

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 / bramp18@ecu.edu

Fax: 252-328-9918

EHRA Faculty/Non-Faculty

BENEFIT CONSULTANTS

CSS

Trina Baker

Academic Affairs

TRINA BAKER

baketr@ecu.edu / 328-9889

Dawn Hall

Health Sciences

Dawn Hall

REDE

CORRINE HOGAN

hoganc21@ecu.edu

Corrine Hogan

Academic Affairs Athletics

Chancellor Foundation

Health Sciences

University Advancement

Corinne Hogan

Foundation

Academic Affairs

LYNN McCORMICK

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KRISTIAN WILLIAMS

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Kristian Williams

Administration & Finance

Student Affairs

REDE

Lynn McCormick

Administration & Finance

Athletics

Chancellor's Division

Health Sciences

Student Affairs

DAWN HALL

hallda21@ecu.edu / 252-328-9845

Kristian Williams

University Advancement

<http://www.ecu.edu/cs-admin/HumanResources/Benefits.cfm>

Located at: 210 East 1st Street / Across from the Town Common

PRIOR STATE or LOCAL GOVERNMENT SERVICE

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: _____	<input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time (____ hrs per week)	
Agency #2: _____	Start Date: _____	End Date: _____
Address: _____		
Job Title: _____	<input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time (____ hrs per week)	
Agency #3: _____	Start Date: _____	End Date: _____
Address: _____		
Job Title: _____	<input type="checkbox"/> Full-time or <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure*		
2) If yes, which retirement system did you participate in? <input type="checkbox"/> TSERS <input type="checkbox"/> ORP <input type="checkbox"/> 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: _____
Vacation: _____		CSL: _____
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.

Agency #1: _____	Start Date: _____	End Date: _____
Address: _____		
Job Title: _____	<input type="checkbox"/> Full-time	or <input type="checkbox"/> Part-time (_____ hrs per week)
Agency #2: _____	Start Date: _____	End Date: _____
Address: _____		
Job Title: _____	<input type="checkbox"/> Full-time	or <input type="checkbox"/> Part-time (_____ hrs per week)
Agency #3: _____	Start Date: _____	End Date: _____
Address: _____		
Job Title: _____	<input type="checkbox"/> Full-time	or <input type="checkbox"/> 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: _____

RETIREE Re-Employment



Certifying Employee Status Under Retirement Reemployment Laws



Please print or type in black ink.

Section A. Tell us about yourself.				
FIRST NAME	MI	LAST NAME	SUFFIX	SSN (last 4 digits)
MAILING ADDRESS				MEMBER ID (if known)
CITY	STATE	ZIP CODE	DATE OF BIRTH	
POSITION TITLE			TELEPHONE NUMBER	

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 (LGEERS)
 - Consolidated Judicial Retirement System (CJRS)
 - Legislative Retirement System (LRS)
 - Disability Income Plan of North Carolina (DIPNC)
- 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 _____

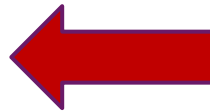
Section E. Please submit this form to your employer.

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

Thank you.

N.C. Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue, Raleigh, North Carolina 27604
(919) 807-3050 in the Raleigh area or (877) 627-3287 toll free
www.nunc Retirement.com

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ESRR
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FORM ESRR

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



Please print or type in black ink.

Section A. Tell us about yourself.

FIRST NAME	MI	LAST NAME	SUFFIX	SSN (last 4 digits)
MAILING ADDRESS				MEMBER ID (if known)
CITY	STATE	ZIP CODE	DATE OF BIRTH	
POSITION TITLE				TELEPHONE NUMBER

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 (CJRS)
 - Legislative Retirement System (LRS)
 - Disability Income Plan of North Carolina (DIPNC)
- 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.

N.C. Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue, Raleigh, North Carolina 27604
(919) 807-3050 in the Raleigh area or (877) 627-3287 toll free
www.munciretirement.com

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PIRATE BENEFITS

PIRATE CANNON

#BOOM!

Let's talk
the good
stuff...

