North Carolina
Total Retirement Plans

Form **348**

Requesting Leave of Absence in the Firefighters' and Rescue Squad Workers' Pension Fund

Please print or type in black ink.

Section A. Contact Information

FIRST NAME	MI	LAST NAME		SUFFIX
MAILING ADDRESS				SSN
CITY	STATE	ZIP CODE	TELEPHONE NO.	MEMBER ID
E-MAIL ADDRESS				DATE OF BIRTH

Section B. Service History

FIRE DEPARTMENT OR RESCUE SQUAD NAME	COUNTY	LAST DAY OF SERVICE

Check one: ☐ Firefighter ☐ Rescue Squad Worker

Section C. Member Signature

I hereby certify that I have not previously received a refund of my contributions in the Firefighters' and Rescue Squad Workers' Pension Fund described in Section B. Further, I was an eligible member of the department or squad in Section B and am now requesting leave of absence status for my account in the Fund.

Signature _____ Date_____

Section D. Submission Instructions

Please submit this form by mail.

- You may mail this form to the address below.

N.C. Department of State Treasurer, Firefighters' and Rescue Squad Workers' Pension Fund
3200 Atlantic Avenue, Raleigh, North Carolina 27604
1-877-NCSECURE (1-877-627-3287) toll-free
www.myncretirement.com