



NC Department of Commerce
 Division of Employment Security
 TYPE OFFICE ADDRESS AND PHONE NUMBER HERE

Retirement Payment Determination

XXX - XX - Social Security Number	Type of Claim / Effective Date
Last Name / First Name / Middle Initial	Pension Effective Date (month, day, year)

GS 96-14 .2 C The amount of benefits payable to an individual must be reduced as provided in section 3304(a)(15) of the code . This subsection does not apply to social security retirement benefits.

A. Statement of Claimant

I am receiving a retirement payment, based upon my own previous work, under a system contributed to by a base period employer, (_____), or under the Railroad Retirement Act in the amount of _____ per month.

Proof of pension amount must be attached.

The amount of my previously reported pension payment has changed.
 My monthly payment is _____.

Proof of pension amount must be attached.

I certify that the retirement payment information shown above is true to the best of my knowledge and belief. I understand that it is my responsibility to notify the Division of Employment Security of any change in my retirement payment status. I also understand that failure to correctly report retirement payment information may result in an overpayment of unemployment benefits and prosecution for fraud.

Date	Claimant's Signature
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B. Determination

Claimant is receiving a retirement payment covered under GS 96-14.2 (C) of the Employment Security Law of North Carolina. The weekly amount of the pension _____ must be deducted from the claimant's weekly benefit amount of _____ unemployment insurance benefits payable for any week of unemployment beginning on or after _____.

Determination Date	Appeals Expiration Date
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This determination is final unless an appeal is filed with the division of Employment Security. Any appeal must be filed within thirty (30) calendar days after the date the determination was mailed to you. An in-person appeal may be filed in any local office of the Division. A mailed appeal should be sent to the address shown above. Attach this determination to any appeal filed.