

Form **463F**

Requesting Continuation of Contributions and Credit for Planned Educational Leave

Ple	ease print or type in black ink.				а	nd Cr	edit for P	lanned E	=duca	ational Lea	ave
	ection A. Tell us about	yours	_								
FII	RST NAME	MI	LAS	ST NAME	E				SUFFIX	K	
M	AILING ADDRESS								SSN		
CI	TY			STATE	ZIP CODI	Ξ	TELEPHONI	E NO.	MEMBI	ER ID	
E-	MAIL ADDRESS								DATE (OF BIRTH	
S	ection B. Please tell us	the la	ist F	Retirem	ent Syst	em into	which you	contribute	ed.		
Thi	s purchase type is available to	you if y	ou h	nave mair	ntained cred	lit in the f	following syste	m:			
	Teachers' and State Employee			-	•	'	T EMPLOYER	IN THIS SYS	STEM		
 Q	ection C. Please review			•	`	,	cified by la	w for this	nurch	360	
(2) (3) (4)	ntributions during a period ucational purposes and receive. The purpose of the leave or i knowledge or skills to increase the employer. You will return to contribute months of completing the educational program to this for You are employed by a Sy immediately prior to the interruyou will contribute for 3 more y System (and if you are in employer) after completing the you do not meet this require made will be returned to you This requirement may be we disability.	nat period service is of your service is of your service. Signature of study see. Same Reprough the contribution of the cont	A leave of absence or interrupted service may be approved for purchase for a period of employment as a teacher in a charter school. Any other leave of absence or interrupted service will qualify for educational leave purchase only if all of the following conditions have been met: (i) during the time of the leave or interrupted service, the member is enrolled and participates in a full-time degree program at an accredited institution of higher education (ii) the member is not paid for the activity in which he or she is acquiring knowledge, talents, or abilities (iii) the service is not purchased for any month in which the member performed any services for the following organizations or their successors: State Employees Association of North Carolina, North Carolina Association, North Carolina Highway Employees' Association, North Carolina Teachers' Association, State Employees' Credit Union, Alumni associations of state-supported universities and colleges, Local professional associations of teachers and state employees, and North Carolina School Boards Association If you do not meet these requirements, do not submit this form.								
	ection D. Please list any					requir	ements in S	Section C.			
A s	separate form is required for each	ch perio	od of	r educatio	onal leave.						
1	What is the start date and requirements given in Section					t meets	the eligibility	START DA	TE	END DATE	
	NAME OF EDUCATIONAL INSTITUTIONAL SYSTEM							LAST NAME DURING THIS PERIOD			
	TITLE OF PROGRAM OR BE	RIEF DI	ESC	RIPTION	OF PROG	RAM OR	EXPERIENC	E			
Р	ease continue to the nex	ct pag	ae.								

