North Carolina
Retirement Systems

Form 441
Purchase Retirement Credit for a Period of Workers' Compensation

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

Section A. Tell us about yourself.

First Name	M.I.	Last Name	Suffix
Mailing Address		Date of Birth	SSN
City	State / Zip Code	Phone (At least one phone required)	Mobile (At least one phone required)
Personal Email Address			Member ID

Section B. Indicate the Retirement System into which you contributed.

This purchase type is available to you if you are a currently contributing member in one of the following systems:

- ☐ Teachers' and State Employees' Retirement System (TSERS)
- ☐ Local Governmental Employees' Retirement System (LGERS)

Last employer in this system

Section C. Review eligibility requirements specified by law for this purchase.

You may be **eligible to purchase** service credit for period(s) of Workers' Compensation leave in accordance with G.S. 135-4.5(c) (TSERS) or 128-26.5(c) (LGERS) if you **meet the following requirements:**

1. Your employer during the period of leave was participating in TSERS or LGERS.
2. You meet the requirement(s) for service credit with respect to your period under Workers' Compensation given below:
   - **LGERS, period of leave occurred at any point or TSERS, period of leave occurred prior to January 1, 1988:** You have retirement credit for service performed during the month immediately prior to the eligible Workers' Compensation period.
   - **TSERS, period of leave occurred on or after January 1, 1988:** You have retirement credit for service performed during the month immediately prior to the eligible Workers' Compensation period. If you were receiving Workers' Compensation benefit while you were otherwise eligible for short-term benefits and you have been approved for long-term benefits under the Disability Income Plan of North Carolina, you may purchase creditable service for any period of employer approved leave of absence when in receipt of benefits under the North Carolina Workers' Compensation Act.

If you do not meet one of the requirements, do not submit this form.

Section D. Authorize the preparation of a cost statement with your signature.

I certify that my period(s) of Workers' Compensation meet the eligibility requirements in Section C in accordance with G.S. 135-4.5(c) (TSERS) or 128-26.5(c) (LGERS) to the best of my knowledge and belief.

Signature _____ Date _____

Deliver this form to the employer that paid you during your period(s) of Workers' Compensation to complete Section E.

Continue to the next page.

Section E. Employer, verify the employee's period(s) of Workers' Compensation.

Provide the employee's period(s) of workers' compensation and verify the start and end date of the period(s) that meets the requirements. (A start date is not necessarily a hire date, and an end date is not necessarily a termination date.)

- 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.
- For **retirement service period**, report the actual beginning month and ending month of the employee's regular term of annual employment.

1.	**Eligible Period:**		
	Start Date	End Date	Position Title
	Retirement Service Type:		
	☐ 9 Month	☐ 11 Month	
	☐ 10 Month	☐ 12 Month	
	Retirement Service Period:		
	Start Month	End Month	

2.	**Eligible Period:**		
	Start Date	End Date	Position Title
	Retirement Service Type:		
	☐ 9 Month	☐ 11 Month	
	☐ 10 Month	☐ 12 Month	
	Retirement Service Period:		
	Start Month	End Month	

If available, what was the hire and the termination dates of this employee?	
Hire Date	Termination Date

Section F. Employer, certify the information you have provided.

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

Employer Contact Signature _____ Date _____

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

Member Last Name	SSN

Submit the form by mail or email.

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