Vacation

Sick

Holidays

BENEFIT LEAVE ACCRUALS

VACATION ACCRUAL

YEARS OF SERVICE	MONTHLY HOURS EARNED
Less than 5 years	9 hours 20 minutes
5 but less than 10	11 hours 20 minutes
10 but less than 15	13 hours 20 minutes
15 but less than 20	15 hours 20 minutes
20 years or more	17 hours 20 minutes

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.

2022		
Holiday/Closing	Dates Observed	Dates Observed for ECU Physicians Clinics
New Years Day Observance	Monday, January 3, 2022	Monday, January 3, 2022
Martin Luther King Jr. Day	Monday, January 17, 2022	Monday, January 17, 2022
State Holiday	Friday, April 15, 2022	Friday, April 15, 2022
Memorial Day	Monday, May 30, 2022	Monday, May 30, 2022
Independence Day	Monday, July 4, 2022	Monday, July 4, 2022
Labor Day	Monday, September 5, 2022	Monday, September 5, 2022
Veterans Day	N/A	Friday, November 11, 2022 ^a
Thanksgiving Day	Thursday, November 24, 2022	Thursday, November 24, 2022
Day after Thanksgiving	Friday, November 25, 2022	Friday, November 25, 2022
Winter Break	Friday, December 23, 2022	Friday, December 23, 2022
Winter Break	Saturday, December 24, 2022 ^a	Saturday, December 24, 2022 ^a
Winter Break	Sunday, December 25, 2022 ^a	Sunday, December 25, 2022 ^a
Winter Break	Monday, December 26, 2022	Monday, December 26, 2022
Winter Break	Tuesday, December 27, 2022	Tuesday, December 27, 2022
Winter Break	Wednesday, December 28, 2022 ¹	Wednesday, December 28, 2022
Winter Break	Thursday, December 29, 2022 ¹	Thursday, December 29, 2022
Winter Break	Friday, December 30, 2022 ¹	Friday, December 30, 2022
New Years Day Observance	(Monday, January 2, 2023)	(Monday, January 2, 2023)

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

University Holiday

ECU Winter Break - Employees use accrued leave¹

Weekend

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

<https://humanresources.ecu.edu/benefits/leave/holidays/>



FMLA

PPL

VSL

**Community
Service**

CIVIL

STD/LTD

TYPES OF LEAVE

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/>

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/>

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”



IMPORTANT Decision
you get one chance

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

TSERS = Teachers & State Employees Retirement System

OR

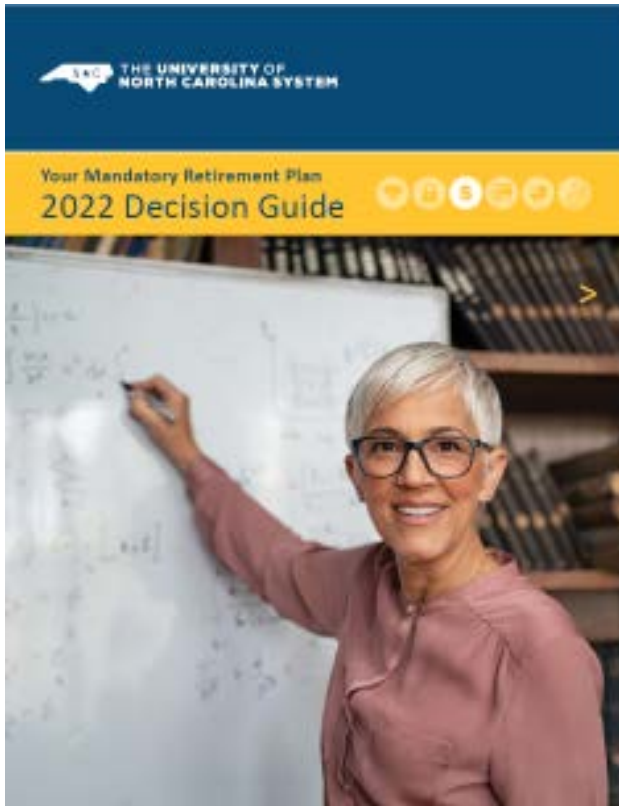
ORP = Optional Retirement Plan

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 strikeouts 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.



Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue • Raleigh, NC 27604 • web: www.myncretirement.com
phone: 877-NC-SECURE (877-627-3287) • fax: 919-855-5800

Form 2C Designating Beneficiary(ies)



Complete all sections of this form and read the attached Guides. After completing and signing this form before a notary public, send it to the address above. This form is not valid until it has been properly completed, notarized, and received by our office prior to your death. Forms submitted with enureses, strikeouts, or while-outs in Sections C through F will not be accepted.

Section A. Tell us about yourself. Check if there are any changes to your contact information.

First Name	M.I.	Last Name	Suffix	SSN (Last 4 digits)
Mailing Address				Member ID
City	State	Zip Code	Telephone	Date of Birth

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

Teachers' and State Employees' Retirement System (TSERS) Consolidated Judicial Retirement System (CJRS) Current Employer

Local Governmental Employees' Retirement System (LGERS) Legislative Retirement System (LRS)

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

1	First Name	M.I.	Last Name	Date of Birth	Select a Benefit (Select one or both) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions Select a Beneficiary Type (Select one) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent	
	Address		City	State		Zip
	Relationship	Social Security Number				
2	First Name	M.I.	Last Name	Date of Birth	Select a Benefit (Select one or both) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions Select a Beneficiary Type (Select one) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent	
	Address		City	State		Zip
	Relationship	Social Security Number				
3	First Name	M.I.	Last Name	Date of Birth	Select a Benefit (Select one or both) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions Select a Beneficiary Type (Select one) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent	
	Address		City	State		Zip
	Relationship	Social Security Number				

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 enureses, strikeouts, or while-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 _____ My Commission Expires _____

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 _____ day of _____, 20____

Signature of Notary _____

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Form 2C
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To view further detailed information regarding TSERS, visit the NC State Retirement System website at:
www.myncretirement.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.





Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue • Raleigh, NC 27604 • web: www.myncretirement.com
phone: 877-NC-SECURE (877-627-3287) • fax: 919-855-5800

Complete all sections of this form and read the attached Guides. After completing and signing this form before a notary public, send it to the address above. This form is not valid until it has been properly completed, notarized, and received by our office prior to your death. Forms submitted with erasures, strike overs, or white-outs in Sections C through F will not be accepted.

Section A. Tell us about yourself. Check if there are any changes to your contact information.

First Name	M.I.	Last Name	Suffix	SSN (Last 4 digits)
Mailing Address				Member ID
City	State	Zip Code	Telephone	Date of Birth

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

Teachers' and State Employees' Retirement System (TSERS)
 Consolidated Judicial Retirement System (CJRS)
 Local Governmental Employees' Retirement System (LGERS)
 Legislative Retirement System (LRS)

Current Employer _____

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

1	First Name	M.I.	Last Name	Date of Birth	Select a Benefit (Select one or both) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions Select a Beneficiary Type (Select one) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent	
	Address		City	State		Zip
	Relationship		Social Security Number			
2	First Name	M.I.	Last Name	Date of Birth	Select a Benefit (Select one or both) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions Select a Beneficiary Type (Select one) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent	
	Address		City	State		Zip
	Relationship		Social Security Number			
3	First Name	M.I.	Last Name	Date of Birth	Select a Benefit (Select one or both) <input type="checkbox"/> Death Benefit <input type="checkbox"/> Return of Contributions Select a Beneficiary Type (Select one) <input type="checkbox"/> Principal <input type="checkbox"/> Contingent	
	Address		City	State		Zip
	Relationship		Social Security Number			

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 _____ My Commission Expires _____

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.

OPTIONAL RETIREMENT PROGRAM OF THE UNIVERSITY OF NORTH CAROLINA
ELECTION AND FORFEITURE AGREEMENT

FORM
ORP-1



SECTION A. EMPLOYEE DATA

FIRST NAME	MI	LAST NAME		
MAILING ADDRESS		DATE OF BIRTH (MM/DD/YYYY)	EMPLOYEE ID	
CITY	STATE	ZIP CODE	EMAIL ADDRESS	TELEPHONE NUMBER
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 experience 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.

