WELCOME PIRATES

NEW EMPLOYEE ORIENTATION

CSS – Clinical Support Services
SHRA – Subject to the State Human Resources Act
EHRA – Exempt from the Human Resources Act
NON-FACULTY
HR Benefits Department

Benefits Department Director
Lee Ann Goff: 328-9825 / goffle@ecu.edu

Administrative Support Specialist
Pam Brann: 328-9887 / brannp18@ecu.edu

EHRA Faculty/Non-Faculty

Trina Baker
Academic Affairs

Dawn Hall
REDE

Corinne Hogan
Foundation
Academic Affairs

Lynn McCormick
Administration & Finance
Athletics
Chancellor's Division
Health Sciences
Student Affairs

Kristian Williams
University Advancement

BENEFIT CONSULTANTS

TRINA BAKER
bakertr@ecu.edu / 328-9889

CORRINE HOGAN
hoganc21@ecu.edu

LYNN McCORMICK
mccormickl@ecu.edu / 328-9188

KRISTIAN WILLIAMS
munguiak18@ecu.edu / 328-9924

DAWN HALL
hallda21@ecu.edu / 252-328-9845

Fax: 252-328-9918

CSS

Dawn Hall
Health Sciences

Corrine Hogan
Academic Affairs Athletics
Chancellor Foundation
Health Sciences
University Advancement

Kristian Williams
Administration & Finance
Student Affairs
REDE

http://www.ecu.edu/cs-admin/HumanResources/Benefits.cfm
Located at: 210 East 1st Street / Across from the Town Common
PRIOR NORTH CAROLINA STATE/LOCAL GOVERNMENT SERVICE VERIFICATION FORM

**PLEASE INDICATE PERMANENT PRIOR STATE/LOCAL GOVERNMENT SERVICE ONLY**

Employee Name: ___________________________  Banner ID: ___________________________

NOTE: If you do not have permanent prior state or local government service, please list “none” on the first agency line listed.

| Agency #1: ___________________________ | Start Date: ________  End Date: ________ |
| Address: ___________________________ |                                      |
| Job Title: ___________________________ | □ Full-time  or  □ Part-Time (____ hrs per week) |

| Agency #2: ___________________________ | Start Date: ________  End Date: ________ |
| Address: ___________________________ |                                      |
| Job Title: ___________________________ | □ Full-time  or  □ Part-Time (____ hrs per week) |

| Agency #3: ___________________________ | Start Date: ________  End Date: ________ |
| Address: ___________________________ |                                      |
| Job Title: ___________________________ | □ Full-time  or  □ Part-Time (____ hrs per week) |

1) Have you participated in the Teachers' and State Employees' Retirement System (TSERS) or the Optional Retirement Plan (ORP) while employed by the State of North Carolina?  □ Yes  □ No  □ Unsure*

2) If yes, which retirement system did you participate in?  □ TSERS  □ ORP  □ Unsure*

*IMPORTANT: If unsure, please discuss with your HR Benefits Consultant as it may be mandatory for you to participate in the same plan.

I hereby certify the above listed prior permanent employment with the State of North Carolina is accurate to the best of my knowledge.

Signature: ___________________________  Date: ____________

HUMAN RESOURCES USE ONLY

| Hire Date: ________ | Total # Months: ________ | ASD: ________ | CSL: ________ |
| Vacation: ________ | Bonus: ________ | Sick: ________ | Other: ________ |

To be completed if you have had prior state service or not. Form needs to be signed and filed with records.

If you have any prior state service, enter the name of agency, dates employed, if you were full or part time and total months employed.

- Only permanent prior North Carolina state government service is eligible.

- If no prior state service, write “NONE” beside agency.

PRINT & COMPLETE form (full sheet next slide).
Email/fax to Pam Brann
PRIOR NORTH CAROLINA STATE/LOCAL GOVERNMENT SERVICE VERIFICATION FORM

**PLEASE INDICATE PERMANENT PRIOR STATE/LOCAL GOVERNMENT SERVICE ONLY**

Employee Name: _______________________________  Banner ID: _______________________________

NOTE: If you do not have permanent prior state or local government service, please list "none" on the first agency line listed.

<table>
<thead>
<tr>
<th>Agency #1:</th>
<th>Start Date: ___________  End Date: ___________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Job Title:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Full-time  or  □ Part-time (____ hrs per week)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency #2:</th>
<th>Start Date: ___________  End Date: ___________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Job Title:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Full-time  or  □ Part-time (____ hrs per week)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency #3:</th>
<th>Start Date: ___________  End Date: ___________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Job Title:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Full-time  or  □ Part-time (____ hrs per week)</td>
</tr>
</tbody>
</table>

1) Have you participated in the Teachers' and State Employees' Retirement System (TSERS) or the Optional Retirement Plan (ORP) while employed by the State of North Carolina?  □ Yes  □ No  □ Unsure*

2) If yes, which retirement system did you participate in?  □ TSERS  □ ORP  □ Unsure*

*IMPORTANT: If unsure, please discuss with your HR Benefits Consultant as it may be mandatory for you to participate in the same plan.

I hereby certify the above listed prior permanent employment with the state of North Carolina is accurate to the best of my knowledge.

Signature: ___________________________  Date: ___________________________

HUMAN RESOURCES USE ONLY

Hire Date: ___________  Total # Months: ___________  ASD: ___________  CSL: ___________

Vacation: ___________  Bonus: ___________  Sick: ___________  Other: ___________
If you are returning back to work from being a retiree, Section C needs to be completed by checking which retirement system you have been receiving a monthly benefit from.

