North Carolina Retirement Systems

Form ORP
Certifying Optional Retirement Program (ORP) Service Credit Under TSERS Reciprocity Provisions

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 last employer in the Retirement System into which you contributed.

Last employer in the Teachers' and State Employees' Retirement System (TSERS)

Section C. Review eligibility requirements.

Before completing this form to certify your ORP service credit under TSERS reciprocity provisions, please review the following information. TSERS reciprocity laws [G.S. § 135-4.1(a)] provide that:

1. Your ORP service credit with an employer who participates in the TSERS may be added to your TSERS service credit for the purpose of determining your eligibility for a reduced or unreduced TSERS benefit; if you were first hired prior to January 1, 2021
2. Only your creditable service in the TSERS will be used in computing the amount of your TSERS benefit; and
3. Creditable service shall not be counted twice for the same period of time whether earned as a member, purchased, or granted as prior service credits.

If these provisions do not apply to you, do not submit this form.

Section D. List any periods during which you participated in the ORP.

1.	**For what employer were you working during your period of participation in the ORP? A separate form is required.**
	Employer

2.	**What is the start date and end date of your period of participation in the ORP? What was your position title and last name?**			
	Start Date	End Date	Position Title	Last Name During This Period

3.	**Is there an additional period with this same employer during which you participated in the ORP? What was your position title and last name?**			
	Start Date	End Date	Position Title	Last Name During This Period

Section E. Authorize with your signature.

I certify that I am eligible for this credit according to the eligibility requirements stated in Section C. I certify that the information I have provided herein is accurate to the best of my knowledge and belief.

Signature _____ Date _____

Deliver this form to the employer for whom you worked during your ORP period. This employer will complete sections F and G and forward it to the Retirement Systems Division.

Continue to the next page.

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Section F. Employer, verify the employee's period(s) of 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 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

Member Last Name	SSN

Submit the form by mail or email.