



North Carolina
Department of Commerce
Division of Employment Security

XXXXXXXX, Governor
XXXXXXXX, Secretary

XXXXXXXX, Assistant Secretary

99/99/9999

John Doe
123 Anywhere Street.
Anywhere, NC 12345

John Doe
XXX-XX-7083

Dear John Doe:

Enclosed is Form NCUI 563R, Retirement Payment Determination. Please review and complete Section A. Sign, date and return the form to our office within 5 working days or no later than 03/11/XXXX, along with documentation indicating proof of your gross monthly retirement amount. Failure to provide the information within the designated time period could adversely affect your unemployment insurance benefits.

Return the NCUI 563R with the proof to my attention by email, fax or mail.

Mail: Department of Commerce
Division of Employment Security
Customer Call Center
P O Box 25903
Raleigh, NC 27611-5903

Email: esc.ui.customerservice@nccommerce.com
Subject line should include consultant's name and 563R. (Example: Leslie – 563R)

Fax: (919) 250-4135

If you have any questions or need further assistance, please telephone the Customer Call Center at (888) 737-0259. Our offices hours are 8:00 AM till 5:00 PM.

Sincerely,

Agent Name

Division of Employment Security
Enclosure