If you have not been receiving a monthly retirement benefit, check NO in Section C.

Everyone needs to complete this form and then certify form by signing and dating.

PRINT & COMPLETE form (full sheet next slide). Email/fax to Pam Brann
Certifying Employee Status Under Retirement Reemployment Laws

Section A. Tell us about yourself.

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MI</th>
<th>LAST NAME</th>
<th>SUFFIX</th>
<th>SSN (last 4 digits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEMBER ID (if known)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
<td>ZIP CODE</td>
<td>DATE OF BIRTH</td>
<td></td>
</tr>
<tr>
<td>POSITION TITLE</td>
<td>TELEPHONE NUMBER</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section B. Please understand that retirees are subject to earnings restrictions.

Retirees may be subject to earnings restrictions upon returning to work. State return-to-work laws require suspension of retirement benefits when earnings from applicable employers exceed the allowable limit. Before returning to work, be sure that you understand the return-to-work laws that apply to the System from which you retired. For example, new retirees in the Teachers’ and State Employees’ Retirement System (TSERS) may not work with a TSERS employer, or make arrangements for future work, until the first six months of retirement have passed. A summary of return-to-work laws for the Local Government Employees’ Retirement System and the Teachers’ and State Employees’ Retirement System is located in Guides B, C, and D.

Section C. Please tell us if you are receiving a monthly benefit from any of the systems below.

☐ YES, I am currently receiving a monthly benefit from the following: (check all that apply)
  - Teachers’ and State Employees’ Retirement System (TSERS)
  - Local Governmental Employees’ Retirement System (LGERS)
  - Consolidated Judicial Retirement System (CJSRS)
  - Legislative Retirement System (LRS)
  - Disability Income Plan of North Carolina (DIPC)

☐ NO, I am not currently receiving a monthly benefit from any of the above listed systems.

Section D. Please sign below.

I certify that I have read the Guides and the information I provided in Sections A and C is correct to the best of my knowledge. I understand that if my employment subsequently creates an overpayment of benefits from the Retirement Systems Division, I am fully responsible for the repayment of the said overpayment.

Member’s Signature ___________________________ Date __________

Section E. Please submit this form to your employer.

Please do not send this form to the Retirement Systems Division (RSD). Your employer should retain this form.

Thank you.
Let’s talk the good stuff...

Vacation

Sick

Holidays
Vacation Accrual

<table>
<thead>
<tr>
<th>Years of Service</th>
<th>Monthly Hours Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 years</td>
<td>9 hours 20 minutes</td>
</tr>
<tr>
<td>5 but less than 10</td>
<td>11 hours 20 minutes</td>
</tr>
<tr>
<td>10 but less than 15</td>
<td>13 hours 20 minutes</td>
</tr>
<tr>
<td>15 but less than 20</td>
<td>15 hours 20 minutes</td>
</tr>
<tr>
<td>20 years or more</td>
<td>17 hours 20 minutes</td>
</tr>
</tbody>
</table>

Accrued hours in excess of 240 are converted to sick leave at the end of the calendar year. Vacation may be used for vacation, religious observances, adverse weather and any other personal reasons.

Sick Accrual

Sick leave accrues at 8 hours/month regardless of your length of service.

Accrued sick hours are unlimited and can serve as early retirement credit. (20 days of sick leave = One month of TSERS service credit). Sick leave may be used for employee’s illness or medical appointments or for the illness or death of a relative as defined in ECU policy.

Vacation/Sick Accrual for EHRA Non-Faculty

Refer to contract – EHRA staff earn leave based on their contract terms.
HOLIDAYS OBSERVED

ECU announces the holiday schedule annually. It can be found on the Human Resources website. There are up to 12 paid holidays per year. If required to work a University holiday, premium pay and equal time off.

<table>
<thead>
<tr>
<th>Holiday/Closing</th>
<th>Dates Observed</th>
<th>Dates Observed for ECU Physicians Clinics</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Year's Day Observance</td>
<td>Monday, January 3, 2022</td>
<td>Monday, January 3, 2022</td>
</tr>
<tr>
<td>Martin Luther King Jr. Day</td>
<td>Monday, January 17, 2022</td>
<td>Monday, January 17, 2022</td>
</tr>
<tr>
<td>State Holiday</td>
<td>Friday, April 15, 2022</td>
<td>Friday, April 15, 2022</td>
</tr>
<tr>
<td>Memorial Day</td>
<td>Monday, May 30, 2022</td>
<td>Thursday, May 26, 2022</td>
</tr>
<tr>
<td>Independence Day</td>
<td>Monday, July 4, 2022</td>
<td>Monday, July 4, 2022</td>
</tr>
<tr>
<td>Labor Day</td>
<td>Monday, September 5, 2022</td>
<td>Monday, September 5, 2022</td>
</tr>
<tr>
<td>Veteran Day</td>
<td>N/A</td>
<td>Friday, November 11, 2022</td>
</tr>
<tr>
<td>Thanksgiving Day</td>
<td>Thursday, November 24, 2022</td>
<td>Thursday, November 24, 2022</td>
</tr>
<tr>
<td>Day after Thanksgiving</td>
<td>Friday, November 25, 2022</td>
<td>Friday, November 25, 2022</td>
</tr>
<tr>
<td>Winter Break</td>
<td>Friday, December 23, 2022</td>
<td>Friday, December 23, 2022</td>
</tr>
<tr>
<td>Winter Break</td>
<td>Saturday, December 24, 2022</td>
<td>Saturday, December 24, 2022</td>
</tr>
<tr>
<td>Winter Break</td>
<td>Sunday, December 25, 2022</td>
<td>Sunday, December 25, 2022</td>
</tr>
<tr>
<td>Winter Break</td>
<td>Monday, December 26, 2022</td>
<td>Monday, December 26, 2022</td>
</tr>
<tr>
<td>Winter Break</td>
<td>Tuesday, December 27, 2022</td>
<td>Tuesday, December 27, 2022</td>
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<tr>
<td>Winter Break</td>
<td>Wednesday, December 28, 2022</td>
<td>Wednesday, December 28, 2022</td>
</tr>
<tr>
<td>Winter Break</td>
<td>Thursday, December 29, 2022</td>
<td>Thursday, December 29, 2022</td>
</tr>
<tr>
<td>Winter Break</td>
<td>Friday, December 30, 2022</td>
<td>Friday, December 30, 2022</td>
</tr>
<tr>
<td>New Year's Day Observance</td>
<td>Monday, January 2, 2023</td>
<td>Monday, January 2, 2023</td>
</tr>
</tbody>
</table>