EMPLOYEE SIGNATURE	DATE
--------------------	------

Carrier	REP	Contact Info
Fidelity	Mike Kitto	252-481-2003 Michael.kitto@fmr.com
TIAA	Gina Grimmer	908-861-6481 Gina.Grimmer@TIAA.org

To view further detailed information regarding ORP, visit the University website at:
<https://myapps.northcarolina.edu/hr/benefitsleave/retirement/>

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.

**OPTIONAL RETIREMENT PROGRAM OF THE UNIVERSITY OF NORTH CAROLINA
ELECTION AND FORFEITURE AGREEMENT**

**FORM
ORP-1**

SECTION A. EMPLOYEE DATA

FIRST NAME	MI	LAST NAME		
MAILING ADDRESS			DATE OF BIRTH (MM/DD/YYYY)	EMPLOYEE ID
CITY	STATE	ZIP CODE	EMAIL ADDRESS	TELEPHONE NUMBER
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 experience 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.

EMPLOYEE SIGNATURE	DATE
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RETIREMENT DECISION

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: _____ (Printed please) Banner ID: B _____

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**)

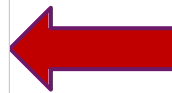
Signature: _____ Date: _____

Payroll #: _____	<u>BENEFITS USE ONLY</u>
<u>TRANSFER FROM:</u>	<u>Effective JULY 1, 2022</u>
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	

FORM REX

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 TSERSwill



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: _____
(Printed please)

Banner ID: B _____

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 #: _____

BENEFITS USE ONLY

Effective JULY 1, 2022

TRANSFER FROM:

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

Seriously Mate
This is important



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.

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

Overview of Health Plan Options

2022 STATE HEALTH PLAN COMPARISON

Active and Non-Medicare Subscribers

PLAN DESIGN FEATURES	80/20 PLAN		70/30 PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$1,250 Individual \$3,750 Family	\$2,500 Individual \$7,500 Family	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
Coinsurance	20% of eligible expenses after deductible is met	40% of eligible expenses after deductible and the difference between the allowed amount and the charge	30% of eligible expenses after deductible is met	50% of eligible expenses after deductible and the difference between the allowed amount and the charge
Out-of-Pocket Maximum (Combined Medical and Pharmacy)	\$4,890 Individual \$14,670 Family	\$9,780 Individual \$29,340 Family	\$5,900 Individual \$16,300 Family	\$11,800 Individual \$32,600 Family
Preventive Services	\$0 (covered at 100%)	N/A	\$0 (covered at 100%)	N/A
Office Visits	\$0 for CPP PCP on ID card; \$10 for non-CPP PCP on ID card; \$25 for any other PCP	40% after deductible is met	\$0 for CPP PCP on ID card; \$30 for non-CPP PCP on ID card; \$45 for any other PCP	50% after deductible is met
Specialist Visits	\$40 for CPP Specialist; \$80 for other Specialists	40% after deductible is met	\$47 for CPP Specialist; \$94 for other Specialists	50% after deductible is met
Speech/Occu/Chiro/PT	\$26 for CPP Provider; \$52 for other Providers	40% after deductible is met	\$36 for CPP Provider; \$72 for other Providers	50% after deductible is met
Urgent Care	\$70		\$100	

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



PLAN DESIGN FEATURES	80/20 PLAN		70/30 PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Copay waived w/admission or observation stay)	\$300 copay, then 20% after deductible is met		\$337 copay, then 30% after deductible is met	
Inpatient Hospital	\$300 copay, then 20% after deductible is met	\$300 copay, then 40% after deductible is met	\$337 copay, then 30% after deductible is met	\$337 copay, then 50% after deductible is met
PHARMACY BENEFITS				
Tier 1 (Generic)	\$5 copay per 30-day supply		\$16 copay per 30-day supply	
Tier 2 (Preferred Brand & High-Cost Generic)	\$30 copay per 30-day supply		\$47 copay per 30-day supply	
Tier 3 (Non-preferred Brand)	Deductible/coinsurance		Deductible/coinsurance	
Tier 4 (Low-Cost Generic Specialty)	\$100 copay per 30-day supply		\$200 copay per 30-day supply	
Tier 5 (Preferred Specialty)	\$250 copay per 30-day supply		\$350 copay per 30-day supply	
Tier 6 (Non-preferred Specialty)	Deductible/coinsurance		Deductible/coinsurance	
Preferred Blood Glucose Meters (BGM) and Supplies*	\$5 copay per 30-day supply		\$10 copay per 30-day supply	
Preferred and Non-Preferred Insulin	\$0 copay per 30-day supply		\$0 copay per 30-day supply	
Preventive Medications	\$0 (covered by the Plan at 100%)		\$0 (covered by the Plan at 100%)	

