



Please print or type in black ink.  
 Please do not staple pages.

## Purchasing Retirement System Credit for Withdrawn Optional Retirement Program Service

**Section A. Tell us about yourself.**

|                 |       |           |               |
|-----------------|-------|-----------|---------------|
| FIRST NAME      | MI    | LAST NAME | SUFFIX        |
| MAILING ADDRESS |       |           | SSN           |
| CITY            | STATE | ZIP CODE  | TELEPHONE NO. |
| E-MAIL ADDRESS  |       |           | DATE OF BIRTH |

**Section B. Please tell us the Retirement System into which you last contributed.**
☒ Teachers' and State Employees' Retirement System (TSERS)

LAST EMPLOYER IN THIS SYSTEM

**Section C. Please review the eligibility requirements specified by law for this purchase.**

Before completing this form to purchase service, you should obtain a cost estimate using the service purchase estimator in your personal ORBIT account, accessible at [www.myncretirement.com](http://www.myncretirement.com). See Guide A for instructions on how to log in to ORBIT. The following requirements must be met to allow a purchase of retirement credit for a period of service that was credited in the University of North Carolina (UNC) Optional Retirement Program (ORP):

- (1) You must be in service and have completed and maintained five years of membership service in TSERS since participating in the UNC ORP.
- (2) Your employer at the time of your ORP service was part of

the University of North Carolina System and thus eligible to participate in TSERS.

- (3) You were eligible to participate in TSERS during the period of your UNC ORP service, but you chose to participate in the ORP rather than TSERS.
- (4) You have since withdrawn any contributions or credit in the ORP and are no longer eligible for its retirement benefits.
- (5) Your withdrawn ORP contributions were not transferred to another plan and they are not being used for eligibility for a future or current retirement benefit from any retirement plan. You are required to be a current contributing member. This purchase must be made prior to retirement. If you do not meet these requirements, do not submit this form.

**Section D. Please list any periods during which you participated in the UNC ORP.**

|   |                                                                                                                                             |                              |          |
|---|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------|
| 1 | For what employer were you working during your period of participation in the UNC ORP? A separate form is required for each employer.       | EMPLOYER                     |          |
| 2 | What is the start date and end date of the period of participation in the UNC ORP? What was your position title and last name?              | START DATE                   | END DATE |
|   | POSITION TITLE                                                                                                                              | LAST NAME DURING THIS PERIOD |          |
| 3 | Is there an additional period with this same employer during which you participated in the ORP? What was your position title and last name? | START DATE                   | END DATE |
|   | POSITION TITLE                                                                                                                              | LAST NAME DURING THIS PERIOD |          |

**Section E. Please authorize with your signature the preparation of a cost statement.**

I certify that I have read the Guides. I certify that I am eligible for this purchase according to the eligibility requirements stated in Section C. I certify that the information I have provided herein is accurate to the best of my knowledge and belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please give this form to the employer for whom you worked during your ORP period. This employer will complete sections F through H and submit it to the UNC ORP carrier (such as Lincoln National, TIAA-CREF, or VALIC). The carrier will complete sections I and J and forward it to the Retirement Systems Division. When the Division has received the form from the carrier, you will receive a cost statement with further instructions.

**Please continue to the next page.**



**Section F. Employer, please verify the employee's period of service.**

Employer, review the periods given in Section D and the requirements in Section C. Please provide the start date and end date of the period(s) that meets the requirements in Section C. (A start date is not necessarily a hire date, and an end date is not necessarily a termination date.) **NOTE:** Retirement credit to be purchased will be counted based on each month a member renders eligible service and receives pay. For *retirement service period*, report the actual beginning month and ending month of the employee's regular term of annual employment. For *retirement service type*, report the total of all months during the retirement service period. Certain community college, school system, and university employees have retirement service periods that are less than 12 months annually. For example, a teacher with a retirement service period beginning in August and ending in June is an 11-month retirement service type employee.