* The University will be closed December 23, 2022 through January 2, 2023 and will reopen January 3, 2023.

ECU Winter Break - Employees use accrued leave

Weekend

Operations Open - Regular Pay Provided. No additional compensation for working these days.

https://humanresources.ecu.edu/benefits/leave/holidays/
TYPES OF LEAVE

FMLA
PPL
VSL
Community Service
CIVIL
STD/LTD
TYPES OF LEAVE

**Family Medical Leave** – Eligible to permanent employees with one year of state service and work 20+ hours per week. Eligible for 12 weeks per year for serious illness of self or family member, or birth/adoption of a child.

**Paid Parental Leave** – Eligible full-time or part-time employees in a permanent, probationary or time-limited (benefits eligible position) who have worked with the State of NC for 12 or more months are eligible for PPL. Birthing parents are eligible for 8 weeks of paid leave following birth. Non-birthing parents are eligible for 4 weeks of paid leave following birth or within the first 12 months of birth.

**Voluntary Shared Leave** – Available to employees who have exhausted all of their leave time due to an illness/sickness. Employees can receive/give hours from/to other employees with prior approval.

**Community Service Leave** – 24 hours per year granted to volunteer for community service activities, i.e.: meeting with teacher/administrator concerning legal guardian child, attend non-athletic functions sponsored by child's school, donating time to perform school-approved volunteer work.

**Civil Leave** – Leave with pay when serving on a jury or when subpoenaed as a witness in a court of law.

**STD/LTD** – Automatically enrolled after 1 year of service in the state short term disability plan. 50% of current income, max monthly pay of $3,000. After 5 years of service, eligible for long term disability. 65% of current income, max monthly pay of $3,900. See pages 11/12 in the Income Protection Guide.

Further information on leave can be found on HR Benefits website at: [https://humanresources.ecu.edu/benefits/leave/](https://humanresources.ecu.edu/benefits/leave/)

To view any of the University Leave Policies in detail, please visit the Office of State Human Resources website at: [https://myapps.northcarolina.edu/hr/system-office-employees/system-office-benefits/](https://myapps.northcarolina.edu/hr/system-office-employees/system-office-benefits/)
ADVERSE WEATHER

During times of adverse weather, the Chancellor will determine to what extent the University will close or suspend operations. One of the following conditions will be chosen:

Condition 1 (Reduced Operations)
The University remains open, but certain non-mandatory operations may be reduced due to more limited staffing. Mandatory employees must report to or remain at work. All other employees have the option to report late, leave early, or not work at all; however, the employee is responsible for informing his/her supervisory. *Only if the Governor issues an Executive Order permitting leave with pay for any missed work time, otherwise employee will use accrued benefit time.*

Condition 2 (Suspended Operations)
The University remains open on a very limited basis, but has formally suspended all but mandatory operations due to minimal staffing levels. Employees designated or temporarily assigned as mandatory must report to work as directed; all other employees may not report to work or must leave the workplace when this status takes effect. *Only if the Governor issues an Executive Order permitting leave with pay for any missed work time, otherwise employee will use accrued benefit time.*

Condition 3 (Closure of the University)
Due to significant and sustained emergency conditions, University facilities are closed. All or only a limited number of mandatory employees may be directed to remain at or report to work under this condition. This is intended to assure an orderly shutdown of campus facilities and to sustain only the most critical campus utilities and services. All other employees, including those who are otherwise designated as mandatory but not needed for the particular event, are not permitted to report to or remain at work. *Employees shall not be required to use leave or make-up any work time missed.*
MANDATORY RETIREMENT

“60 days to decide”

MANDATORY 6% of salary will go into this plan as long as you are an eligible employee.

TSERS = Teachers & State Employees Retirement System

OR

ORP = Optional Retirement Plan

61st day = default TSERS
TSERS vs ORP

Enrollment must be within **60 calendar days** from hire date.
**IF NO DECISION IS MADE, default enrollment into the TSERS PLAN.**

As an ECU employee, it is mandatory to enroll into a retirement plan and contribute 6% of your salary.

**This is a very important decision which cannot be changed once enrollment has been processed. For a quick comparison of the two, see pages 7-8 in the enclosed guide.**

Everyone has different financial goals, savings strategies and needs, so therefore each plan offers key provisions. Which plan fits your lifestyle?

Teachers’ and State Employees Retirement System (TSERS) – this is a defined benefit plan, or

UNC Optional Retirement Program (ORP) – this is a contribution base plan.