* This does not include Continuous Glucose Monitoring Systems or associated supplies. Preferred Continuous Glucose Monitoring Systems and associated supplies are considered a Tier 2 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.



Attest to being tobacco-free OR enroll in the CVS Minute Clinic

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](#)



ECU HUMAN RESOURCES

Benefits Enrollment Step-by-Step Instructions

For additional Benefits Information, please visit our website at http://www.ecu.edu/cs-admin/HumanResources/benefits_about_us.cfm

North Carolina State Health Plan FOR TEACHERS AND STATE EMPLOYEES A Division of the Department of State Treasurer

NCFLEX STATE WELLNESS PLAN

1

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:

<http://www.ecu.edu/cs-admin/humanresources/upload/sso-benefits-job-aid.pdf>

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

YOU MUST STILL PARTICIPATE IN OPEN ENROLLMENT IN OCTOBER

Enrollment Procedures for State Health Plan Medical Insurance and NC Flex Benefits

****ATTENTION** 30-DAY DEADLINE**

As a new hire, you have 30 calendar days from date of hire to enroll in the State Health Plan and/or NCFlex benefits.

To enroll in these benefit options, visit:

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

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

For Step-By-Step enrollment instructions, visit:

<http://www.ecu.edu/cs-admin/humanresources/upload/sso-benefits-job-aid.pdf>

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 252-328-9887.

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.shpnc.org

NCFlex Benefits – www.ncflex.org

IMPORTANT INFORMATION IF YOU ARE ENROLLING DEPENDENTS

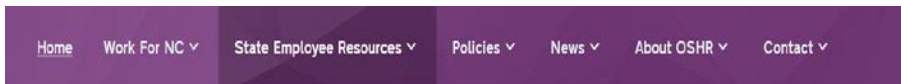
If you elect to add dependent(s) to coverage, you will be required to upload dependent verification documentation to the eBenefits portal within 30 calendar days from the effective date of coverage. Failure to provide the required documentation will result in termination of dependent(s) coverage. Once 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:

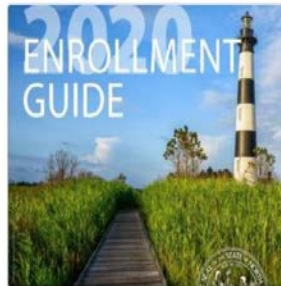
- **Legal Married Spouse** – Page 1 of employee's most recent Federal income Tax Return (1040, 1040A, or 1040EX) as filed with the IRS, listing the spouse **OR** official marriage certificate **PLUS** current billing statement for motor vehicle payment, utility bill or other financial statement or loan 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 1040EX) 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 1040EX) as filed with the IRS, listing stepchild as dependent **OR** birth certificate **PLUS** marriage 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 1040EX) 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://shpnc.org> and click "Qualifying Life Events & Dependent Eligibility."

SUPPLEMENTAL FLEX BENEFITS

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



[Employee Benefits Summary](#)
BENEFITS



[Enrollment Guides and Rate Sheets](#)



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



The University of North Carolina System (UNCS)

Group Term Life Insurance

Post-Tax Term Life

"NEW BENEFIT"



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.

Who's Eligible?

[VOYA Pre-Tax Term Life Plan](#)

[Securian Post-Tax Plan Summary](#)

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.

- ❖ 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.
- ❖ For NCFlex, eligible faculty/staff who work at least 20 hours per week (.5 FTE) are eligible to participate.

Dependent Eligibility - Dependent Children are eligible for coverage up to the age of 26.