REV 20180321

2 Please describe any previously purchased credit for an educational experience and approximate date of the purchase. 3 Who will be providing the Retirement System contributions normally provided by your employer? My employer will be paying the I am not sure, but I am willing to pay I will be paying both the employee and employer contributions. Section E. Please authorize the preparation of a cost statement with your signature.	Section D. Continued			
My employer will be paying the employer contributions. I am not sure, but I am willing to pay I will be paying both the employee employer contributions.	2 Please describe any previously pu	urchased credit for an educational exp	perience and approximate date o	f the purchase.
Section E. Please authorize the preparation of a cost statement with your signature. I certify that I have read the Guides. I certify that the period(s) I gave in Section D meets the eligibility requirements stated in Section C. I certify that the information I have provided herein is accurate to the best of my knowledge and belief. Signature Date Please give this form to the employer who is granting leave. This employer will complete Sections F and G and submit it to the Retirement Systems Division. When the Retirement Systems Division has received the form from the employer, your employer will receive further instructions. Section F. Employer, please verify the employee's period of service. Section F. Employer, please verify the employee's period of service. Section F. Employer, please verify the employee's period of service. Section F. Employer, please verify the employee's period of service. Section F. Employer, please verify the employee's period of service. Section F. Employer, please verify the employee's period of service. Section F. Employer, please verify the employee's period of service. Section F. Employer, please verify the employee will be granted leave with period(s) that meet the requirements in Section D and the requirements in Section C. What is the start date and end date of the period(s) that meet the requirements in Section C? 4 ELIGIBLE PERIOD: The employee will be granted leave mit be granted leave with partial pay. 6 Who will pay the contributions for this period? The employee will be granted leave with full pay both the employee and the employee and the employee and the employee of the leave will begins? 8 How frequently does the employee receive a paycheck? Meekly bi-weekly semi-monthy monthly Section G. Employer, please certify the information changes, I will notify the Retirement Systems Division. Employer Contact's Signature CONTACT FIRST NAME CONTACT FIRST NAME	3 Who will be providing the Retirem	ent System contributions normally pro	ovided by your employer?	
Certify that I have read the Guides. I certify that the period(s) I gave in Section D meets the eligibility requirements stated in Section C. I certify that the information I have provided herein is accurate to the best of my knowledge and belief. Signature		the I am not sure, but I am we the employer contribution	willing to pay I will be payin and employer	g both the employee contributions.
Section C. I certify that the information I have provided herein is accurate to the best of my knowledge and belief. Signature Date Please give this form to the employer who is granting leave. This employer will complete Sections F and G and submit it to the Retirement Systems Division. When the Retirement Systems Division has received the form from the employer, your employer will receive further instructions. Section F. Employer, please verify the employee's period of service. Employer, review the periods given in Section D and the requirements in Section C. What is the start date and end date of the period(s) that meet the requirements in Section C? 4 ELIGIBLE START DATE END DATE PERIOD: 5 How will the employee be paid during the eligible period? 1 The employee will be granted leave with partial pay. 6 Who will pay the contributions for this period? 1 The employer and employee will each pay their respective portions of the contributions. 7 What is the employee's annual salary, including longevity and supplements, just before the leave will begins? 8 How frequently does the employee receive a paycheck? 1 weekly bi-weekly semi-monthly monthly Section G. Employer, please certify the information you have provided. 1 hereby certify that the information changes, I will notify the Retirement Systems Division. Employer Contact's Signature Date CONTACT FIRST NAME CONTACT LAST NAME POSITION TITLE EMPLOYER/AGENCY E-MAIL ADDRESS TELEPHONE NO. FAX NO. Thank you. N.C. Department of State Treasurer, Retirement Systems Division TRANCECURE (1-877-627-3287) tol-free	Section E. Please authoriz	e the preparation of a cost s	tatement with your signat	ure.
Please give this form to the employer who is granting leave. This employer will complete Sections F and G and submit it to the Retirement Systems Division. When the Retirement Systems Division has received the form from the employer, your employer will receive further instructions. Section F. Employer, please verify the employee's period of service. Employer, review the periods given in Section D and the requirements in Section C. What is the start date and end date of the period(s) that meet the requirements in Section C? 4 ELIGIBLE PERIOD: 5 How will the employee be paid during the eligible period?	Section C. I certify that the informati		to the best of my knowledge and	d belief.
Employer, review the periods given in Section D and the requirements in Section C. What is the start date and end date of the period(s) that meet the requirements in Section C? 4 ELIGIBLE PERIOD: 5 How will the employee be paid during the eligible period? The employee will be granted leave with partial pay. 6 Who will pay the contributions for this period? The employer and employee will each pay their respective portions of the contributions. 7 What is the employee's annual salary, including longevity and supplements, just before the leave will begins? 8 How frequently does the employer receive a paycheck? Weekly bi-weekly semi-monthly monthly Section G. Employer, please certify the information you have provided. 1 hereby certify that the information provided about the employee named in Section A 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's Signature Date CONTACT FIRST NAME CONTACT LAST NAME POSITION TITLE EMPLOYER/AGENCY UNIT NO. E-MAIL ADDRESS TELEPHONE NO. FAX NO.	Please give this form to the employ Retirement Systems Division. When		oyer will complete Sections F ar	nd G and submit it to the
period(s) that meet the requirements in Section C? 4 ELIGIBLE PERIOD: 5 How will the employee be paid during the eligible period? The employee will be granted leave with partial pay. 6 Who will pay the contributions for this period? The employer and employee will each pay their respective portions of the contributions. 7 What is the employee's annual salary, including longevity and supplements, just before the leave will begins? 8 How frequently does the employee receive a paycheck? weekly bi-weekly semi-monthly monthly Section G. Employer, please certify the information you have provided. Ihereby certify that the information changes, I will notify the Retirement Systems Division. Employer Contact's Signature CONTACT FIRST NAME CONTACT LAST NAME CONTACT LAST NAME POSITION TITLE EMPLOYER/AGENCY UNIT NO. E-MAIL ADDRESS TELEPHONE NO. FAX NO. REV 20180321 REV 20180321 REV 20180321 REV 20180321 REV 20180321 REV 20180321	Section F. Employer, plea	se verify the employee's peri	od of service.	