Included in your packet, is a Mandatory Retirement Plan Decision GUIDE. In order to help make the right choice, please take advantage of the detailed information in this guide, the online resources made available (mentioned throughout the guide), consult with a financial adviser or take advantage of the free service offered through CAPTRUST.

To view full guide, visit:
**2022 Mandatory Retirement Plan Decision Guide**
Need Help Deciding? CAPTRUST can help

All ECU employees are eligible to receive free consulting advice from an Independent Advisor through an organization called “CAPTRUST”.

Captrust is not affiliated with any of the approved retirement carriers, so your specific criteria will be their number 1 objective when discussing the available options with you.

This resource can be beneficial for:

✓ Information to help with enrollment decision between ORP and TSERS.
✓ Detailed information and specific personal advice about the ORP and defined contribution plans investment options.
✓ Set appointment for on-site confidential session regarding enrollment decision.
✓ Answer day-to-day questions.

If you would like to take advantage of this free service, contact CAPTRUST @ 1-800-216-0645 or visit their webpage: www.captrustadvisors.com
TSERS – Form to Enroll

If your choice for mandatory retirement is TSERS, Form 2C must be completed and returned to the HR Benefits Office. Form needs to be notarized, printed or written in black ink ONLY and must not contain any strikeovers or write outs or it will be denied and returned. If you pass away while receiving a salary or within 180 days after salary ceases, your beneficiaries will be eligible for the contributions you contributed and a death benefit. Therefore, it is important to complete this form.

To view further detailed information regarding TSERS, visit the NC State Retirement System website at: www.myncreirement.com

= Death Benefit: If death occurs after one year of membership, your beneficiary will receive a single lump sum payment equal to your base salary. (Minimum - $25,000 - Maximum $50,000)

= Return of Contributions: If you die after completing 20 years of creditable service or reach age 60 with five years of membership, the beneficiary on your account can receive monthly benefits for life or a single lump sum payment.

If TSERS is your retirement plan of choice, PRINT & COMPLETE form (full sheet next slide).

Email/fax a “copy” to Pam Brann, ORIGINAL MUST BE MAILED to the address located at the top of the form.
Section A. Tell us about yourself. Check if there are any changes to your contact information.

First Name: ___________________________ M.I.: ___________________________ Last Name: ___________________________

Willing Address: ___________________________

City: ___________________________ State: ___________________________ Zip Code: ___________________________

Telephone: ___________________________ Date of Birth: ___________________________

Section B. Please tell us your retirement system and employer.

☐ Teachers and State Employees Retirement System (TERS) ☐ Consolidated Judicial Retirement System (CJR)

☐ Local Government Employees Retirement System (LGERS) ☐ Legislative Retirement System (LRS)

Section C. Select your beneficiary(ies). See Guides for assistance.

1. ___________________________ ___________________________ Date of Birth: ___________________________

Address: __________________________

City: ___________________________ State: ___________________________ Zip: ___________________________

Relationship: ___________________________ Social Security Number: ___________________________

Section C. Select a Benefit (Select one or both)

☐ Death Benefit

☐ Return of Contributions

Section C. Select a Beneficiary Type (Select one)

☐ Principal

☐ Contingent

2. ___________________________ ___________________________ Date of Birth: ___________________________

Address: __________________________

City: ___________________________ State: ___________________________ Zip: ___________________________

Relationship: ___________________________ Social Security Number: ___________________________

Section C. Select a Benefit (Select one or both)

☐ Death Benefit

☐ Return of Contributions

Section C. Select a Beneficiary Type (Select one)

☐ Principal

☐ Contingent

3. ___________________________ ___________________________ Date of Birth: ___________________________

Address: __________________________

City: ___________________________ State: ___________________________ Zip: ___________________________

Relationship: ___________________________ Social Security Number: ___________________________

Section C. Select a Benefit (Select one or both)

☐ Death Benefit

☐ Return of Contributions

Section C. Select a Beneficiary Type (Select one)

☐ Principal

☐ Contingent

☐ If you are designating more beneficiaries, check the box at left and complete Page 2.

Section D. Certify your selections.

I hereby authorize the Board of Trustees to make payment(s) to the beneficiary(ies) I have designated on this form. I acknowledge that the payments shall be a complete discharge of any claim and shall constitute a release of the Retirement System from any further obligation on my account. I understand that by completing and signing this form I acknowledge having read the attached Guides. I reserve the right to change the beneficiary(ies) designated on this form in accordance with the information provided. In addition, I understand that the Retirement System will not accept this form with any erasures, strike overs, or white-outs in Sections C through F. I certify by my signature that I have completed this form in its entirety.

Signature: ___________________________ Date: ___________________________

Section E. Have this form notarized. Improperly notarized forms will not be accepted.

State of ___________________________ County of ___________________________

I, ___________________________, a notary public for said State and County, do hereby certify that ___________________________ personally appeared before me this date and acknowledge the due execution of this form.

Witness my hand and official seal this the ___________ day of __________________________, 20________

Signature of Notary: ___________________________
ORP – Forms to Enroll

If your choice for mandatory retirement is the ORP, Form ORP-1 must be completed and returned to the HR Benefits Office. This is a portable plan and can be transferred out of the state of North Carolina. Participants must choose a Carrier to administer account. There is no death benefit with this plan.

