North Carolina
Retirement Systems

Form CONCHG
Employer Contact Update Request

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

Section A. Requester Contact Information.

First Name	M.I.	Last Name	5 Digit Agency Code
Mailing Address			☐ Main agency mailing address has changed to this address
City	State	Zip Code	Phone
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.gov.

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	

Section D. Primary Finance Contact.

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

Section E. Primary Human Resources Contact.

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

Continue to the next page.

Section F. Form Certification Contact (Limit 2).

Primary Contact			
First Name	M.I.	Last Name	Phone
Title		Email Address	

Secondary Contact			
First Name	M.I.	Last Name	Phone
Title		Email Address	

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

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

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	

Continue to the next page.

Section I. Additional Authorized Agency Contact Changes.

Remove Contact

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

Add Contact

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

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.gov.

Employer Contact Signature _____ Date _____

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

Submit the completed form by mail or email.

N.C. Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue, Raleigh, North Carolina 27604
OER@nctreasurer.gov • (919) 814-4590