PERIOD: How will the employee be paid during the eligible period? The employee will be granted leave The employee will be granted leave with partial pay. Who will pay the contributions for this period? The employer and employee will each pay their respective portions of the contributions. The employer and employee will each pay their respective portions of the contributions. The employer contributions. The employee will pay both the employee and the employer contributions. What is the employee's annual salary, including longevity and supplements, just before the leave will begins? Weekly bi-weekly semi-monthly monthly			in Section C. What is the start d	ate and end date of the
The employee will be granted leave with partial pay. The employee will be granted leave with partial pay. The employer and employee will each pay their respective portions of the contributions. The employer and employee will each pay their respective portions of the contributions. The employer contributions. What is the employee's annual salary, including longevity and supplements, just before the leave will begins? How frequently does the employee receive a paycheck? weekly bi-weekly semi-monthly monthly Section G. Employer, please certify the information you have provided. Thereby certify that the information provided about the employee named in Section A 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's Signature Date CONTACT FIRST NAME CONTACT LAST NAME POSITION TITLE EMPLOYER/AGENCY UNIT NO. E-MAIL ADDRESS TELEPHONE NO. FAX NO. Thank you. N.C. Department of State Treasurer, Retirement Systems Division 3200 Atlantic Avenue, Raleigh, North Carolina 27604 1-877-NCSECURE (1-877-627-3287) toll-free		END DATE		
6 Who will pay the contributions for this period? The employer and employee will each pay their respective portions of the contributions. 7 What is the employee's annual salary, including longevity and supplements, just before the leave will begins? 8 How frequently does the employee receive a paycheck? weekly bi-weekly semi-monthly monthly Section G. Employer, please certify the information you have provided. I hereby certify that the information provided about the employee named in Section A 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's Signature Date CONTACT FIRST NAME CONTACT LAST NAME POSITION TITLE EMPLOYER/AGENCY UNIT NO. E-MAIL ADDRESS TELEPHONE NO. FAX NO. Thank you. N.C. Department of State Treasurer, Retirement Systems Division 3200 Atlantic Avenue, Raleigh, North Carolina 27604 1-877-NCSECURE (1-877-627-3287) toll-free	, ,			
The employer and employee will each pay their respective portions of the contributions. The employee will pay both the employee and the employer contributions. What is the employee's annual salary, including longevity and supplements, just before the leave will begins? How frequently does the employee receive a paycheck? weekly bi-weekly semi-monthly monthly Section G. Employer, please certify the information you have provided. I hereby certify that the information provided about the employee named in Section A 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's Signature Date CONTACT FIRST NAME CONTACT LAST NAME POSITION TITLE EMPLOYER/AGENCY UNIT NO. E-MAIL ADDRESS TELEPHONE NO. FAX NO. Thank you. N.C. Department of State Treasurer, Retirement Systems Division 3200 Atlantic Avenue, Raleigh, North Carolina 27604 1-877-NCSECURE (1-877-627-3287) toll-free	The employee will be grante without pay.	ed leave $\ \ \square$ The employee will be gr with partial pay.	anted leave	e will be granted leave
respective portions of the contributions.	6 Who will pay the contributions for	or this period?		
What is the employee's annual salary, including longevity and supplements, just before the leave will begins? 8 How frequently does the employee receive a paycheck? weekly bi-weekly semi-monthly monthly				yee and the
weekly bi-weekly semi-monthly monthly Section G. Employer, please certify the information you have provided. I hereby certify that the information provided about the employee named in Section A 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's Signature Date CONTACT FIRST NAME CONTACT LAST NAME POSITION TITLE EMPLOYER/AGENCY UNIT NO. E-MAIL ADDRESS TELEPHONE NO. FAX NO. Thank you. N.C. Department of State Treasurer, Retirement Systems Division 3200 Atlantic Avenue, Raleigh, North Carolina 27604 1-877-NCSECURE (1-877-627-3287) toll-free	what is the employee's annual s	salary, including longevity and supple	ments, just	
Section G. Employer, please certify the information you have provided. I hereby certify that the information provided about the employee named in Section A 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's Signature	8 How frequently does the employ	ee receive a paycheck?		
I hereby certify that the information provided about the employee named in Section A 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's Signature	weekly bi-weekly	semi-monthly monthly		
knowledge. If any of this information changes, I will notify the Retirement Systems Division. Employer Contact's Signature Date CONTACT FIRST NAME CONTACT LAST NAME POSITION TITLE EMPLOYER/AGENCY UNIT NO. E-MAIL ADDRESS TELEPHONE NO. FAX NO. Thank you. N.C. Department of State Treasurer, Retirement Systems Division 3200 Atlantic Avenue, Raleigh, North Carolina 27604 1-877-NCSECURE (1-877-627-3287) toll-free	Section G. Employer, pleas	se certify the information you	ı have provided.	
CONTACT FIRST NAME EMPLOYER/AGENCY UNIT NO. E-MAIL ADDRESS TELEPHONE NO. FAX NO. Thank you. N.C. Department of State Treasurer, Retirement Systems Division 3200 Atlantic Avenue, Raleigh, North Carolina 27604 1-877-NCSECURE (1-877-627-3287) toll-free	knowledge. If any of this information		Systems Division.	•
E-MAIL ADDRESS Telephone No. Fax No. Thank you. N.C. Department of State Treasurer, Retirement Systems Division 3200 Atlantic Avenue, Raleigh, North Carolina 27604 1-877-NCSECURE (1-877-627-3287) toll-free		CONTACT LAST NAME		
E-MAIL ADDRESS Telephone No. Fax No. Thank you. N.C. Department of State Treasurer, Retirement Systems Division 3200 Atlantic Avenue, Raleigh, North Carolina 27604 1-877-NCSECURE (1-877-627-3287) toll-free				
Thank you. N.C. Department of State Treasurer, Retirement Systems Division 3200 Atlantic Avenue, Raleigh, North Carolina 27604 1-877-NCSECURE (1-877-627-3287) toll-free	EMPLOYER/AGENCY			UNIT NO.
N.C. Department of State Treasurer, Retirement Systems Division 3200 Atlantic Avenue, Raleigh, North Carolina 27604 1-877-NCSECURE (1-877-627-3287) toll-free	E-MAIL ADDRESS		TELEPHONE NO.	FAX NO.
N.C. Department of State Treasurer, Retirement Systems Division 3200 Atlantic Avenue, Raleigh, North Carolina 27604 1-877-NCSECURE (1-877-627-3287) toll-free	Thank you.			
1-877-NCSECURE (1-877-627-3287) toll-free	N.C. Department of State Treasur 3200 Atlantic Avenue, Raleigh, No.	orth Carolina 27604		REV 20180321
. INCOME INCOME INCOME INTERPRETATION			MEMBER SSN	

