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

Fax: 252-328-9918

Benefits Consultant

TRINA BAKER
bakertr@ecu.edu / 328-9889

CORRINE HOGAN
hoganc21@ecu.edu

VACANT
328-9188

KRISTIAN WILLIAMS
munguiak18@ecu.edu / 328-9924

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

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

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>
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<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>
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</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

<table>
<thead>
<tr>
<th>Hire Date: ___________  Total # Months: ___________  ASD: ___________  CSL: ___________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacation: ___________  Bonus: ___________  Sick: ___________  Other: ___________</td>
</tr>
</tbody>
</table>
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></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MAILING ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>DATE OF BIRTH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
<th>TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</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 (CIRS)
  - Legislative retirement System (LJS)
  - 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) 707-3050 in the Raleigh area or (877) 627-3227 toll free
www.nc Ireirement.com  REV 201401121
PIRATE BENEFITS

# BOOM!

Let’s talk the good stuff...

Vacation
Sick
Holidays
BENEFIT LEAVE ACCRUALS

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.
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.

HOLIDAYS OBSERVED 2022

<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</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>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>Monday, December 27, 2022</td>
<td>Monday, December 27, 2022</td>
</tr>
<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</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.

University Holiday
ECU Winter Break - Employee 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/

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”

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
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
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.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.
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 errors, strike overs, or white-outs in Sections C through F will not be accepted.

**Section A. Tell us about yourself.**

<table>
<thead>
<tr>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
<th>Suffix</th>
<th>SSN (Last 4 digits)</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Mailing Address</th>
<th>Member ID</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Telephone</th>
<th>Date of Birth</th>
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</thead>
<tbody>
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</tbody>
</table>

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

- [ ] Teachers' and State Employees' Retirement System (TSEERS)
- [ ] 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.**

<table>
<thead>
<tr>
<th>1</th>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>2</th>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>First Name</th>
<th>M.I.</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
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<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</tbody>
</table>

- [ ] 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 these 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 errors, strike overs, or white-outs in Sections C through F. I certify by my signature that I have completed this form in its entirety.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>State of</th>
<th>County of</th>
<th>My Commission Expires</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Carrier</th>
<th>REP</th>
<th>Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fidelity</td>
<td>Mike Kitto</td>
<td>252-481-2003, <a href="mailto:Michael.kitto@fmr.com">Michael.kitto@fmr.com</a></td>
</tr>
<tr>
<td>TIAA</td>
<td>Gina Grimmer</td>
<td>908-861-6481, <a href="mailto:Gina.Grimmer@TIAA.org">Gina.Grimmer@TIAA.org</a></td>
</tr>
</tbody>
</table>

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

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>
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</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>
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<table>
<thead>
<tr>
<th>CITY</th>
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<th>TELEPHONE NUMBER</th>
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<thead>
<tr>
<th>EMPLOYER (UNC SYSTEM INSTITUTION)</th>
<th>DATE OF ELIGIBLE EMPLOYMENT (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>East Carolina University</td>
<td></td>
</tr>
</tbody>
</table>

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 Teachers' 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 UNCORP 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.will

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: ____________________________

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
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](http://www.SHPNC.ORG) under the ACTIVE EMPLOYEE tab.

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

Seriously Mate’
This is important
Overview of Health Plan Options

### 2022 STATE HEALTH PLAN COMPARISON
Active and Non-Medicare Subscribers

<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>Annual Deductible</strong></td>
<td>$1,725 Individual, $3,750 Family</td>
<td>$1,500 Individual, $4,500 Family, $9,000 Family</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>20% of eligible expenses after deductible is met</td>
<td>30% of eligible expenses after deductible is met</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum (Combined Medical and Pharmacy)</strong></td>
<td>$4,990 Individual, $14,490 Family</td>
<td>$5,910 Individual, $11,300 Family</td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td>$0 (covered at 100%)</td>
<td>$0 (covered at 100%)</td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td>$0 for CPP/PCP on ID card, $30 for non-CPP/PCP on ID card, $50 for any other PCP</td>
<td>$0 for CPP/PCP on ID card, $30 for non-CPP/PCP on ID card, $45 for any other PCP</td>
</tr>
<tr>
<td><strong>Specialist Visits</strong></td>
<td>$80 for CPP/PCP on ID card, $150 for non-CPP/PCP on ID card, $250 for any other PCP</td>
<td>$47 for CPP/PCP on ID card, $150 for non-CPP/PCP on ID card, $250 for any other PCP</td>
</tr>
<tr>
<td><strong>Speech/Occu/Chiro/PT</strong></td>
<td>$26 for CPP/PCP on ID card, $72 for any other Provider</td>
<td>$16 for CPP/PCP on ID card, $72 for any other Provider</td>
</tr>
<tr>
<td><strong>Urgent Care</strong></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</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency Room</strong></td>
<td>$300 copay, then 20% after deductible is met</td>
<td>$337 copay, then 30% after deductible is met</td>
</tr>
<tr>
<td><strong>Inpatient Hospital</strong></td>
<td>$200 copay, then 70% after deductible is met</td>
<td>$337 copay, then 30% after deductible is met</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Maximum (Combined Medical and Pharmacy)</strong></td>
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<td>$100</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 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.

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.

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 90 calendar days from date of hire to enroll in the State Health Plan and/or NC Flex 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:


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 252-328-8837.