|                                 |                         |                                   |                                   |                                   |                 |              |
|---------------------------------|-------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------|--------------|
| <b>4</b>                        | <b>ELIGIBLE PERIOD:</b> | START DATE                        | END DATE                          | POSITION TITLE                    |                 |              |
| <b>RETIREMENT SERVICE TYPE:</b> |                         | <input type="checkbox"/> 9-MONTH  | <input type="checkbox"/> 10-MONTH | <b>RETIREMENT SERVICE PERIOD:</b> | BEGINNING MONTH | ENDING MONTH |
|                                 |                         | <input type="checkbox"/> 11-MONTH | <input type="checkbox"/> 12-MONTH |                                   |                 |              |

  

|                                 |                         |                                   |                                   |                                   |                 |              |
|---------------------------------|-------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------|--------------|
| <b>5</b>                        | <b>ELIGIBLE PERIOD:</b> | START DATE                        | END DATE                          | POSITION TITLE                    |                 |              |
| <b>RETIREMENT SERVICE TYPE:</b> |                         | <input type="checkbox"/> 9-MONTH  | <input type="checkbox"/> 10-MONTH | <b>RETIREMENT SERVICE PERIOD:</b> | BEGINNING MONTH | ENDING MONTH |
|                                 |                         | <input type="checkbox"/> 11-MONTH | <input type="checkbox"/> 12-MONTH |                                   |                 |              |

  

|                                 |                         |                                   |                                   |                                   |                 |              |
|---------------------------------|-------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------|--------------|
| <b>6</b>                        | <b>ELIGIBLE PERIOD:</b> | START DATE                        | END DATE                          | POSITION TITLE                    |                 |              |
| <b>RETIREMENT SERVICE TYPE:</b> |                         | <input type="checkbox"/> 9-MONTH  | <input type="checkbox"/> 10-MONTH | <b>RETIREMENT SERVICE PERIOD:</b> | BEGINNING MONTH | ENDING MONTH |
|                                 |                         | <input type="checkbox"/> 11-MONTH | <input type="checkbox"/> 12-MONTH |                                   |                 |              |

  

|          |                                                                              |      |             |
|----------|------------------------------------------------------------------------------|------|-------------|
| <b>7</b> | If available, what were the hire and the termination dates of this employee? | HIRE | TERMINATION |
|----------|------------------------------------------------------------------------------|------|-------------|

**Section G. Employer, please certify the information you have provided.**

I hereby certify that the information provided about the employee named in Section A is true and correct to the best of my knowledge. If any of this information changes, I will notify the Retirement Systems Division.

|                                           |                   |                |                   |          |
|-------------------------------------------|-------------------|----------------|-------------------|----------|
| <b>Employer Contact's Signature</b> _____ |                   |                | <b>Date</b> _____ |          |
| CONTACT FIRST NAME                        | CONTACT LAST NAME | POSITION TITLE |                   |          |
| EMPLOYER/AGENCY                           |                   |                |                   | UNIT NO. |
| E-MAIL ADDRESS                            |                   | TELEPHONE NO.  | FAX NO.           |          |

**Section H. Employer, please identify the employee's ORP carrier.**

|                                                                          |       |          |               |         |
|--------------------------------------------------------------------------|-------|----------|---------------|---------|
| CARRIER FOR THE UNIVERSITY OF NORTH CAROLINA OPTIONAL RETIREMENT PROGRAM |       |          |               |         |
| MAILING ADDRESS                                                          |       |          |               |         |
| CITY                                                                     | STATE | ZIP CODE | TELEPHONE NO. | FAX NO. |

Please forward this form to the carrier at the address above.

**Please continue to the next page.**

|                  |            |
|------------------|------------|
| MEMBER LAST NAME | MEMBER SSN |
|------------------|------------|

**Section I. Carrier for the UNC Optional Retirement Program, certify the employee's withdrawal.**

UNC ORP Carrier, please review the information in Sections A, C, and F, and complete the remainder of the form.