REV 20180321 463F MEMBER LAST NAME MEMBER SSN

Page 2 of 2



Form **463F Guides**

Requesting Continuation of Contributions and Credit for Planned Educational Leave

Page 1 of 2

Guide A. Why should I purchase retirement credit?

The amount of your retirement benefit is directly related to how much retirement credit you have. Most retirement credit is earned by making contributions to the Retirement System while working and receiving pay from an employer covered by the Retirement System, but some circumstances exist where a purchase of credit is allowed by North Carolina retirement law and may be to your advantage. Form 463F addresses the purchase which may be allowable if you plan to participate in an education program or experience (see G.S. 128-30(b)(4) and 135-8(b)(5)). If you already completed the program, see Form 463. For other circumstances, see Guide D.

If this period of service meets the requirements given in Section C of this form, you may be interested in purchasing this retirement service credit. In some cases, the increase in retirement credit from a purchase will result in an increase to

your retirement benefit. In other cases, a purchase of additional service will allow you to retire at an earlier age. It could also eliminate or reduce reduction factors that cause your retirement benefit to be reduced because of retirement at too young an age.

If you make a purchase, you are guaranteed that the cost of the purchase (less the \$25 administrative fee for making the purchase or late penalties) may be refunded to you if you decide to withdraw all of your service and contributions from the Retirement System at a later date. Similarly, if you die before retiring, or you die in retirement but before receiving benefits equaling the contributions and purchases you made, your beneficiary(ies) will be entitled to the undistributed contributions and purchases. (No contributions or purchase amounts provided by your employer will be refunded to you.)