If you elect to participate in the ORP, PRINT & COMPLETE form (full sheet next slide). Email/fax to Pam Brann, then contact one of the above representatives.
**SECTION A. EMPLOYEE DATA**

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>MI</th>
<th>LAST NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
<th>DATE OF BIRTH (MM/DD/YYYY)</th>
<th>EMPLOYEE ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>EMAIL ADDRESS</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**EMPLOYER (UNC SYSTEM INSTITUTION)**
East Carolina University

**DATE OF ELIGIBLE EMPLOYMENT (MM/DD/YYYY):**

**PREVIOUS UNC SYSTEM OR STATE OF NORTH CAROLINA EMPLOYMENT – LIST INSTITUTION NAME(S) AND DATES**

---

**SECTION B. RETIREMENT ELECTION**

I hereby elect to participate in the UNC Optional Retirement Program (UNC ORP) in lieu of membership in the North Carolina Teacher’s and State Employees’ Retirement System (TSERS), as provided under G.S. 135-5.1. I understand that this election is irrevocable as long as I remain in an ORP-eligible position within the UNC System.

**INVESTMENT CARRIER SELECTION (select one):**
- [ ] FIDELITY
- [ ] TIAA

In electing the UNC ORP, under the provisions of G.S. 135-5.1(b)(5), I understand that should I leave employment with The University of North Carolina with less than a total of five years of retirement participation in the UNC ORP and/or other State of North Carolina Retirement Programs (Teachers’ and State Employees’ Retirement System, Local Government Employees’ Retirement System, or the Consolidated Judicial System), the UNC ORP account(s) contributions, made on my behalf by The University, adjusted for investment expenses of such contributions and for applicable charges, shall be forfeited pursuant to law unless I meet all of the following requirements below:

- My subsequent employer is a higher education or health care institution that sponsors a “like” retirement plan,
- The successor plan offers a retirement plan that is underwritten by one of the UNC ORP Carriers (i.e. Fidelity and/or TIAA), AND
- I begin employment within 12 months of my termination from The University of North Carolina and that I begin participation in my new employer’s retirement plan, which is my primary retirement plan. I further acknowledge that I understand I must start participating in my new employer’s plan within 12 months following expiration of any enrollment waiting period, and not later than 36 months following my termination of eligible service with The University of North Carolina. The University of North Carolina will verify with my subsequent employer my employment date and the date I enrolled in a “like” plan.

I understand that should I leave prior to vesting, the University portion in my account will be forfeited in accordance with the UNC ORP. My employee contributions may be retained in the insurance/mutual fund contract or withdrawn as permitted by such contract.

---

**SECTION C. EMPLOYEE CERTIFICATION**

My signature below certifies that I understand my UNC Optional Retirement Program election is irrevocable as long as I am employed by the University of North Carolina in an ORP-eligible position.

<table>
<thead>
<tr>
<th>EMPLOYEE SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
If you are ready to enroll in one of the Mandatory Plans now, please complete the forms for the plan of your choice **and** this form (REX) by checking the plan you elected, sign and date it, **then email/fax it to Pam Brann**.

If you still need more time, you can wait and turn this form in when you make a decision. You will fill out and **then email/fax it to Pam Brann**. REMEMBER you still must get your forms to us within 60 days or the mandatory retirement plan for you will default to TSERS.

Once enrolled – you cannot change.

---

**PRINT & COMPLETE form (full sheet next slide). Email/fax to Pam Brann.**
Retirement Election/Waiver Form

I understand, based on a policy set by North Carolina General Administration, that I have 60 days from my date of hire to elect participation in either the Teachers’ and State Employees’ Retirement System or the Optional Retirement Plan. I understand the plan I elect is irrevocable while I am employed by the State of NC.

Failure to make this election within the 60-day period will result in automatic membership in the Teachers’ and State Employees’ Retirement System.

Full Name: ___________________________  Banner ID: B__________________________
(Printed please)

Date of Hire: ___________________________

Election Deadline Date: ________________
(60 days from Date of Hire)

☐ I elect: Teachers and State Employees’ Retirement Plan (Defined Benefit Plan)
To enroll complete form 2C from the NC Total Retirement Plans

☐ I elect: Optional Retirement Plan (Defined Contribution Plan)
To enroll complete form ORP-1 from the University of NC Optional Retirement Program

☐ I elect: Delay election for 60-day allotted period (Check here to delay election 60 days only)

Signature: ___________________________  Date: ________________

Payroll #: ____________

TRANSFER FROM:  BENEFITS USE ONLY

Effective JULY 1, 2022

REX $_______________ $_______________
(refund EE’s contribution amount) (Gross wage amount)

**TO**

TSERS: $_______________ (add RET – EE / 6%)
$_______________ (add RET – ER / 24.10%)

**OR**

ORP: $_______________ (add 6% for EE) – Circle ONE: TIAA (RTE) or Fidelity (RFE)
$_______________ (add 6.84% for ER) – Circle ONE: TIAA (RTR) or Fidelity (RFR)
$_______________ (add REZ = ER / 5.99%)

Counselor Signature: ________________________ Date: ________________

REX
MUST ENROLL within “30” days from date of hire. No exceptions!

Health Insurance – Listen carefully…

Plans offered
70/30 – Traditional PPO
80/20 – Enhanced PPO

For all the State Health Plan information, please visit www.SHPNC.ORG under the ACTIVE EMPLOYEE tab.

