North Carolina
Total Retirement Plans

Form 712
(Optional) Determining the Affect of Other Benefits on the Short-Term Benefit

Please print or type in black ink.

Section A. Employer, please tell us about the employee.

FIRST NAME	MI	LAST NAME	MEMBER ID

Section B. Determine the adjusted daily rate if the employee is receiving other benefits.

Employer Worksheet
Do not submit this Form to the Retirement System.

1 **Maximum daily short-term benefit**
(Amount **#11** from Form 711) ____ **1**

2 Identify the other benefit(s):

	Benefit 1	Benefit 2
Source/Name of other benefit		

Note: Private disability insurance does not affect any benefits through the Disability Income Plan.

3 Give the effective dates of the other benefit that overlap the short term (see Form 710 for effective dates of the short term).

Beginning effective date		
Ending effective date		

4 Determine the monthly equivalent amount of the other benefit(s):

Other benefit amount		
Other benefit frequency	☐ annual ☐ monthly ☐ weekly	☐ annual ☐ monthly ☐ weekly
Monthly equivalent of other benefit		

- If annual, divide by 12
- If monthly, no operation
- If weekly, multiply by 52 and divide by 12

			Row Total	
5 **Daily equivalent of other benefit(s)** (Divide the monthly equivalent of each benefit by 30, then total the row.)				**5**

6 **Daily offset rate**
Subtract the daily equivalent of other benefits (amount **#5**) from the maximum daily short-term benefit (amount **#1**). If this amount is negative, enter $0.00 instead. ____ **6**

Section C. Please certify the information you have provided.

I hereby certify that I have read the Guides and the information provided about the employee named in Section A is true and correct to the best of my knowledge. If any of this information changes, I will notify the Retirement Systems Division.

Employer Contact Signature _____ Date_____

EMPLOYER CONTACT FIRST NAME	LAST NAME	EMPLOYER CONTACT JOB TITLE

EMPLOYER	TELEPHONE NO.
MAILING ADDRESS	FAX NO.

CITY	STATE	ZIP CODE	E-MAIL ADDRESS

Thank you.

N.C. Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue, Raleigh, North Carolina 27604
1-877-NCSECURE (1-877-627-3287) toll-free
www.myncretirement.com

North Carolina
Total Retirement Plans

Form **712 Guides**
(Optional) Determining the Affect of Other Benefits on the Short-Term Benefit

Guide A. What is the affect of other benefits on the Plan benefit?

G.S. 135-105(c) specifies that the benefit payable from the Disability Income Plan of North Carolina (DIPNC) should be reduced by the following other benefits:

- **Workers' Compensation.** The employee should provide a copy of the Form 21 or the Form 60 from the North Carolina Industrial Commission for any benefits on the basis of a same or related disability. The short-term benefit is offset by Workers' Compensation benefit until a settlement agreement has been signed and approved. The exception is permanent partial Workers' Compensation benefits.
- **Veterans Administration.** The employee should supply a copy of the Veterans Administration award letter. The short-term benefit is offset by this benefit for the same or related disability. If this benefit is for more than one disability, the employer should only offset for the same disability for which the employee is receiving a short-term benefit.
- **Other federal agency**. The employee should supply a copy of the award letter.

In all cases, the Medical Board is available as a resource to determine whether the disability that is the basis for these other benefits is the same or related to the disability that is the basis for the Plan benefit.

If the employee is not receiving any benefits from Workers' Compensation, the Veterans Administration, or other federal agency, then this form is not required.

The possibility exists that this worksheet will show that $0.00 is due the employee. The application for short-term benefits is required **even** in this case, because the administration process establishes the dates of disability and other requirements for potential **future** disability benefits, either later in the short term or beyond the short term.

If no benefit is payable for a given month, then the employee is not eligible for non-contributory retirement credit for that month. The employee is not covered under the Death Benefit for that month, unless the employee is receiving Workers' Compensation benefits (which do not disqualify an employee from the Death benefit). The employee may also fund health insurance premiums. If the Plan benefit is payable in any amount, the employee is eligible for retirement credit and coverage under the Death Benefit. Health insurance premiums may also be payable. (These rules also apply in cases were the member had excess earnings and is not due a benefit.)

Use this worksheet to determine the amount of the short-term, benefit payable for a given day when another benefit is also payable. You may need to duplicate this worksheet when new calculations are needed as effective dates of other benefits pass.

Employer Worksheet
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