North Carolina
Total Retirement Plans

Form 713
(Optional) Determining the Short-Term Benefit for Partial and Special Months

Please print or type in black ink.

Section A. Employer, Please tell us about the short-term or preliminary long-term applicant.

FIRST NAME	MI	LAST NAME	MEMBER ID

Section B. Please review under what circumstances this form should be used.

Use this form to determine the original amount due the employee in any the following circumstances:

- The first day of the short term did not fall on the first day of a calendar month.
- The last day of the short term did not fall on the last day of a calendar month
- The short-term benefit must be offset by other benefits described on Form 712.
- The employee chooses to use accumulated leave. Note: if the employee receives a lump-sum payout for sick, vacation, shared, or compensatory leave, that leave must be treated as if it had been exhausted (G.S. 135-105(b)), effecting the short-term benefit by the number of business days (whole or partial) that it represents.
- The employee returned to work in the same capacity for which he/she was certified as disabled. (If the employee returned to work with decreased hours or decreased duties, the benefit is not suspended for that day, although those earnings are considered for the earnable allowance test later.)

If you are using the form for any of these purposes, check the box at right and follow the instructions in Guide B. Do not use this form for the month of the employee's death.

Guide B ☐

Use this form to determine the amount reimbursable to the employer when the entire month is not reimbursable:

Under the Disability Income Plan of North Carolina, the employer funds the benefit and possibly the health insurance premiums during the first stage. However, the employer may receive reimbursement for the benefit and the premiums paid during the second six months of the first stage. If the first stage was effective on the 1st day of a calendar month, then the first day of the second six months is also on the 1st day of a calendar month, and the entire month is reimbursable. But when the first day of the second six months falls in the middle of a calendar month, then the amount paid to the employee must be analyzed to determine what amount represents benefits due before the anniversary date and what amount represents the benefits due on and after the anniversary date.

If you are using the form for this purpose, check the box at right and follow the instructions in Guide C.

Guide C ☐

Then, if the employee had earnings during this month, attach Sections E, F, G, and H of a blank Form 702. Complete the sections using this form and the employee's signed Form 702. Amount **13** on the "blank" 702 will be the reimbursable amount.

Employer Worksheet

Section C. After completing Section D, 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

Do not submit this Form to the Retirement System.

Please continue to the next page.

Section D. Please justify the amount paid to the employee under the special circumstance.

Follow the instructions in Guide B or C, whichever applicable, to complete the grid below.

MM-YYYY

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

TOTAL (This box at right should equal the amount **7** after the chart below is complete.)

		Applicable Rate Column		Number of Days Column		Results Column	
Non-Effective Days							
1	Any days before the first effective day or after the last effective day	F $0.00	x		=	$0.00	1
Effective Days							
2	Maximum daily first-stage benefit (**#11** from Form 711)	A	x		=		2
3	**Daily offset benefit** (**#6** from Form 702)	B	x		=		3
4	Daily rate for returning to work in **same** capacity	C $0.00	x		=	$0.00	4
5	Daily rate representing paid sick or vacation leave	D $0.00	x		=	$0.00	5
6	Total effective days (total days from Rows **2-5** only)						6
Dollar Totals							
7	This month's **short-term benefit** (total **#1**, **#2**, **#3**, **#4**, and **#5)** **OR** the reimbursable part of the month containing the six-month anniversary **(**total amounts **1** through **5)**						7
8	This month's **earnable allowance** (multiply the total (**#6)** by rate **A**) **OR** the earnable allowance for the reimbursable part of the month containing the anniversary **(**multiply the total (amount **6)** by rate **A**)						8

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

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

MEMBER LAST NAME	MEMBER SSN (Last 4 digits)

North Carolina
Total Retirement Plans

Form **713 Guides**
(Optional) Determining the Short-Term Benefit for Partial and Special Months

Guide A. What are the codes used on this form?

A	Maximum daily short-term benefit (**#11** from Form 711)
B	**Daily offset benefit** (**#6** from Form 702)
C	Daily rate for returning to work in **same** capacity
D	Daily rate representing paid sick or vacation leave
F	Any days before the first effective day or after the last effective day
G	Any days before the six months anniversary date

Guide B. How do I complete the calendar grid in Section D? (Special month version)

Section D contains a grid that represents a calendar month. Complete the grid as follows:

Step 1. In the small shaded box, give the calendar dates for this month.

Step 2. If the first day of the short term fell within this month, highlight or circle it. If the last day of the short term fell within this month, highlight or circle it.

Step 3. For any days before the first effective day or after the last effective day of the short term (see Form 710), give the code *F* in the small unshaded box.

Step 4. For any days for which the employee used accumulated leave, give the code *D* in the small unshaded box.

Step 5. For any days on which the employee returned to work in **same** capacity (full time; no reduction in hours or duties), give the code *C* in the small unshaded box.

Step 6. For any days on which the employee is receiving another benefit (see Form 712), give the code *B* in the small unshaded box.

Step 7. For any remaining days (days for which the maximum daily rate applies and codes *B*, *C*, *D*, or *F* do not apply), give the code *A* in the small unshaded box.

Step 8. Give the applicable dollar amount in the long gray rate box according to the code for that day.

Step 9. (Optional) Total all of the gray rate boxes and put the amount in the **TOTAL** box.

A	
B	
C	$0.00
D	$0.00
F	$0.00

Step 10. Count the number of days coded *A*, *B*, *C*, *D*, or *F*, and put the respective number in the **Number of Days Column** on the chart under the grid.

Step 11. Complete the rest of the chart as indicated.

Guide C. How do I complete the calendar grid in Section D? (Reimbursable portion version)

Section D contains a grid that represents a calendar month. Complete the grid as follows:

Step 1. In the small shaded box, give the calendar dates for this month. If you used a previous version of this form to determine the amount payable for this month, refer to it.

Step 2. Highlight or circle the first day of the second six months. For any days before the anniversary date, give the code *G* in the small unshaded box.

Step 3. For any days after the last effective day of the short term, give the code *F* in the small unshaded box.

Step 4. For any days for which the employee used accumulated leave, give the code *D* in the small unshaded box.

Step 5. For any days on which the employee returned to work in **same** capacity, give the code *C* in the small unshaded box.

Step 6. For any days on which the employee is receiving another benefit (see Form 712), give the code *B* in the small unshaded box.

Step 7. For any remaining days (days for which the maximum daily rate applies and codes *B*, *C*, *D*, *F* or *G* do not apply), give the code *A* in the small unshaded box

Step 8. Give the applicable dollar amount in the long gray rate box according to the code for that day.

Step 9. (Optional) Total all of the gray rate boxes and put the amount in the **TOTAL** box.

A	
B	
C	$0.00
D	$0.00
F	$0.00
G	$0.00

Step 10. Count the number of days coded *A*, *B*, *C*, *D*, or *F*, and put the respective number in the **Number of Days Column** on the chart under the grid.

Step 11. Complete the rest of the chart as indicated. Amount **7** is the reimbursable amount unless the employee had earnings.

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

These guides are subject to and governed by the General Statutes of the State of North Carolina.

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