



# North Carolina Retirement Systems



## Form CONCHG Employer Contact Update Request

Print or type in black ink. No erasures, strikeouts or whiteouts permitted. Do not staple pages.

### Section A. Requester Contact Information.

First Name	M.I.	Last Name	5 Digit Agency Code	
Mailing Address			<input type="checkbox"/> Main agency mailing address has changed to this address	
City	State	Zip Code	Phone	Fax
Email Address			Agency Name	

### Section B. Instructions.

Complete this form to update your agency contacts. Once your contact information has been updated you will be notified. **Please note, new contact information will overwrite the previous contact for that position/role.** You may mail this form to the address below or email the form to [OER@nctreasurer.com](mailto:OER@nctreasurer.com).

### Section C. Primary Payroll Contact (Person or vendor submitting monthly Orbit Report).

First Name	M.I.	Last Name
Title		Company Name (If third party vendor)
Email Address	Phone	Fax

### Section D. Primary Finance Contact.

First Name	M.I.	Last Name	Phone
Title	Email Address		Fax

### Section E. Primary Human Resources Contact.

First Name	M.I.	Last Name	Phone
Title	Email Address		Fax

Continue to the next page.

**Section F. Form Certification Contact (Limit 2).****Primary Contact**

First Name	M.I.	Last Name	Phone
Title	Email Address		Fax

**Secondary Contact**

First Name	M.I.	Last Name	Phone
Title	Email Address		Fax

**Section G. Information Technology (Payroll Software Development / Updates / Administrator).**

First Name	M.I.	Last Name	Phone
Title	Email Address		Fax

**Section H. Superuser (Person in charge of User / Password credentials for your agency's Orbit access).**

First Name	M.I.	Last Name	Phone
Title	Email Address		Fax

**Continue to the next page.**

**Section I. Additional Authorized Agency Contact Changes.****Remove Contact**

1.	First Name	M.I.	First Name
2.	First Name	M.I.	First Name
3.	First Name	M.I.	First Name

**Add Contact**

1.	First Name	M.I.	Last Name	Phone
	Title	Email Address		Fax
2.	First Name	M.I.	Last Name	Phone
	Title	Email Address		Fax
3.	First Name	M.I.	Last Name	Phone
	Title	Email Address		Fax
4.	First Name	M.I.	Last Name	Phone
	Title	Email Address		Fax

**Section J. Change Authorization.**

**Employer Certification:** Please authorize these changes with your Signature, Date, Agency Number & contact information. incomplete Forms cannot be processed. Completed Forms may be emailed to Orbit Employer Reporting OER@nctreasurer.com

Employer Contact Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact First Name	Contact Last Name	5 Digit Agency Number
Employer / Agency		Contact Position Title
Email Address	Phone	Fax

**Submit the completed form by mail or email.**