

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

NAME: SOC.SEC. #:
(Last) (First) (MI)

HOME ADDRESS:

CITY: STATE: ZIP CODE:

UNC EMPLOYING INSTITUTION: BIRTH DATE: / /

DATE OF ELIGIBLE EMPLOYMENT: RANK/TITLE:

HAVE YOU PREVIOUSLY BEEN EMPLOYED AT ANOTHER UNC INSTITUTION? (Please indicate institution)

ELECTION AND FORFEITURE AGREEMENT

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, 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. I further understand that there is no reciprocity toward vesting in the ORP for retirement credit earned under any other retirement plan, including but not limited to any North Carolina state or local governmental retirement plan.

	FIDELITY	LINCOLN	TIAA-CREF	VALIC
EMPLOYEE CONTRIBUTION (select one):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNIVERSITY CONTRIBUTION (select one):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In electing the UNC ORP, under the provisions of G.S. 135-5.1(b)(5), **I UNDERSTAND** that should I leave the employ of The University of North Carolina with less than five years of active participation, that my 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 institution (including teaching hospitals which train interns and residents, and high schools which are part of the National Consortium for Specialized Secondary Schools of Mathematics, Science and Technology) that sponsors a primary retirement plan,
- The successor plan offers as its primary retirement plan, a retirement plan that is underwritten by one of the four carriers currently underwriting the UNC ORP benefits (i.e., Fidelity, Lincoln, TIAA-CREF and/or VALIC), AND
- I begin participation in that successor plan as my primary retirement plan and continue contributing to Fidelity, Lincoln, TIAA-CREF and/or VALIC within 12 months following my termination of eligible service in the plan (usually my termination of employment) with The University of North Carolina, as verified by my subsequent employer.

I UNDERSTAND that should I leave prior to vesting, the University portion in my account will be refunded to The University of North Carolina for transmittal to the North Carolina Teachers' and State Employees' Retirement System and that so much of my contract as represents my prior contributions may be retained in the insurance/mutual fund contract or refunded to me as permitted by such contract.

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: _____

NORTH CAROLINA STATE INCOME TAX EXEMPTION

If you were previously enrolled in the University of North Carolina ORP on or before August 12, 1989, or if you were vested in the North Carolina Teachers' and State Employees' Retirement System (TSERS) on or before August 12, 1989, your retirement benefits (UNC ORP or TSERS), are exempt from North Carolina State income tax unless you withdraw, roll over or transfer your contributions. Therefore, **I UNDERSTAND** that if I withdraw, transfer or rollover my UNC ORP/TSERS contributions, I will forfeit my right to this exemption.

STATE OF NORTH CAROLINA RETIREE GROUP HEALTH COVERAGE

When I retire from the University, if I have at least 5 years of active participation in the UNC ORP, **I UNDERSTAND** that I am eligible to continue group health insurance coverage as a retiree under the State Health Plan, **provided I am in receipt of a monthly retirement benefit under the UNC ORP. Therefore, upon separation from the University, I UNDERSTAND that if I withdraw, transfer or roll over my UNC ORP contributions, I will forfeit my right to the State's retiree group health plan coverage.**

I UNDERSTAND that, upon retirement, I may enroll in the State of North Carolina's Retiree Group Health Plan with coverage to become effective on the first day of the month following the commencement of my monthly UNC ORP benefit. **I UNDERSTAND** that, under current law, the State will pay 100% of the cost of my coverage under the Basic/Standard SmartChoice PPO **if I was first employed with the State of North Carolina prior to October 1, 2006.**

I UNDERSTAND that I am responsible for payment of dependent premiums under all of the health plan options.

I UNDERSTAND that, under current law, **if I was first employed with the State of North Carolina on or after October 1, 2006,** and have 20 or more years of UNC ORP participation, the State will pay 100% of the cost of my retiree coverage under the Basic/Standard SmartChoice PPO. If I have 10 but less than 20 years of UNC ORP participation, **I UNDERSTAND** that the State will pay 50% of the cost of my retiree coverage and that I am responsible for the additional 50%. If I have at least 5 but less than 10 years of UNC ORP participation, **I UNDERSTAND** that I am eligible to participate in the retiree health insurance but am responsible for payment of the full premium cost. Also, **I UNDERSTAND** that I am responsible for payment of dependent premiums under all of the health plan options.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

NOTARY PUBLIC CERTIFICATION: State of _____ County of _____
I, a Notary Public of the said State and County, do hereby certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and seal this _____ day of _____, _____.

Signature of Notary _____ My commission expires ____/____/____

EMPLOYER CERTIFICATION: I certify that the above-named employee has been appointed or employed in a position which otherwise meets the requirements for membership with the North Carolina Teachers' and State Employees' Retirement System; and further that the above-named employee is employed at least three-fourths time, for nine or more months per year on a recurring basis, and is a Senior Academic and Administrative Officer (SAAO); faculty member with the rank (or its equivalent) of instructor or above; or EPA (Exempt from the State Personnel Act) Non-faculty Research/Instructional employee; and that the employee rank and date of eligible appointment or employment as stated are true and correct.

I further certify that the above-named employee has made appropriate application for the issuance of a contract or contracts or trust participation under the UNC Optional Retirement Program.

For the institution: _____ Title: _____
(Name)

Signature: _____ Date: ____/____/____