North Carolina Retirement Systems

Form 705
Agreeing to Accept Long-Term Benefits through the Disability Income Plan of NC

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 (At least one phone required)	Mobile (At least one phone required)
Personal Email Address				Member ID

Section B. Confirm your resignation.

To be eligible to receive long-term disability benefits through the Disability Income Plan of North Carolina (DIPNC), you must terminate employment as a permanent full-time teacher or state employee.

1. **Have you resigned from permanent, full-time employment?**
- If **YES**, ask your employer to provide us with a Form 706.
- If **NO**, please submit a letter of resignation to your employer and ask your employer to provide us with a Form 706.

☐ Yes ☐ No

Section C. Report any disability claims you have filed with Social Security.

You may or may not be eligible for Social Security benefits on the basis of your disability. The Disability Income Plan is designed with the assumption that you will apply for and receive Social Security benefits on the basis of your disability.

2. **SELECTION REQUIRED: Do you understand that if you receive any amount of Social Security benefits on the basis of disability that you will have to repay a dollar-for-dollar amount to the Disability Income Plan of North Carolina?**
- Payments made by Social Security directly to certain attorneys may be excluded. You will never owe to the Plan an amount greater than the amount you originally received from the Plan.

☐ Yes ☐ No

3. **Have you applied for benefits from Social Security on the basis of your disability?**

☐ Yes ☐ No
- If **NO**, visit www.socialsecurity.gov or call 1-800-772-1213 to apply today. Should you be sent an **Awards Notice**, please send a copy to the Retirement Systems Division. This copy may prevent the Division from reducing your benefit more than is necessary.
- If **YES**, what was the outcome?

☐ Don't know yet ☐ Approved ☐ Denied

4. **If your claim was approved, are you currently receiving these Social Security benefits?**
- If **YES**, please attach a copy of your **Social Security Awards Notice**. If necessary, log on to your account at www.socialsecurity.gov and request a **Proof of Income** or **Benefit Verification Letter**, and then forward the letter to the Retirement Systems Division. We must receive proof of your award before we can pay your DIPNC benefits.

☐ Yes ☐ No

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Section C. Report any disability claims you have filed with Social Security. (Continued)

5. **If you were vested (have 5 years of member service) prior to July 31, 2007:**

- Do you understand that whether or not you have applied for or are receiving benefits from the Social Security Administration, that the amount of your benefit will decrease after three years as if you were actually receiving Social Security benefits? (Agricultural Extension agents are exempt from this question.)

☐ Yes ☐ No

If you were not vested (have 5 years of member service) prior to July 31, 2007:

6. **Do you understand that if you have not been approved for disability benefits from the Social Security Administration, then you will receive no more than 36 monthly long-term disability payments?**

☐ Yes ☐ No

7. **Do you understand that if you have been approved for disability benefits from the Social Security Administration, then the amount of your benefit will decrease? (Agricultural Extension agents are exempt from this question.)**

☐ Yes ☐ No

Section D. Report any benefits you are receiving from Social Security on the basis of age.

The Disability Income Plan is designed with the assumption that you will receive Social Security benefits on the basis of your age.

8. **If you are age 62 or older, you may be eligible for Social Security benefits on the basis of your age. Are you receiving Social Security benefits on the basis of your age?**

- If **YES**, please attach a copy of your **Social Security Awards Notice**. If necessary, log on to your account at www.socialsecurity.gov and request a **proof of income** or **benefit verification letter**, and then forward the letter to the Division. We can pay your benefit without receiving this; however, we will offset the maximum estimated amount of the Social Security benefit unless you provide the Notice.
- If **NO**, and you are not yet 62, please submit an official estimate of Social Security benefits that you would be eligible to receive at age 62. If you do not submit one, the Retirement Systems Division may reduce more than is necessary.

☐ Yes ☐ No

9. **Do you understand that whether or not you have applied for or are receiving benefits from the Social Security Administration on the basis of age, the amount of your benefit will decrease at age 62 (if it has not already decreased) as if you were actually receiving Social Security benefits?**

☐ Yes ☐ No

Section E. Report any Workers' Compensation benefits you are receiving.

10. **Are you receiving any Workers' Compensation benefits?**

☐ Yes ☐ No

- If **YES**, please attach a copy of your awards notice (a Form 60 from the N.C. Industrial Commission).
- If **NO**, do you agree to report any Workers' Compensation benefits you may receive in the future?

☐ Yes ☐ No

11. **Do you understand that if you receive certain Workers' Compensation benefits for the same or related illness then you will have to repay a dollar-for-dollar amount to the Disability Income Plan of North Carolina, unless the $10 minimum benefit amount applies? (You will never owe to the Plan an amount greater than the amount you originally received from the Plan.)**

- If you reach a settlement agreement and provide the Retirement Systems Division with a copy of your settlement agreement (complete with court file date and all signatures), then your long-term benefit may resume.

☐ Yes ☐ No

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Section F. Report any Veterans Affairs benefits you are receiving.

12. **Are you receiving any Veterans Affairs benefits other than widow's benefits?**

☐ Yes ☐ No

- If **YES**, please attach a copy of your awards notice.
- If **NO**, do you agree to report any Veterans Affairs benefits you may receive in the future for the same or related illness?

☐ Yes ☐ No

13. **Do you understand that if you receive any amount of Veterans Affairs benefits that you will have to repay a dollar-for-dollar amount to the Disability Income Plan of North Carolina? (You will never owe to the Plan an amount greater than the amount you originally received from the Plan.)**

☐ Yes ☐ No

Section G. Expect to report your income annually.

14. **Do you understand that you must provide a statement of income on an annual basis? The Retirement Systems Division will request that you complete a Form 296 regarding your monthly income from employment (including gross amounts of salary, wages, compensation, and self-employment income) and benefits from other sources.**

☐ Yes ☐ No

15. **Do you understand that the Plan limits the amount you are allowed to earn monthly (earnable allowance) and will require you to reimburse the Plan if you exceed your monthly earnable allowance?**

☐ Yes ☐ No

Section H. Please accept the long-term benefit and its terms with your signature.

I certify that the above information is true and correct to the best of my knowledge. I hereby accept the long-term disability benefit through the Disability Income Plan of North Carolina (DIPNC). I understand that if I receive benefits of any amount now or in the future from other agencies, these benefits may decrease the amount to which I am entitled, according to the laws that govern the Plan (G.S. 135-109). **I agree to repay the Plan when the Retirement Systems Division notifies me that I am required to do so.** I agree to report any benefits I receive, as well as supply an annual statement of income when prompted by the Retirement Systems Division.

Signature _____ Date _____

Member Last Name	SSN

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

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