- 8 Has the member withdrawn from this retirement plan? ☐ Yes ☐ No
- If yes, what was the date of withdrawal?
- And was the withdrawal made payable to another retirement plan? ☐ Yes ☐ No
- 9 Is the member receiving a benefit from your plan based on the service shown above? ☐ Yes ☐ No

**Section J. Carrier, please certify the information you have provided.**

I hereby certify that the information provided about the employee named in Section A is true and correct to the best of my knowledge. If any of this information changes, I will notify the Retirement Systems Division.

Carrier Contact's Signature \_\_\_\_\_ Date \_\_\_\_\_

|                    |                   |                |         |
|--------------------|-------------------|----------------|---------|
| CONTACT FIRST NAME | CONTACT LAST NAME | POSITION TITLE |         |
| E-MAIL ADDRESS     |                   | TELEPHONE NO.  | FAX NO. |

**Section K. Please submit this form by mail or fax.**

This form is also available online in [ORBIT](#).

- You may mail the completed form to the address below, or
- You may fax the completed form to (919) 855-5800

**Thank you.**

*N.C. Department of State Treasurer, Retirement Systems Division*  
3200 Atlantic Avenue, Raleigh, North Carolina 27604  
1-877-NCSECURE (1-877-627-3287) toll-free  
[www.myncretirement.com](http://www.myncretirement.com)

|                  |            |
|------------------|------------|
| MEMBER LAST NAME | MEMBER SSN |
|------------------|------------|

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**Guide A. How do I obtain a cost estimate?**

The Retirement Systems Division encourages you to obtain a purchase cost estimate through your personal ORBIT account if you wish to purchase service credit.

You must carefully weigh your options when considering the purchase of retirement credit. There are situations where a purchase of retirement credit may be advantageous and other situations where it may be cost prohibitive, depending on your individual circumstance. The Retirement Systems Division makes available a retirement purchase estimator through ORBIT where you can obtain an estimate of the cost before submitting a request for the actual cost to the Retirement System.

**To obtain a Service Purchase Estimate**

1. Visit [www.myncretirement.com](http://www.myncretirement.com)
2. Click on the "ORBIT" button

3. You will be directed to the log-in page to register, or log-in if you have already registered
4. Once logged in to ORBIT account, click on "Create Service Purchase Estimate"
5. Fill-in the boxes for
  - a. Service Status
  - b. Type of Service to be Purchased
  - c. Retirement Plan (at the time the leave was taken)
  - d. Start and End dates for the period of leave being purchased

**\*\*If you are unsure of what to enter in any of the boxes, make your best effort. The estimator will then provide a cost estimate for purchase.**

**Guide B. Why should I purchase retirement credit?**

The amount of your retirement benefit is directly related to how much retirement credit you have. Most retirement credit is earned by making contributions to the Retirement System while working and receiving pay from an employer covered by the Retirement System, but some circumstances exist where a purchase of credit is allowed by North Carolina retirement law and may be to your advantage. Form 478 addresses the purchase which may be allowable if you participated in the Optional Retirement Program (ORP) while you were employed by a employer of the University of North Carolina (UNC) System, but you withdrew your ORP credit and now want credit for the ORP period in the Teachers' and State Employees' Retirement System (see G.S. 135-4(hh)). For other circumstances, see Guide E.

If you meet the requirements given in Section C of this form, you may be interested in purchasing this retirement system

credit. In some cases, the increase in retirement credit due to the purchase will result in an increase in your retirement benefit. In other cases, a purchase of additional service will allow you to retire at an earlier age. It could also prevent your retirement benefit from being reduced because of retirement at too young an age.

If you make a purchase, you are guaranteed that the cost of the purchase (less the \$25 administrative fee for making the purchase) may be refunded to you if you decide to withdraw all of your service and contributions from the Retirement System at a later date. Similarly, if you die before retiring, or you die in retirement but before receiving benefits equaling the contributions and purchases you made, your beneficiary (ies) will be entitled to the undistributed contributions and purchases. (No contributions or purchase amounts provided by your employer will be refunded to you.)