Seriously Mate’
This is important
## Overview of Health Plan Options

### 2022 State Health Plan Comparison

<table>
<thead>
<tr>
<th>Plan Design Features</th>
<th>80/20 Plan</th>
<th>70/30 PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network</strong></td>
<td><strong>Out-of-Network</strong></td>
<td><strong>In-Network</strong></td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$1,250 Individual</td>
<td>$2,500 Individual</td>
</tr>
<tr>
<td></td>
<td>$3,250 Family</td>
<td>$6,500 Family</td>
</tr>
<tr>
<td>Coinurance</td>
<td>20% of eligible expenses after</td>
<td>30% of eligible expenses after</td>
</tr>
<tr>
<td></td>
<td>deductible is met</td>
<td>deductible is met</td>
</tr>
<tr>
<td></td>
<td>40% of eligible expenses after</td>
<td>30% of eligible expenses after</td>
</tr>
<tr>
<td></td>
<td>deductible is met</td>
<td>deductible is met</td>
</tr>
<tr>
<td></td>
<td>and the difference between the</td>
<td>and the difference between the</td>
</tr>
<tr>
<td></td>
<td>allowed amount and the charge</td>
<td>allowed amount and the charge</td>
</tr>
<tr>
<td>Out-of-Pocket Maximum</td>
<td>$4,990 Individual</td>
<td>$9,780 Individual</td>
</tr>
<tr>
<td>(Combined Medical and</td>
<td>$14,400 Family</td>
<td>$29,710 Family</td>
</tr>
<tr>
<td>Pharmacy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Services</td>
<td>$0 covered at 100%</td>
<td>$0 covered at 100%</td>
</tr>
<tr>
<td>Office Visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0 for CPP/PCP on ID card</td>
<td>$0 for non-CPP/PCP on ID card</td>
</tr>
<tr>
<td></td>
<td>$10 for non-CPP/PCP on ID card</td>
<td>$10 for non-CPP/PCP on ID card</td>
</tr>
<tr>
<td></td>
<td>$5 for any other PCP</td>
<td>$5 for any other PCP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist Visits</td>
<td>$80 for CPP/PCP on ID card</td>
<td>$47 for CPP/PCP on ID card</td>
</tr>
<tr>
<td></td>
<td>$5 for non-CPP/PCP on ID card</td>
<td>$30 for CPP/PCP on ID card</td>
</tr>
<tr>
<td></td>
<td>$5 for any other PCP</td>
<td>$5 for any other PCP</td>
</tr>
<tr>
<td>Speech/Occu/Chiro/PT</td>
<td>$25 for CPP/PCP on ID card</td>
<td>$16 for CPP/PCP on ID card</td>
</tr>
<tr>
<td></td>
<td>$5 for non-CPP/PCP on ID card</td>
<td>$5 for non-CPP/PCP on ID card</td>
</tr>
<tr>
<td></td>
<td>$5 for any other PCP</td>
<td>$5 for any other PCP</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$70</td>
<td>$100</td>
</tr>
</tbody>
</table>

*PCP Primary Care Provider, CPP: Clear Pricing Project. To find a CPP Provider, visit www.shpnc.org and click Find a Doctor.

### Plan Design Features

<table>
<thead>
<tr>
<th>Plan Design Features</th>
<th>80/20 Plan</th>
<th>70/20 PPO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Copay waived w/observation</td>
<td>$300 copay, then 20% after</td>
<td>$337 copay, then 30% after</td>
</tr>
<tr>
<td>or observation stay)</td>
<td>deductible is met</td>
<td>deductible is met</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$100 copay, then 20% after</td>
<td>$337 copay, then 30% after</td>
</tr>
<tr>
<td></td>
<td>deductible is met</td>
<td>deductible is met</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 1 (Generic)</td>
<td>$5 copay per 30-day supply</td>
<td>$16 copay per 30-day supply</td>
</tr>
<tr>
<td>Tier 2 (Preferred Brand &amp; High-Cost Generic)</td>
<td>$30 copay per 30-day supply</td>
<td>$47 copay per 30-day supply</td>
</tr>
<tr>
<td>Tier 3 (Non-preferred Brand)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier 4 (Low-Cost Generic Specialty)</td>
<td>$100 copay per 30-day supply</td>
<td>$200 copay per 30-day supply</td>
</tr>
<tr>
<td>Tier 5 (Preferred Specialty)</td>
<td>$150 copay per 30-day supply</td>
<td>$350 copay per 30-day supply</td>
</tr>
<tr>
<td>Tier 6 (Non-preferred Specialty)</td>
<td>$10 copay per 30-day supply</td>
<td></td>
</tr>
<tr>
<td>Preferred Blood Glucose Meters (PGM) and Supplies</td>
<td>$5 copay per 30-day supply</td>
<td>$10 copay per 30-day supply</td>
</tr>
<tr>
<td>Preferred and Non-Preferred Insulin</td>
<td>$50 copay per 30-day supply</td>
<td>$50 copay per 30-day supply</td>
</tr>
</tbody>
</table>

*This does not include Continuous Glucose Monitoring Systems or associated supplies. Preferred Continuous Glucose Monitoring Systems and associated supplies are considered a Tier 3 member copay.
Wellness Premium Credit Opportunities

The tobacco attestation credit will lower the employee-only monthly premium $60 per month. This is a savings of $720/year.

ALL EMPLOYEES MUST PARTICIPATE IN OPEN ENROLLMENT “EVERY” OCTOBER

The State Health Plan moves EVERYONE to the 70/30 plan AND removes the wellness credit. Even if you are hired in later months, you will still be required to participate in Open Enrollment.

