North Carolina
Retirement Systems

Form 463
Purchase Retirement Credit for a Period of Interrupted Service for Educational Purposes

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 currently a 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 periods of interrupted service for educational purposes or educational leave in accordance with G.S. 135-8(b)(5) (TSERS) or 128-30(b)(4) (LGERS) if you **meet the following requirements:**

1. The purpose of the leave or interrupted service was to gain knowledge, talents, or abilities and to increase the efficiency of service to your employer.
2. You returned to contributing employment within 12 months of completing the educational program.
3. You must attach a copy of the transcript or other certification of the educational program to this form.
4. You must have been employed by the participating employer prior to the interrupted service.
5. You must have contributed or will contribute for 3 more years to the same Retirement System (and if you are in LGERS, through the same employer) after completing the educational program. This requirement may be waived in cases of death or disability; however, you cannot make this purchase after retirement. (If your eligible period ended before July 1, 1981, you must have 10 years of maintained contributing membership service since completing the educational program; you do not have to be currently contributing to make this purchase; you may be retired to make this purchase.)

A leave of absence or interrupted service may be approved for purchase for a period of employment as a teacher in a charter school. Any other leave of absence or interrupted service will qualify for educational leave purchase only if all of the following conditions have been met:

- During the time of the leave or interrupted service, the member is enrolled and participates in a full-time degree program at an accredited institution of higher education.
- The member is not paid compensation, other than a stipend resulting from participation in a full-time degree program, for the activity in which he or she is acquiring knowledge, talents, or abilities.
- The service is not purchased for any month in which the member performed any services for the following organizations or their successors: State Employees Association of North Carolina, North Carolina Association of Educators, North Carolina State Firemen's Association, North Carolina Highway Employees' Association, North Carolina Teachers' Association, State Employees' Credit Union, Alumni associations of state- supported universities and colleges, Local professional associations of teachers and state employees, and North Carolina School Boards Association.

If you do not meet these requirements, do not submit this form.

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Section D. List the period of Interrupted Service for Educational Purposes.

A separate form is required for each period of educational leave. To request continuation of contributions and credit for a planned future educational leave period, use Form 463F.

1.	Start Date	End Date	Last name during this period
	Name of educational institution or system		
	Title of program or brief description of program or experience		

2.	Describe previously purchased credit for an educational experience and approximate date of the purchase, if any.

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

I certify that my period of interrupted service for educational purposes provided in Section D meet the eligibility requirements in Section C in accordance with G.S. 135-8(b)(5) (TSERS) or 128-30(b)(4) (LGERS) to the best of my knowledge and belief.

Signature _____ Date _____

Deliver this form to the employer for whom you worked for immediately prior to your eligible period of interrupted service for educational purposes to complete Sections F and G.

Section F. Employer, verify the employee's period of Interrupted Service for Educational Purposes.

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 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	

Who will pay the contributions for this period?	
☐	The employer and employee will each pay their respective portions of the contributions.
☐	The employee will pay both the employee and the employer contributions.

Continue to the next page.

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

I certify that the information provided in Section F 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.

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