- ❖ 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.
- ❖ Legal Spouses are eligible for the NCFlex coverage, Both Legal Spouses and Qualified Domestic Partners are eligible for Securian's coverage.
- ❖ NCFlex Life coverage is reduced by 50% when spouse reaches age 75.

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

ID CARDS - WHO, WHAT, WHERE?

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.

SUPPLEMENTAL RETIREMENT

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/>

ECU Authorized Representatives

Fidelity

Mike Kitto

252-481-2003

Michael.kitto@fmr.com

TIAA

Gina Grimmer

908-861-6481

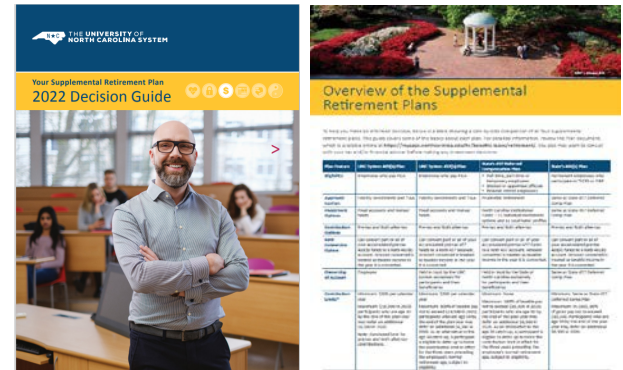
Gina.Grimmer@TIAA.org

Prudential

Cecilia Fields

252-204-3297

Cecilia.fields@prudential.com



Enrollment anytime.
No deadlines, unlimited
changes, end anytime.

SWORN LAW ENFORCEMENT OFFICERS

We encourage enrollment into the 401k. ECU contributes the mandated 5% into your account.

Contact Cecilia Fields for further information

LAW ENFORCEMENT OFFICERS Additional Benefits

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.



North Carolina | 401k | 457 | 403b
Total Retirement Plans

A. Cecilia Fields, CRC®
Retirement Education Counselor

3100 Smoketree Court, Suite 1004, Raleigh, NC 27604
Tel 252-204-3297 Fax 866-439-8602
cecilia.fields@prudential.com
www.ncplans.prudential.com

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Enrollment Form
NC 401(k) PLAN

North Carolina | 401k
Total Retirement Plans

Instructions Please print using blue or black ink. Please keep a copy for your records and send completed form to the following address or fax it to 1-866-439-8602.

NC Plans Processing Center
P.O. Box 5340
Scranton, PA 18505

Questions?
Call 1-866-427-5267
for assistance.

About You

Plan number: (0 | 0 | 2 | 0 | 0 | 3) Who is your employer? (Please print entire employer name) What Department do you work in? (Please print entire department name)

Have you recently changed employers? Yes No

Previous Employer Name: _____ Your email address: _____

Do you currently have a North Carolina 401(k) Plan 457(b) Plan
Are you a sworn Law Enforcement Officer? Yes No

Social Security number _____ Date of hire *Required
_____ month _____ day _____ year

First name _____ MI _____ Last name _____
Address _____
City _____ State _____ ZIP code _____

Date of birth _____ Gender _____ Daytime telephone number _____
_____ month _____ day _____ year _____ M _____ F _____ area code _____

Contribution Information I wish to contribute the following from my salary per pay period:

Before-Tax Contribution Election.
 \$ _____, _____ .00 (please provide whole dollars only)
OR
 _____ % (please fill in % from 1-80%, in whole percentages)

Roth After-Tax 401(k) Contribution Election.
 \$ _____, _____ .00 (please provide whole dollars only)
OR
 _____ % (please fill in % from 1-80%, in whole percentages)

My annual salary is \$ _____. My pay frequency is _____. Please note that if the contribution amount provided is not in the correct format (dollar vs. percentage), Prudential will use your salary information to calculate your contribution in accordance with what your payroll requires.

