



# Certifying Employee Status Under Retirement Reemployment Laws



North Carolina Retirement Systems

Please print or type in black ink.

## Section A. Tell us about yourself.

FIRST NAME	MI	LAST NAME	SUFFIX	SSN (last 4 digits)
MAILING ADDRESS				MEMBER ID (if known)
CITY	STATE	ZIP CODE	DATE OF BIRTH	
POSITION TITLE				TELEPHONE NUMBER

## Section B. Please understand that retirees are subject to earnings restrictions.

Retirees may be subject to earnings restrictions upon returning to work. State return-to-work laws require suspension of retirement benefits when earnings from applicable employers exceed the allowable limit. Before returning to work, be sure that you understand the return-to-work laws that apply to the System from which you retired. For example, new retirees in the Teachers' and State Employees' Retirement System

(TSERS) may not work with a TSERS employer, or make arrangements for future work, until the first six months of retirement have passed. A summary of return-to-work laws for the Local Government Employees' Retirement System and the Teachers' and State Employees' Retirement System is located in Guides B, C, and D.

## Section C. Please tell us if you are receiving a monthly benefit from any of the systems below.

- YES, I am currently receiving a monthly benefit from the following: (check all that apply)
- Teachers' and State Employees' Retirement System (TSERS)
  - Local Governmental Employees' Retirement System (LGERS)
  - Consolidated Judicial Retirement System (CJRS)
  - Legislative Retirement System (LRS)
  - Disability Income Plan of North Carolina (DIPNC)

NO, I am not currently receiving a monthly benefit from any of the above listed systems.

## Section D. Please sign below.

I certify that I have read the Guides and the information I provided in Sections A and C is correct to the best of my knowledge. I understand that if my employment subsequently creates an overpayment of benefits from the Retirement Systems Division, I am fully responsible for the repayment of the said overpayment.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section E. Please submit this form to your employer.

Please do not send this form to the Retirement Systems Division (RSD). Your employer should retain this form.

**Thank you.**

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