North Carolina
Retirement Systems

Form 485
Purchasing Retirement Credit for a Period of Interrupted Service Due to Extended Illness

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 period(s) of extended illness in accordance with G.S. 135-4.5(a)(7) (TSERS) or 135-56.5(a)(7) (CJRS) if you **meet the following requirements:**

1. Your employer at the time of extended illness was participating in TSERS.
2. You were a contributing member of TSERS immediately prior to the period of leave.
3. You were on leave of absence, without pay, and have not earned retirement service credit for two or more months due to your own illness or injury, but it was not due to maternity (see Form 430).
4. You have five years of contributing membership service (service transferred into TSERS may be counted).

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 extended illness meet the eligibility requirements in Section C in accordance with G.S. 135-4.5(a)(7) (TSERS) or 135-56.5(a)(7) (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 extended illness to complete Section E and F.

Continue to the next page.

Section E. Employer, verify the employee's period(s) of Interrupted Service Related to Extended Illness.

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

Submit the form by mail or email.

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