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.shpc.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 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 1040EZ) 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 1040EZ) 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 1040EZ) 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 1040EZ) 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.”
OPEN ENROLLMENT 2023 - TWO ENROLLMENT PLATFORMS

https://www.shpnc.org/2023-open-enrollment-information

**IMPORTANT!!!**

UNC (EMPYREAN)

Go here to enroll in and/or make changes to your elections for:

- Life Insurance
- Voluntary AD&D
- Cancer and Specified Disease
- Critical Illness

Once you have logged in to the site, you will see a pending event (i.e., open enrollment). Click Continue and follow the prompts. After you have made your enrollment choices, and they are displayed for you to review, you must scroll down and click Submit My Elections. One last pop-up message will appear and you must click Accept or your choices will not be recorded. Don’t overlook this critical step! Print a copy of your Confirmation Statement before logging out.

Questions? Call the Empyrean University Benefits Service Center at 833-862-1490, Monday-Friday, 9 a.m.-5 p.m.

Find your institution’s Empyrean link.

EBENEFITS (BENEFITFOCUS)

Go here to enroll in and/or make changes to your elections for:

- State Health Plan (SHP)
- Dental
- Vision
- Accident
- Flexible Spending Accounts
- TRICARE coverage

Once you have logged in to the site, select Get Started on the home page and follow the prompts. After you have made your enrollment choices, and they are displayed for you to review and print, you must scroll down to the bottom and click Save Changes or your choices will not be recorded. Don’t overlook this critical step! Print a copy of your Confirmation Statement before logging out.

Questions? Call the eligibility and enrollment call center at 855-859-0966, Monday-Friday, 8 a.m.-5 p.m.

Find your institution’s eBenefits link.
https://www.shpnc.org/

SHP AND NC FLEX ENROLLMENT

Employees of the University of North Carolina and Constituent Institutions

Click here to login to eBenefits through your institution
Begin Enrollment - Add Dependents Choose Coverage?

Important Messages for You
- You have new benefits being offered to you.
- You have 30 days to elect your Current Enrollment benefits.

Get started >

Do you need to update your PCP?
Click the 'Select or Update Primary Care Provider' link under Manage Account.

Before you enroll in benefits
Do you need to add any dependents to your profile?

Add Dependent

Profile

Shop for benefits

Confirm & Finish

Current Benefits
You have incomplete benefits. Please check the steps below to make sure you have completed all the steps in the enrollment process.

Your benefits

1. Choose your Medical coverage

Begin enrollment  Decline coverage
I attest that I am NOT a tobacco user (includes cigarettes, cigars, pipes, chewing tobacco, snuff, vaping or any product containing nicotine). Or if I am a tobacco user, I agree to complete at least one tobacco cessation counseling session. (Please note: You may lose your $60 monthly premium credit if you do not visit a Primary Care Provider for a tobacco cessation counseling session as agreed). As part of this attestation, I understand that making a false statement, representation or attestation could result in my termination from State Health Plan coverage. I also agree to cooperate with the Plan in any efforts to verify my tobacco status.

Select the appropriate response below:

- I am NOT a tobacco user
- I AM a tobacco user BUT I agree to VISIT a CVS Minute Clinic for at least one tobacco cessation counseling session.
- I AM a tobacco user
Add PCP and SAVE Coverage

FINISH ENROLLMENT  PRINT CONFIRMATION  SAVE!

Need Assistance? Please call the Eligibility and Enrollment Support Center at 855-859-0966. The Support Center is open Monday–Friday, 8 a.m. – 5 p.m.
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.

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) TRICARE Supplement – for retired military
https://www.shpnc.org/

2023 Open Enrollment Information
Open Enrollment for the 2023 benefit year will be held October 10-28, 2022. Click here to learn more about your Plan options!

Learn More ➔

eBenefits for Enrollment
Click here to log into eBenefits, where you can complete your enrollment, make changes to your State Health Plan benefits and access Blue Connect, where you can find your EOBs, request new Plan ID cards and other benefit details.

(Life Insurance, Cancer, Critical Illness, and Core and Voluntary AD&D)

LOG IN TO EMPYREAN
Empyrean is the system where you can enroll, change, and update your UNC System-sponsored life insurance, health, and dental benefits. Select your constituent institution’s link below to log into Empyrean. For additional assistance regarding the enrollment system please contact the UNC Empyrean Service Center at 1-866-348-7469.

Appalachian State University  East Carolina University  Elizabeth City State University  Fayetteville State University
NC A&T State University  NC Central University  NC State University  UNC Asheville
UNC-Chapel Hill  UNC Charlotte  UNC Greensboro  UNC Pembroke
UNC School of the Arts  UNC Wilmington  Western Carolina University  Winston-Salem State University
NC School of Science and Mathematics  UNC Health  UNC System Office  UNC Press

Employees of the University of North Carolina and Constituent Institutions
Click here to login to eBenefits through your institution
Empyrean Website

https://myapps.northcarolina.edu/hr/benefits-leave/health-and-welfare-benefits/health-benefits-enrollment/

Welcome to the UNC System Benefits portal

Within your Employee self-service. you can manage your life insurance, AD&D, Cancer and Critical Illness benefits here, including updating your dependents and beneficiaries. Please click the "Current Benefits" menu link below to view benefits and beneficiary information.

- Change Your Current Benefits
- Current Benefits
- Benefit History
**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>Who’s Eligible?</th>
<th>VOYA Pre-Tax Term Life Plan</th>
<th>Securian Post-Tax Plan Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who’s Eligible?</strong></td>
<td></td>
<td></td>
</tr>
<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](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](http://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](http://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](http://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](http://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](http://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](http://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 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.
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.
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: https://www.nctreasurer.com/ret/Benefits%20Handbooks/TSERS_LEOhandbook.pdf
SUPPLEMENTAL BENEFITS PLANS
Outside Agencies Offering Discount Pricing

PIERCET 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.

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.
WELCOME ABOARD!

Questions?