North Carolina
Retirement Systems

Form SVC
Reviewing Your Service Record and Requesting an Audit of Your Service Credit

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.

☐	Teachers' and State Employees' Retirement System (TSERS)	☐	Consolidated Judicial Retirement System (CJRS)
☐	Local Governmental Employees' Retirement System (LGERS)	☐	Legislative Retirement System (LRS)

Section C. Review the instructions for requesting an audit of your service record.

While you have been employed by a System-participating employer in an eligible position, you have been making contributions to the Retirement System. For each period during which you rendered service and made contributions, you receive credit. The exact amount of credit you receive for a given month depends on your retirement service type, but you normally would receive no more than one year's retirement credit in one calendar year. The retirement service type is determined by counting the total number of months in the regular term of annual employment for an eligible position. When you retire, your total retirement credit is calculated. The more retirement credit you have, the larger your monthly retirement benefit will be.

To prepare for retirement, you may want to thoroughly review your record of service; you may request that the Retirement Systems Division perform an audit of your service record. You should complete this form, which asks for details of your service record as best as you can recall. The Retirement Systems Division conducts the audit whether or not you supply the optional information. Once the form is completed and signed, please submit it to the Division at the address below.

Thank you for your interest in your service record. If we may be of further assistance, please contact us at the address and telephone number below.

Section D. List the period(s) of service in question.

List the period(s) of service in question and provide an explanation of discrepancy.

Continue to the next page.

N.C. Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue, Raleigh, North Carolina 27604
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Section E. List all retirement service periods.

Provide the start date and end date of the period(s) that meets the requirements in Section C. (A start date is not necessarily a hire date, and an end date is not necessarily a termination date.) **NOTE:** Retirement credit is counted based on each month you render eligible service and receive pay.

- For **retirement service type**, report the total of all months during the retirement service period. Certain community college, school system, and university employees have retirement service periods that are less than 12 months annually. For example, a teacher with a retirement service period beginning in August and ending in June is an 11 month retirement service type employee.
- For **retirement service period**, report the actual beginning month and ending month of the employee's regular term of annual employment.

If you do not want to supply this information, be assured that the Retirement Systems Division will contact your employer(s) if a question about your service record is raised.

1. Eligible Period:

Start Date	End Date	Position Title

Retirement Service Type:

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

Retirement Service Period:

Start Month	End Month

How did this period end:

☐	I changed positions	☐	Employment with this employer ended

2. Eligible Period:

Start Date	End Date	Position Title

Retirement Service Type:

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

Retirement Service Period:

Start Month	End Month

How did this period end:

☐	I changed positions	☐	Employment with this employer ended

Section F. Authorize with your signature.

I understand that the availability and amount of a retirement benefit I may be eligible to receive is governed by Retirement System law. I understand that any estimate provided cannot alter, modify, or otherwise change the controlling Retirement System law or governing legal documents in any way, nor can any right accrue to me by reason of any information provided or omission of information provided on the estimate. I understand that in the event of a conflict between a benefit estimate and Retirement System law, Retirement System law governs.

Signature _____ Date _____

Submit the completed form by mail or email.

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