IF YOU WOULD LIKE STEP-BY-STEP INSTRUCTIONS ON HOW TO ENROLL IN THESE STATE BENEFITS, VISIT: Benefits Enrollment Step-by-Step Instructions
How to Login & Enroll

To enroll, visit:

https://www.ebenefitsnow.com/sso/saml/ECU

**Your login information will be your ECU email address and passphrase**

Step-By-Step enrollment instructions, visit:


For any questions, concerns or if you need assistance with enrollment, please contact the Eligibility & Enrollment Customer Service Center at 1-855-859-0966 or the ECU HR Benefits Department at 252-828-9887.

Benefits will be effective the 1st of the month following your hire date. Please be aware, we pay health insurance a month in advance. Depending on when premium deductions begin, it is likely you will have a premium "catch-up" amount. The HR Benefits Department can spread the catchup amount over up to four pay periods, however, you MUST contact your designated HR Benefits Consultant within a reasonable timeframe to request this option.

Additional information about the State Health Plan and NC Flex benefits can be found at the following websites:

State Health Plan Health Insurance – www.stpric.org
NC Flex Benefits – www.ncflex.org

IMPORTANT INFORMATION IF YOU ARE ENROLLING DEPENDENTS

If you elect to add dependent(s) to coverage, you will be required to upload dependent verification documentation to the benefits portal within 30 calendar days from the effective date of coverage. Failure to provide the required documentation will result in termination of dependent(s) coverage. Once coverage is terminated, re-enrollment will not be available until the next open enrollment period. If you need assistance with uploading the documentation, contact ECU HR Benefits Office.

Acceptable Dependent Verification Documentation:

- Legal Marital Spouse – Page 1 of employee’s most recent Federal Income Tax Return (1040, 1040A, or 1040X) as filed with the IRS, listing the spouse OR official marriage certificate PLUS current billing statement for motor vehicle payment, utility bill or other financial statement or loan showing employee and spouse at the same address
- Biological Child (under the age of 26) – Page 1 of employee’s most recent Federal Income Tax Return (1040, 1040A, or 1040X) as filed with the IRS, listing child as dependent OR birth certificate with subscriber’s name listed as parent
- Stepchild (under the age of 26) – Page 1 of employee’s most recent Federal Income Tax Return (1040, 1040A, or 1040X) as filed with the IRS, listing stepchild as dependent OR birth certificate indicating employee’s spouse is married to employee
- Adopted Child (under the age of 26) – Page 1 of employee’s most recent Federal Income Tax Return (1040, 1040A, or 1040X) as filed with the IRS, listing adopted child as dependent OR international adoption papers from country of adoption/papers from adoption agency showing intent to adopt
- Foster Child (under the age of 26) – Evidence of a legitimate foster child relationship, identifying the foster child by name and setting forth all relevant aspects of the relationship
- For Additional Documents Accepted by the State Health Plan, visit https://shpc.org and click “Qualifying Life Events & Dependent Eligibility.”
Choose the NCFlex benefits that are right for you and your family

1) Accident Plan
2) Health Care Flexible Spending Account (HCFSA)
3) Dependent Day Care Flex Spending Acct (DDCFSA)
4) Dental Care
5) Vision – FREE Core plan, must enroll*
6) Critical Illness
7) Cancer & Specified Disease
8) Group Term Life Insurance
9) Core AD&D – *FREE $10,000 Accidental Life Policy
10) Voluntary AD&D
11) TRICARE Supplement – for retired military

Visit www.ncflex.org scroll to the bottom of the page and choose one of the guides for detailed information, and/or short video clips.
Post-Tax Term Life

East Carolina University offers two Voluntary Group Term Life Insurance plans to help employees and their family members have financial security in the event of a death. The Office of State Human Resources offers a Voluntary Group Term Policy administered through VOYA, and the UNC System offers a Voluntary Group Term Life & Accidental Dead and Dismemberment (AD&D) Policy partnering with Securian Financial. The Securian plan offers an added AD&D benefit for employee coverage equal to the amount of the life insurance at no additional cost.

Employees can choose to purchase Voluntary Group Term Life Insurance for themselves, legal spouses, domestic partner (Securian policy only), and/or dependent children up to age 26. Employees may enroll in one or both plans if desired.

<table>
<thead>
<tr>
<th><strong>Who’s Eligible?</strong></th>
<th>VOYA Pre-Tax Term Life Plan</th>
<th>Securian Post-Tax Plan Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Both life insurance plans are voluntary plans for eligible staff and faculty (SHRA/EHRA). Employees pay full cost for employee coverage in addition to any dependent coverage selected.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❖ For Securian, employees who work at least 20 hours per week (.5 FTE) on a 9-month or greater recurring contract are eligible to participate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❖ For NCFlex, eligible faculty/staff who work at least 20 hours per week (.5 FTE) are eligible to participate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Dependent Eligibility</strong> - Dependent Children are eligible for coverage up to the age of 26.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❖ Employees may submit documentation to maintain coverage for disabled child(ren) over the age of 26. Contact your Benefits Consultant for assistance with this process.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❖ Legal Spouses are eligible for the NCFlex coverage, Both Legal Spouses and Qualified Domestic Partners are eligible for Securian’s coverage.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>❖ NCFlex Life coverage is reduced by 50% when spouse reaches age 75.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**How do I access my eBenefits portal?**

Employees can complete enrollment and make changes to VOYA Term Life Plan on-line through their eBenefits enrollment site and to the SECURIAN Term Life Plan through their Empyrean enrollment site. You can link to both sites here. Or visit this website: https://myapps.northcarolina.edu/hr/benefits-leave/health-and-welfare-benefits/health-benefits-enrollment/. To login, employees should use their ECU login credentials. The preferred browsers for accessing these enrollment sites are Mozilla Fire Fox or Google Chrome.

