North Carolina
Retirement Systems

Form 707
Reporting Earnings Monthly While Receiving Extended Short-Term or Long-Term 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. Submit this form on the 5th business day of each calendar month.

While you are receiving extended short-term or long-term benefits, you must report any earnings to the Retirement Systems Division. The report (this form) is due on the 5th business day of each calendar month, and it should state earnings **received** during the previous calendar month. This form is required because the amount of your benefit may be affected by the amount of your earnings.

- The earnings you must report on this form include all compensation for work performed by you, including salaries, wages, fees, commissions, and net profits from self-employment.
- You should not report public assistance, child support, rental income, or income from investments.
- You do not need to report your benefit from the Disability Income Plan of North Carolina.

After the Retirement Systems Division has received this form from you, we will authorize payment from the payroll if a benefit is due.

Section C. Tell us about any earnings you received during the past month.

1.	**This form represents a report of earnings received during the month of (MM-YYYY)**

2. Did you receive any compensation during this month?

• If **YES**, complete the information about your earnings below. Attach copies of pay stubs or earning statements signed by your employer.

☐ Yes ☐ No

Source of Income or Employer	Gross Amount Received	Date Received

I certify that all answers are true and correct to the best of my knowledge, and I understand that any misstatement is unlawful and may disqualify me from receiving benefits under the Disability Income Plan of North Carolina.

Member's Signature _____ Date _____

Submit the completed form by mail or email.

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