**Guide C. How do I get a cost statement? What will it say?**

You should obtain a service purchase cost estimate using the service purchase estimator in your personal ORBIT account at [www.myncretirement.com](http://www.myncretirement.com). If the estimate meets your expectations, you should complete this form to request an official purchase cost statement.

Then, you must complete sections A through E of this form. Next, route it to your former employer to complete Sections F and G. This employer should then submit the form to the ORP Carrier to complete Sections I and J. The ORP Carrier should submit the completed form to the Retirement Systems Division to verify your eligibility to purchase and prepare a cost statement. The cost statement gives the cost of the purchase, how much credit it represents, and whether the law permits you to purchase part or all of the eligible period.

**Amount of Cost**

North Carolina law specifies the methods for determining the cost of credit for an eligible period. The cost of this purchase is the actuarial cost, which is calculated under the same assumptions of interest rates and salary progression as used in the actuarial valuation of the System's liabilities, also taking into account the larger retirement benefit as a result of the purchase starting at the earliest age a member could retire on an unreduced retirement benefit. Additionally, this purchase requires a \$25 administrative fee which will be itemized on the cost statement.

**Please continue to the next page.**

# Form 478 Guides

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### Guide C. Continued.

#### Amount of Credit

The amount of credit you receive depends upon the *retirement service type* in which you were employed. The retirement service type is determined by counting the total number of months in the regular term of annual employment for an eligible position. Certain university personnel work under a regular term of annual employment other than the typical 12-month period; these spend a length of time working that is shorter than one calendar year but is regarded as one year of credit.

- If you were under a 12-month regular term of annual employment, you will be awarded 1/12 years of service credit for each month of the eligible period.

- If you were under a different regular term of annual employment, you will receive the amount of credit for that month (1/9, 1/10, or 1/11 years of service) that you would have received had you been a contributing to the Retirement System during your eligible period.

You may choose to purchase all of your eligible credit or you may purchase a portion of it in increments up to a maximum of 5 years.

#### Expiration Date of Your Cost Statement

All cost statements have an expiration date. If you do not make the purchase by that date, the cost of the purchase will have to be recalculated based on the cost method specified by law for the purchase.

### Guide D. What do I consider after I get my cost statement? How do I make a purchase?

Study the impact this purchase may have on your retirement benefit. You will not be able to make this type of purchase after you retire. You may request that the Retirement Systems Division prepare an estimate of retirement benefits for you with and without the purchase. Or, you may visit [www.myncretirement.com](http://www.myncretirement.com) and to use a web benefits estimator in ORBIT and/or refer to your online member handbook.

If you choose to make the purchase, you may use pre-tax money from an eligible retirement plan or IRA to make the purchase (see and prepare Form 398). In that case, your plan administrator will give you a check to forward to the Retirement Systems Division. Otherwise, you will provide a check to the Retirement Systems Division. All checks for one purchase must be received together.

### Guide E. What other types of purchases may be available?

North Carolina retirement law recognizes that you, a participant in one of North Carolina's Retirement Systems, may not have had the opportunity to make contributions and receive credit for certain periods in your public service career. The following list generally describes other circumstances for which a purchase may be allowed.

- Your employer was not eligible to participate in a Retirement System, but you have public service (federal, federally-funded, military, or out-of-state service) that you may be eligible to purchase.
- Your employer did not participate in a System, although it was eligible.
- Your employer did participate in a Retirement System, but

your position was not eligible for participation at the time.

- You are or were participating in the Retirement System with your employer, but a life or career event caused your service to be interrupted over a period during which you did not work and make contributions.
- You withdrew your service credit and contributions from the Retirement System, but you wish to restore that credit following a return to contributing service for five years.
- Not all purchase types are available in all systems.

Visit [www.myncretirement.com](http://www.myncretirement.com) to download the appropriate form, or contact us at the address or telephone number below for further guidance.

**These guides are subject to and governed by the General Statutes of the State of North Carolina.**