North Carolina
Retirement Systems

Form 443
Purchase Retirement Credit for Temporary Employment

Print or type in black ink. No erasures, strikeovers or whiteouts permitted. Do not staple pages.

Section A. Tell us about yourself.

Prior to completing this form, log in to ORBIT and select Create Service Purchase Estimate in the left navigation to generate a cost estimate (ORBIT.myNCRetirement.gov). **DISCLAIMER:** The Service Purchase calculations provided here are only estimates and are not official cost calculations from the Retirement Systems Division.

First Name	M.I.	Last Name	Suffix

Mailing Address	Date of Birth	SSN

City	State	Zip Code	Phone (At least one phone required)	Mobile (At least one phone required)

Personal Email Address	Member ID

Section B. Indicate the last Retirement System into which you contributed.

This purchase type is available to you if you are a contributing member in one of the following systems:

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

Last employer in this system

Section C. Review eligibility requirements specified by law for this purchase.

You may be eligible to purchase service credit for temporary employment in accordance with G.S. 135-4.5(a)(4) (TSERS), 128-26.5(a)(4) (LGERS) or 135-56(a)(4) (CJRS) if you **meet the following requirements:**

1. Your employer during your period of temporary employment was participating in TSERS or LGERS.
2. Except for the temporary nature of the position, it would have been eligible for membership in the Retirement System.
3. You have five or more years of membership service (transferred service may be counted).
   - **TSERS:** You performed work on a schedule that was full-time, working the number of hours per day, number of days per week, and number of months required of a permanent full-time employee in a similar position.
   - **LGERS:** You performed work on a schedule that regularly required at least 1,000 hours of work per year.
   - **CJRS:** You are currently an active CJRS member and were previously employed with a TSERS or LGERS employer in the capacity listed above, and that period of temporary employment not been previously purchased in another Retirement System.

If you do not meet all of the requirements, do not submit this form.

Section D. Authorize the preparation of a cost statement with your signature.

I certify that my period(s) of temporary employment meet the eligibility requirements in Section C in accordance with G.S. 135-4.5(a)(4) (TSERS), 128-26.5(a)(4) (LGERS) or 135-56(a)(4) (CJRS) to the best of my knowledge and belief.

Signature _____ Date _____

Deliver this form to the employer that paid you during your period(s) of temporary employment to complete Section E.

Continue to the next page.

Section E. Employer, provide and verify the employee's period(s) of Temporary Employment .

Provide the employee's period(s) of temporary employment and verify the start and end date of the period(s) that meets the requirements. (A start date is not necessarily a hire date, and an end date is not necessarily a termination date.)

- For **retirement service type**, report the total of all months during the retirement service period. Certain community college, school system, and university employees have retirement service periods that are less than 12 months annually. For example, a teacher with a retirement service period beginning in August and ending in June is an 11 month retirement service type employee.
- For **retirement service period**, report the actual beginning month and ending month of the employee's regular term of annual employment.

1.	**Eligible Period:**		
	Start Date	End Date	Position Title
	Retirement Service Type:		
	☐ 9 Month	☐ 11 Month	
	☐ 10 Month	☐ 12 Month	
	Retirement Service Period:		
	Start Month	End Month	

2.	**Eligible Period:**		
	Start Date	End Date	Position Title
	Retirement Service Type:		
	☐ 9 Month	☐ 11 Month	
	☐ 10 Month	☐ 12 Month	
	Retirement Service Period:		
	Start Month	End Month	

If available, what was the hire and the termination dates of this employee?	
Hire Date	Termination Date

Section F. Employer, certify the information you have provided.

I certify that the information provided in Section E is true and correct to the best of my knowledge. If any of this information changes, I will notify the Retirement Systems Division.

Employer Contact Signature _____ Date _____

Contact First Name	Contact Last Name	Unit Number
Employer / Agency	Contact Position Title	
Email Address	Phone	Fax

Member Last Name	SSN

Submit the form by mail or email.

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