North Carolina
Retirement Systems

Form 7FR
Requesting Disability Status from Firefighters' and Rescue Squad Workers' Pension Fund

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			Last Day of Work	Member ID
Last Department			Check One: ☐ Firefighter ☐ Rescue Squad Worker	

Section B. Provide the following information about your disability.

1. Have you already applied or will you apply for disability benefits under any of the following Systems?
- If not, please attach a completed Form 7A with this form.

- ☐ Teachers' and State Employees' Retirement System (TSERS), Disability Income Plan of North Carolina
- ☐ Teachers' and State Employees' Retirement System (TSERS), Disability Retirement
- ☐ Local Governmental Employees' Retirement System (LGERS)

2. What was the date of your disability as certified by an authorized medical professional (Form 7A)

3. Please describe your illness and tell us how it affects your ability to do your work.
- Please attach a job description prepared by your employer that identifies you and your role. Attach another sheet if necessary.

4. Is this illness or disability the result of a line-of-duty injury?
☐ Yes ☐ No

5. If YES to Question 4 on this form, please describe how the injury occurred.
- Attach another sheet if necessary.

If your disability retirement is approved, you could begin receiving a benefit as early as age 55.

- If your disability is the result of a non-duty related activity, you must have at least 10 years of creditable service and continue to pay $15 per month into the Fund until you have paid for 20 years; you will begin receiving a benefit as soon as you reach 20 years in the fund, or you reach age 55, whichever is later.
- If your disability is the result of a line-of-duty disability, no more contributions will be required of you, and you will begin to receive a benefit at age 55.

Continue to the next page.

Section C. Authorize with your signature.

I certify the above information is true and correct to the best of my knowledge under penalty of law.

Member's Signature _____ Date _____

Please submit this form to your fire department or rescue squad after you have it notarized (Section D.)

Section D. Have this form notarized. Improperly notarized forms will not be accepted.

State of _____ County of _____

I, _____, a notary public for said State and County, do hereby certify

that _____ personally appeared before me this date and acknowledge

the due execution of this form. Witness my hand and official seal this the _____ day of

_____, 20 ____. My Commission Expires _____

Signature of Notary _____

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Section E. Employer, acknowledge this application and certify information.

I certify that the information provided on the member is true and correct to the best of my knowledge under penalty of law.

Chief, Captain, or
Authorized Contact Signature _____ Date _____

Department Name _____ Date _____

Section F. After all sections of this form are completed, submit this form by mail.

Please submit a copy of your job description and a Form 7A, if applicable, along with this Form 7FR. You may mail the completed forms to the address below. If any erasures, strikeovers, or whiteouts are found in any signature line or notary section, this form will not be accepted, and you will need to complete a new Form 7FR.

Member Last Name	SSN

Submit the completed form with supporting documentation by mail or email.

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