



## Certifying Employee Status Under Retirement Reemployment Laws



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  
3200 Atlantic Avenue, Raleigh, North Carolina 27604  
(919) 807-3050 in the Raleigh area or (877) 627-3287 toll free  
[www.myncretirement.com](http://www.myncretirement.com)

REV 20140121

**ESRR**  
Page 1 of 1