North Carolina
Retirement Systems

Form 452
Purchase Retirement Credit for a Period of Service with a Non-Participating Local Unit

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 last employer in the Retirement System into which you contributed.

This purchase type is available to currently contributing members of the 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 employment with a non-participating local unit in accordance with G.S. 128-26.5(a)(7) if you **meet the following requirements:**

1. Your employer was eligible to participate, but did not participate, in LGERS during this period of employment.
2. You performed work on a schedule that regularly required at least 1,000 hours of work per year.
3. You do not already have credit for this period in LGERS, and this period was not a waiting period (see Form 470).
4. You must not have credit for this period of employment in any other retirement system or plan.
5. You have five years of contributing membership service.

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) of employment with a non-participating local unit meet the eligibility requirements given in Section C in accordance with G.S. 128-26.5(a)(7) to the best of my knowledge and belief.

Signature _____ Date _____

Deliver this form to the employer that paid you during your period(s) of employment with a non-participating local unit to complete Section E.

Section E. Employer, verify the employee's period(s) of employment with a Non-Participating Local Unit.

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.

Continue to the next page.

Section E. Employer, verify the employee's period(s) of employment with a Non-Participating Local Unit. (Continued)

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

Is any of the service creditable in another retirement system or plan? If yes, name the system or plan.

Check One: ☐ Yes ☐ No	Retirement System or Plan

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
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