North Carolina
Retirement Systems

Form 470
Purchasing Retirement Credit for a Waiting Period Imposed by a 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 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 waiting periods imposed by Local Units in accordance with G.S. 135-4.5(a)(5) (TSERS), 128-26.5(a)(5) (LGERS), or G.S. 135-56.5(a)(5) (CJRS) if you **meet the following requirements:**

1. Your employer was participating in LGERS at the time of the imposed waiting period;
2. This employer had an official personnel policy (commonly called a waiting period) whereby you, as a new employee, were in a probationary status for a period of time between your hire date and your enrollment date in LGERS; and
3. Had you not been in an imposed waiting period, you would have been eligible for membership in LGERS (You performed work on a schedule that regularly required at least 1,000 hours of work per year).
4. You have five years of contributing membership service.

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

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

I certify that my waiting period(s) imposed by Local Units meet the eligibility requirements in Section C in accordance with G.S. 135-4.5(a)(5) (TSERS), 128-26.5(a)(5) (LGERS), or G.S. 135-56.5(a)(5) (CJRS) to the best of my knowledge and belief.

Signature _____ Date _____

Deliver this form to the employer that paid you during your waiting period(s) to complete Section E and F.

Continue to the next page.

Section E. Employer, verify the employee's waiting period(s).

Employer, review the requirements in Section C. What is the start date and end date of the eligible waiting period(s)? For each, give the actual compensation.

#	Start Date	End Date	Base Pay Rate	Position Title	Type
1.					☐ Per Hour ☐ Per Year
2.					☐ Per Hour ☐ Per Year
3.					☐ Per Hour ☐ Per Year

What was the hire and the termination dates of this member?			
Hire Date	**Month**	**Day**	**Year**
Termination Date	**Month**	**Day**	**Year**

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.

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