Guide B. How do I get a cost statement? What will it say?

First, you must complete Sections A through E of this form. Next, route it to your employer to complete Sections F and G. Your employer should submit the completed form to the Retirement Systems Division to verify your eligibility to purchase and then prepare a cost statement. The cost statement gives the cost of the purchase, how much credit it represents, and whether the law permits you to purchase part or all of the eligible period.

Amount of Cost

North Carolina law specifies the methods for determining the cost of credit for an eligible period. The cost of a purchase depends on when your eligible period occurred.

For all categories, the entire cost is your responsibility.

- (1) If your period began before July 1, 1981: Not applicable.
- (2) If your period began after July 1, 1981: You are responsible for the employee contribution cost based on the employee contribution rate at the time of the leave and based on your annual rate of compensation immediately prior to your educational leave of absence. If your employer does not provide it, you are also responsible for paying the cost of the employer percentage rate of contributions in effect at the time of the leave and based on your annual rate of compensation immediately prior to your educational leave of absence. If the contributions for a given month can be made by the due date (the 15th of the following month), there is no further penalty. Beyond the due date, there is a 1% penalty for each month or fraction of a month the payment of the contributions for a given month is not submitted by the due date (the 15th of the following month).

Amount of Credit

North Carolina law specifies that a maximum of six years of credit can be allowed for this type of purchase in TSERS and four years of credit can be allowed for this type of purchase in LGERS. Within these conditions, the amount of credit you are eligible to receive depends upon the *retirement service type* in which you were employed. The retirement service type is determined by counting the total number of months in the regular term of annual employment for an eligible position. Certain community college, school system, and university personnel work for a regular term of annual employment other than the typical 12-month period; these employees spend a length of time working that is shorter than one calendar year, but it is regarded as one year of credit.

- If you were under a 12-month regular term of annual employment, you will be awarded 1/12 years of service credit for each month of the eligible period.
- If you were under a different regular term of annual employment, you will receive the amount of credit for that month (1/9, 1/10, or 1/11 years of service) that you would have received had you been a contributing to the Retirement System during your eligible period.

You may choose to purchase all of your eligible credit or you may purchase a portion of it in increments.

Expiration Date of Statement

All cost statements have an expiration date. If you do not make the purchase by that date, the cost of the purchase will have to be recalculated based on the cost method specified by law for the purchase.

Please continue to the next page.

REV 20180321



Page 2 of 2

Form 463F Guides

Requesting Continuation of Contributions and Credit for Planned Educational Leave

Guide C. After I receive my cost statement, how do I make a purchase?

Study the impact this purchase may have on your retirement benefit. You may visit www.myncretirement.com to use a web benefits estimator and/or refer to your online member handbook to estimate your retirement benefits with and without the purchase. Or, you may request that the Retirement Systems Division prepare an estimate of retirement benefits for you, a process that generally takes 60 days.

If you choose to make the purchase, you may use pre-tax money from an eligible retirement plan or IRA to make the

purchase (see and prepare Form 398 available at www. myncretirement.com). In that case, your plan administrator will give you a check to forward to the Retirement Systems Division. Otherwise, you and perhaps your employer will provide a check to the Retirement Systems Division. All checks for one purchase must be received together.

Under certain and limited circumstances, your beneficiary(ies) may complete the purchase process if your death occurs while you are waiting for or evaluating a cost statement.

Guide D. What other types of purchases may be available?

North Carolina retirement law recognizes that you, a participant in one of North Carolina's Retirement Systems, may not have had the opportunity to make contributions and receive credit for certain periods in your public service career. The following list generally describes other circumstances for which a purchase may be allowed.

- Your employer was not eligible to participate in a Retirement System, but you have public service (federal, federallyfunded, military, or out-of-state service) that you may be eligible to purchase.
- Your employer did not participate in a System, although it was eligible.
- Your employer did participate in a Retirement System, but your position was not eligible for participation at the time.

- You are or were participating in the Retirement System with your employer, but a life or career event caused your service to be interrupted over a period during which you did not work and make contributions.
- You withdrew your service credit and contributions from the Retirement System, but you wish to restore that credit following a return to contributing service for five years.

Not all purchase types are available in all systems.

Visit <u>ORBIT</u> to download the appropriate form, or contact us at the address or telephone number below for further guidance.