Es. 7/2016 Percent & Dollar amount **Important information and signature is required on the following pages. The signature page must be provided in order for your enrollment to be processed.**

Prudential Retirement

To view the entire retirement system 's handbook for state law enforcement officers, please visit:
https://www.nctreasurer.com/ret/Benefits%20Handbooks/TSERS_LEOhandbook.pdf

SUPPLEMENTAL INCOME PROTECTION PROGRAMS

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 online 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/>



ENROLLING IN SUPPLEMENTAL INCOME PROTECTION PROGRAMS

ORP Members The Standard Insurance Co.

<https://myapps.northcarolina.edu/hr/download/178/supplemental-disability-plan-for-unc-orp-participants/3415/enrollment-and-change-form-2.pdf>

Standard Insurance Company

Enrollment and Change Form

Reset

Mark all boxes and complete all sections that apply. Return completed form to your Human Resources Department

APPLICANT	Your Name (Last, First, Middle)		Group Name The University of North Carolina		Group 134598
	Your Address		City	State	ZIP
DISABILITY	Your Soc. Sec. No.	Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female	
	Job Title/Occupation Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements. Long Term Disability (LTD) <input type="checkbox"/> Voluntary LTD with Monthly Annuity Premium Benefit (MAPB)				
CHANGE	Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply. <input type="checkbox"/> Name Change Former name _____ <input type="checkbox"/> Other _____				
SIGNATURE	I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.				
	Member/Employee Signature Required			Date (Mo/Day/Yr)	
Human Resources Department - Complete this section. Retain form for your records.					
Dvsn ID	Billing Cat.	Date of Hire/Rehire	Hrs. Worked Per Wk.	Earnings \$ _____	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr

TSERS Members Lincoln Financial Group



The University of North Carolina Enrollment Form

Group Disability Insurance

Please return completed form to your benefits department

Employer Name	Group Policy Number
The University of North Carolina	05-273663
Employer Address (City, State, ZIP Code)	Coverage Effective Date

Employee Name (Last, First, Middle)			
Address (City, State, ZIP Code)			
Social Security Number	Date of Birth (MM/DD/YY)	Gender	Marital Status
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Hire Date (MM/DD/YY)	Annual Salary	Type of Enrollment	
	\$ _____	<input type="checkbox"/> New Employee <input type="checkbox"/> Qualified Life Event	<input type="checkbox"/> Annual/Open Enrollment <input type="checkbox"/> Rehire Rehire Date: _____

Coverage Elections

Please indicate your coverage elections below. Please see your plan booklet for additional information.

Type of Coverage	Selection	Coverage Elected
Employee Voluntary Long-Term Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	66.67%

Employee Signature and Authorization	
<input type="checkbox"/>	ACCEPT: I declare that all information given in this enrollment form is true and complete to the best of my knowledge and belief. I request coverage under my employer's plan of benefits as indicated above. I authorize my employer to deduct from my earnings my contributions for the coverage(s) selected. I understand that with respect to coverages I have declined, Lincoln Financial Group has the right to require Evidence of Insurability in order to consider any later request to change this decision and that my request may be denied. I am an employee in active employment working at the employer's regular place of business.
<input type="checkbox"/>	DECLINE: I hereby decline all optional coverage as offered by my employer. I certify that I have been given the opportunity by my employer to enroll for coverage. I understand that Lincoln Financial Group has the right to require Evidence of Insurability in order to consider any later request to change this decision and that my request may be denied. I am an employee in active employment working at the employer's regular place of business.
Employee Signature: _____	Date: _____

SUPPLEMENTAL BENEFITS PLANS

Outside Agencies Offering Discount Pricing

Colonial Life
Making benefits count.

How long could you afford to go without a paycheck?

Monthly Expenses: \$ _____
 - Mortgage \$ _____
 - Groceries \$ _____
 - Car \$ _____
 - Auto/health \$ _____
 - Utilities \$ _____
 - Other \$ _____
 Total \$ _____

Colonial Life Income Protection for School Personnel for North Carolina was designed specifically to supplement existing state plans in North Carolina and help protect your paycheck.

My Coverage Worksheet for use with your Colonial Life Benefits Counselor.

Employee Coverage (includes both on- and off-job benefits)

How much coverage do I need?

