO)?

☐ Yes ☐ No

8B. If YES, was the LEO injured in the line of duty?

☐ Yes ☐ No

Section C. Employer, 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 700.

Employer Contact Signature _____ Date _____

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

Section D. Complete if member is applying for Long-Term, Extended Short-Term, or remaining balance.

Indicate what type of disability the member is applying for:	
☐	Long-Term (LT)
☐	Extended Short-Term (XST)
☐	Remaining Balance of Extended Short-Term (XST)

1. Did the member return to work in his/her usual job during the Short-Term Disability Benefit Period?

☐ Yes ☐ No
- If **YES**, what were the dates?

2. What is the member's pay schedule?

☐ Bi-Weekly ☐ Monthly

3. What is the member's retirement service type?

☐ 9 Month ☐ 10 Month ☐ 11 Month ☐ 12 Month

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.

Continue to the next page.

Section D. Complete if member is applying for Long-Term, Extended Short-Term, or remaining balance. (Continued)

5. **Is the member eligible for shift differential or overtime?**
☐ Yes ☐ No

6. **Did the member receive a local supplement?**
☐ Yes ☐ No
• If **YES**, what was the amount of local supplement received? (See Form 711)

7. **Did the member receive annual longevity?**
☐ Yes ☐ No
• If **YES**, what was the annual longevity percentage? (See Form 711)

8. **Did the member receive a payout for accumulated leave?**
☐ Yes ☐ No
• 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.*

10. **Is the member receiving, or has the member ever received, Workers' Compensation benefits?**
☐ Yes ☐ No
• 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:**
• 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.
☐ Yes ☐ No

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

Did the member return to work (trial rehabilitation) for a state agency for longer than 36 continuous months?
☐ Yes ☐ No
• If **YES**, then the member is not eligible for restoration of long-term benefits.
• If **NO**, what was the begin date and end date of the period for which the member returned to work (trial rehabilitation)?

Start Date		
Month	Day	Year
End Date		
Month	Day	Year

Continue to the next page.

Section F. Employer, 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 700.

Employer Contact Signature _____ Date _____

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

Member Last Name	SSN

Submit the completed form by mail or email.

N.C. Department of State Treasurer, Retirement Systems Division
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North Carolina
Retirement Systems

Form 700 Guides
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 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 Form 700 to the Retirement Systems Division. Prior to submitting Form 700, employers must check the appropriate box under Section B and complete 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 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 do I need to do to apply for Short-Term (ST) or Preliminary Long-Term (PLT) benefits?

The following information serves as a guide to completing Section B on 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. Employer should identify the first day of the 60 day waiting period. Use Form 710 (Determining the Short Term Waiting and Filing Period), to determine this date. Application for the benefits must occur no later than 365 calendar days following the first day of the waiting period. If the application is greater than 365 days, then the employee is not eligible for these benefits.

Question 6. 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 8. Provide the official state job title/classification.

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 (This form)
- Form 701 (Short-Term Benefits Application) Only required if your employer made your Short-Term determination.
- 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.

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 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 the Form 700. 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.

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.gov • (919) 814-4590

Guide C. What information is needed if the member is applying for additional benefits? (Continued)

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.

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 Short-Term Disability Benefits, contact your employer.

To apply for Long-Term Benefits, Extended Short-Term Benefits, or an Extension of 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 700 (This form)
- Form 701 (Short-Term Benefits Application) Only required if your employer made your Short-Term determination.
- Form 703 (Doctor Certification)
- Form 704 (Additional Benefits Application)
- Form 711 (Recording Short-Term Disability Benefits)
- Form 7A (Medical Report)
- Job Description (Provided by your employer)

The following information serves as a guide to completing Section E 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.