



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

Please print or type in black ink
Please do not staple pages.

Section A. Tell us about yourself.

FIRST NAME	MI	LAST NAME		SUFFIX
MAILING ADDRESS				SSN
CITY	STATE	ZIP CODE	TELEPHONE NO.	MEMBER ID
E-MAIL ADDRESS				DATE OF BIRTH

Section B. Please tell us the Retirement System into which you last contributed.

☒ Teachers' and State Employees' Retirement System (TSERS)

LAST EMPLOYER IN THIS SYSTEM

Section C. Please review the 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. Please 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. Please 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 _____

Please give 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.

Please continue to the next page.



Section F. Employer, please verify the employee's period of service.

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 meet(s) 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:** For *retirement service period*, report the actual beginning month and ending month of the employee's regular term of annual employment. 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.

4	ELIGIBLE PERIOD:	START DATE	END DATE	POSITION TITLE		
	RETIREMENT SERVICE TYPE:	☐ 9-MONTH ☐ 11-MONTH	☐ 10-MONTH ☐ 12-MONTH	RETIREMENT SERVICE PERIOD:	BEGINNING MONTH	ENDING MONTH
5	ELIGIBLE PERIOD:	START DATE	END DATE	POSITION TITLE		
	RETIREMENT SERVICE TYPE:	☐ 9-MONTH ☐ 11-MONTH	☐ 10-MONTH ☐ 12-MONTH	RETIREMENT SERVICE PERIOD:	BEGINNING MONTH	ENDING MONTH
6	ELIGIBLE PERIOD:	START DATE	END DATE	POSITION TITLE		
	RETIREMENT SERVICE TYPE:	☐ 9-MONTH ☐ 11-MONTH	☐ 10-MONTH ☐ 12-MONTH	RETIREMENT SERVICE PERIOD:	BEGINNING MONTH	ENDING MONTH
7 If available, what were the hire and the termination dates of this employee?				HIRE	TERMINATION	

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

I hereby certify that the information provided about the employee named in Section A 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's Signature _____			Date _____	
CONTACT FIRST NAME	CONTACT LAST NAME	POSITION TITLE		
EMPLOYER/AGENCY			UNIT NO.	
E-MAIL ADDRESS		TELEPHONE NO.	FAX NO.	

Section H. Please submit this form by mail or fax.

This form is also available online at www.myncretirement.com.

- You may mail the completed form to the address below, or
- You may fax the completed form to (919) 855-5800

Thank you.

N.C. Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue, Raleigh, North Carolina 27604
1-877-NCSECURE (1-877-627-3287) toll-free
www.myncretirement.com

MEMBER LAST NAME	MEMBER SSN
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