On-Job Accidents/Off-Job Sickness \$ _____ (Off-Job Accidents/Off-Job Sickness)
 - Total Disability \$ _____ (On-Job)
 - First 3 months \$ _____ (month) \$ _____ (month)
 - Last 3 months \$ _____ (month) \$ _____ (month)

Partial Disability \$ _____ (month) \$ _____ (month)
 - Up to 3 months \$ _____ (month) \$ _____ (month)

When will my benefits start?
 After an accident: _____ day
 After a sickness: _____ day

What additional features are available?

- Maternity coverage (covered for same as any other covered illness).
- Waiver of Premiums.
- You're eligible for most benefits from the first day of your covered accident - including weekends, holidays and career vacance - with no waiting period. Unlucky benefits may have an exclusion period.

How much will it cost?
 Your cost will vary based on the total coverage you select.

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.

PIERCE INSURANCE

Must enroll within 60 days of hire to qualify for Guarantee Issue.

All programs are portable.

If interested or need additional information follow the instructions on their cover letter.



To: New Employees at East Carolina University

As a new employee, you have the opportunity to apply for Universal Life Insurance, Heart and Stroke and Critical Illness under Guarantee Issue. You have 60 days from your date of hire to qualify for Guarantee Issue. All programs are portable.

Universal Life Features:

- Guarantee Issue for 60 days from the date of hire for employee, spouse, children and grandchildren.
- Policy is fully portable.
- Level Premiums that do not increase due to age
- Employees may keep the same coverage through retirement.
- Program accumulates cash value on a tax deferred basis.
- Option riders include:
 - o Child Term Rider
 - o Accidental Death
 - o Accelerated Death Benefit for Long Term Care
 - o Total Disability Premium Waiver

Heart and Stroke Indemnity Features

- Guarantee Issue for 60 days from the date of hire
- Policy is fully portable.
- One rate for all ages.
- Is not a "one and done" policy. Pays for ongoing treatment and reoccurrences
- Unlike the protax offer under NC Flex, benefits are not taxed
- Plan includes an annual \$100 wellness benefit
- Optional Intensive Care rider that pays for accidents or sickness in Intensive Care
- Plan is guaranteed renewable for life

Critical Illness Features

- Guarantee Issue for 60 days from the date of hire
- Policy is fully portable.
- Rates are based on age and do not increase as you age
- Plan includes an annual \$100 wellness benefit
- Pays a lump sum benefit
- Benefits are not taxed

For detailed information, please call our office; our enrollment counselors are available to answer your questions and enroll you by telephone. Our phone number is 800-421-3142; ask for extension 130. To view product brochures, go to www.pierceins.com and select "Policyholder Resources" and then select "East Carolina University" from the drop-down list in the "Education" section.

HOME/AUTO/RENTERS INSURANCE

Offered by Companies Offering Discount Pricing

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.



Save on your car and home insurance

Fax to 919-873-1267 for a free no-obligation quote

Check options of interest: Auto Home Condo Renters

Check options of interest: Auto Home Condo Renters

Name _____ DOB _____
Spouse name _____ DOB _____
Home address _____
City _____ State _____ Zip _____
Do you rent or own? _____
Phone _____ Best time to call _____ Morning _____ Midday _____ Evening _____
Email _____
Make/Model/Year of vehicle _____
Make/Model/Year of vehicle _____
Make/Model/Year of vehicle _____

800 EMPLOYEE BENEFIT - CLIENT SERVICE
Adam Schulte or Kelly Goode
Sales Representative
1000 North Tryon Street, Suite 200
Raleigh, NC 27609
919-873-1267
919-873-1267

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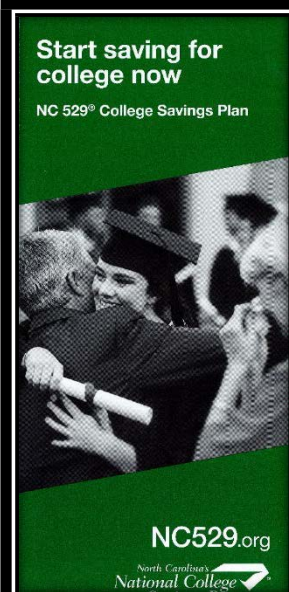
NATIONAL COLLEGE SAVINGS

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.



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Questions?