North Carolina Retirement Systems

Form 478
Purchasing Retirement System Credit for Withdrawn Optional Retirement Program Service

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)
- ☐ 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You may be **eligible to purchase** service credit for periods of withdrawn Optional Retirement Program service in accordance with G.S. 135-4.5(a)(10) (TSERS) or 135-56.5(a)(10) (CJRS) if you **meet the following requirements:**

1. Your employer at the time of your ORP service was part of the University of North Carolina System and thus eligible to participate in TSERS.
2. You were eligible to participate in TSERS during the period of your UNC ORP service, but chose to participate in the ORP rather than TSERS.
3. You have withdrawn all contributions and credit in the ORP and are no longer eligible for its retirement benefits.
4. Your withdrawn ORP contributions were not transferred to another plan and they are not being used for eligibility for a future or current retirement benefit from any retirement plan.
5. 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I certify that my period(s) of withdrawn Optional Retirement System service meet the eligibility requirements in Section C in accordance with G.S. 135-4.5(a)(10) (TSERS) or 135-56.5(a)(10) (CJRS) to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 withdrawn Optional Retirement Program service to complete Section E and F.

Continue to the next page.

Section E. Employer, verify the employee's period(s) of withdrawn Optional Retirement Program service.

Provide the employee's period(s) of service 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

Continue to the next page.

Section G. Employer, identify the employee's ORP carrier.

Forward this form to the carrier at the address below.

Carrier for the University of North Carolina Optional Retirement Program			Mailing Address	
City	State	Zip Code	Phone	Fax

Section H. Carrier for the UNC Optional Retirement Program, certify the employee's withdrawal.

UNC ORP Carrier, please review the information in Sections A, C, and F, and complete the remainder of the form.

Has the member withdrawn from this retirement plan?
☐ Yes ☐ No

If YES, what was the date of withdrawal?

Was the withdrawal made payable to another retirement plan?
☐ Yes ☐ No

Is the member receiving a benefit from your plan based on the service shown above?
☐ Yes ☐ No

Section I. Carrier, certify the information you have provided.

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

Carrier Contact Signature _____ Date _____

Contact First Name	Contact Last Name	Phone
Contact Position Title	Email Address	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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