North Carolina
Retirement Systems

Form 451
Purchase Retirement Credit for a Period of Part-Time State or Local Governmental Employment

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

Section A. Tell us about yourself.

Prior to completing this form, log in to ORBIT and select Create Service Purchase Estimate in the left navigation to generate a cost estimate (ORBIT.myNCRetirement.gov). **DISCLAIMER:** The Service Purchase calculations provided by ORBIT are only estimates and are not official cost calculations from the Retirement Systems Division.

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 currently a contributing member in one of the following systems:

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

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 part-time State or local governmental employment in accordance with G.S. 135-4.5(a)(3) (TSERS), G.S. 128-26.5(a)(3) (LGERS), or G.S. 135-56.5(a)(3) (CJRS) if you **meet the following requirements:**

1. Your employer during your period of part-time employment was participating in TSERS or LGERS.
2. Your part-time employment must have been on a permanent basis and at least 20 hours per week.
3. You have five years of contributing membership service. (transferred service may be counted).
4. Part-time employment rendered as a bus driver to a public school while a full-time high school student may not be purchased. Temporary or part-time employment rendered while a full-time student in pursuit of a degree or diploma in a degree-granting program may not be purchased, unless you have service rendered as a part-time employee on a permanent part-time basis that requires at least 20 hours per week.

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

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

I certify that my period(s) or part-time State or local governmental employment meet the eligibility requirements in Section C in accordance with G.S. 135-4.5(a)(3) (TSERS), G.S. 128-26.5(a)(3) (LGERS), or G.S. 135-56.5(a)(3) (CJRS) to the best of my knowledge and belief.

Signature _____ Date _____

Deliver this form to the employer that paid you during your period(s) of part-time state or local governmental employment to complete Section E.

Continue to the next page.

Section E. Employer, verify the employee's period(s) of part-time State or Local Governmental Employment.

Provide the employee's period(s) of temporary employment 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

Compensation:

Actual Compensation Total	Compensation Total if employee was Full-Time

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

Hire Date	Termination Date

Submit this form by mail or email once it is completed.

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