All eligible employees

Insurance products issued by: Securian Life Insurance Company
The question, "Am I supposed to be getting ID cards?" comes to mind after being first hired or after annual enrollment, here is some information that may help:

- **Health Insurance** - A card is mailed to new hires normally 7 – 10 business days after employee completes enrollment. If a card is needed sooner, or you need additional ones, register at www.bcbsnc.com. Here you will be able to access your account and print/request additional cards. If additional cards are needed can be requested by logging onto bcbsnc.com or by calling 1-888-234-2416.

- **Flexible Spending Accounts** - A convenience card is mailed to first-time users (for those that have both HCFSA and DDFSA, only one card is issued) and only re-issued if reported lost or stolen, or once it expires after three years (Valid Thru date is listed on the card). Additional cards can be requested by logging onto ncflex.padmin.com or by calling 1-866-916-3475. Additionally, a claims kit is mailed yearly to participants and can also be found in the FSA section of ncflex.org.

- **Dental** - A card will be mailed to new hires, normally 7-10 business days after completion of enrollment. A generic card can be printed after logging onto mybenefits.metlife.com (company name is NCFlex).

- **Vision** - Cards are only mailed to new participants. Additional cards can be found by logging onto www.eyemedvision.com/NCFlex or by calling 1-866-248-1939. ID cards are not required to visit a provider.

- **Accident, AD&D, and Group Term Life** - There are no mailings for these plans, however certificates, claim forms and other information can be found in each plan's section of ncflex.org. ID cards are not provided for these plans and are not required.

- **Cancer and Critical Illness** - Welcome letters are mailed to new participants and to anyone who makes a change to their coverage during open enrollment. Certificates, claim forms, and other information about these plans can be found at ncflex.org. Allstate also has a portal where you can view your personal coverage and claim information: Log into your account. ID cards are not provided for these plans and are not required.
The Supplemental Retirement Plan Decision Guide is helpful in choosing a plan if you are considering boosting retirement savings. The guide will explore how they can work with TSERS or the ORP to help maximize the opportunity in preparing for retirement. Review the side-by-side comparisons in the guides located at: https://myapps.northcarolina.edu/hr/benefits-leave/retirement/

**ENROLLMENT ANYTIME.**
No deadlines, unlimited changes, end anytime.

**ECU AUTHORIZED REPRESENTATIVES**

**Fidelity**
Mike Kitto
252-481-2003
Michael.kitto@fmr.com

**TIAA**
Gina Grimmer
908-861-6481
Gina.Grimmer@TIAA.org

**Prudential**
Cecilia Fields
252-204-3297
Cecilia.fields@prudential.com

**SWORN LAW ENFORCEMENT OFFICERS**

We encourage enrollment into the 401k. ECU contributes the mandated 5% into your account. Contact Cecilia Fields for further information.
Sworn Law Enforcement Officers

As a law enforcement officer, your employer pays an amount equal to 5% of your salary into your account in the Plan. If you would like to make additional contributions, you are eligible to do so. The decision on how the contributions in your account are invested and how you want to receive them when you separate from employment are also your choice.

To view the entire retirement system’s handbook for state law enforcement officers, please visit:

Although the State offers a disability plan which provides an alternate source of income, you may wish to consider purchasing additional protection in the form of supplemental disability.

The specific supplemental plan is tied to the Mandatory Retirement Plan you choose. However, supplemental disability coverage does not require any creditable service before it begins paying benefits. In addition, supplemental disability coverage pays benefits when basic coverage does not and increases your overall monthly benefit.

**Eligibility to enroll**: Must be a full-time active employee working 30+ hours per week and must enroll in the plan within the first 60 days of becoming employed.

“**2022 Income Protection Programs**” booklet is on-line and has a lot of information starting on page 9.

The supplemental Income Protection Guide is located at: [https://myapps.northcarolina.edu/hr/benefits-leave/income-protection-benefits/](https://myapps.northcarolina.edu/hr/benefits-leave/income-protection-benefits/)
ENROLLING IN SUPPLEMENTAL INCOME PROTECTION PROGRAMS

ORP Members
The Standard Insurance Co.

TSERS Members
Lincoln Financial Group

COLONIAL LIFE

Colonial’s short-term disability replaces part of your income if you become disabled because of a covered illness (up to 60% of base salary). This disability plan is an extra supplemental and benefits are paid regardless of other coverage.

Colonial has a seven-day waiting period for sickness and zero waiting days for accidents as well as for maternity (as long as pre-ex is satisfied).

Benefits are paid directly to you, unless you specify otherwise, for up to 3 months or 12 months. Covers accidents (off the job) and sickness. This is the only disability plan that includes maternity. Coverage is portable – can take it with you.

COMPLETE FORM FOR ADDITIONAL INFORMATION & email/fax it to Pam Brann.
**Liberty Mutual Home & Auto Insurance**

Offering auto, home, condominium, renters, etc. coverage.

If interested contact Kelly Goode or Adam Schulte for further information. Or you can complete the Group Savings Plus form included in Benefits Packet.

---

**NATIONAL COLLEGE SAVINGS**

This program helps to save for a college education for your child, yourself or someone else you care about.

Program is available through payroll deduction, offers you choices, meets your investment needs and gives you freedom.

To learn more, call toll free 1-800-600-3453 / Raleigh - 919-828-4904.

Or visit their website: [www.CFNC.org/savings](http://www.CFNC.org/savings).
WELCOME ABOARD!

Questions?