

**ELECTION OF  
OPTIONAL RETIREMENT PROGRAM  
THE UNIVERSITY OF NORTH CAROLINA**

Department of State Treasurer  
Retirement Systems Division  
Raleigh, North Carolina 27603-1388

Name: \_\_\_\_\_  
(First) (M.I.) (Last)  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Employer: \_\_\_\_\_  
(Public Senior Institution)

S.S.# \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Eligible Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Faculty Rank/  
SAAO Title: \_\_\_\_\_

**ELECTION AND REPURCHASE AGREEMENT:**

I hereby elect participation in the Optional Retirement Program in lieu of membership in the Teachers' and State Employees' Retirement System, all as provided under G.S. 135-5.1. I understand that this Election is irrevocable.

In electing the Optional Retirement Program, 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 coverage under the Optional Retirement Program and either retire or commence employment with an employer *not* having a retirement program underwritten by one of the same companies listed below, that so much of my contract as represents prior contributions by the institution(s) will be refunded to my employer(s) for transmittal to the 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.

I hereby direct that my participation in the Optional Retirement Program of The University of North Carolina be effected by remitting my ORP contributions and the University ORP contributions in my behalf to the following carrier(s):

	<i>Select one from each column</i>	
	<u>Employee</u>	<u>University</u>
Fidelity Investments	<input type="checkbox"/>	<input type="checkbox"/>
Lincoln Life	<input type="checkbox"/>	<input type="checkbox"/>
TIAA-CREF	<input type="checkbox"/>	<input type="checkbox"/>
VALIC	<input type="checkbox"/>	<input type="checkbox"/>

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 hereby certify that the above-named employee has been appointed or employed in a position which otherwise meets the requirements for membership with the Teachers' and State Employees' Retirement System; and further that the above-named employee is employed at least three-fourths time and is a senior academic and administrative officer or faculty member with the rank of instructor or above; and still further the employee rank and date of eligible appointment or employment as hereinbefore stated are true and correct.*

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

For the institution: \_\_\_\_\_ Title: \_\_\_\_\_  
(Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



THE UNIVERSITY OF NORTH CAROLINA  
OPTIONAL RETIREMENT PROGRAM (UNC ORP)  
ACKNOWLEDGMENT FOR DISPOSITION OF ACCOUNT CONTRIBUTIONS

**SECTION A: IDENTIFICATION DATA**

NAME: \_\_\_\_\_ SOC. SEC. NO.: \_\_\_\_\_  
Last First MI

HOME ADDRESS: \_\_\_\_\_  
Street City State Zip Code

NAME OF UNC INSTITUTION: \_\_\_\_\_ TERMINATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

DATES OF PARTICIPATION IN UNC ORP: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

UNC ORP ACCOUNT CARRIER(S): \_\_\_\_\_

EMPLOYER CONTRIBUTIONS (check one):  VESTED (Contributed for five years or more to UNC ORP)  NOT VESTED

*IF THE "NOT VESTED" BLOCK IN SECTION A IS CHECKED, COMPLETE THE ONE APPROPRIATE SECTION BELOW BEFORE SIGNING THIS FORM.*

**SECTION B: CONTINUING CORE RETIREMENT CONTRIBUTIONS TO FORMER UNC ORP CARRIER(S)**

I am leaving the employ of The University of North Carolina with less than five years participation in the University of North Carolina Optional Retirement Program (UNC ORP). I WILL continue participating at another institution or agency of higher education, as my core retirement plan, in my subsequent employer's "like" retirement plan, that is, a plan in which I will use the accounts only of companies to which I contributed under the UNC ORP, or could have contributed had I remained a participant in the UNC ORP (currently Fidelity Investments, Lincoln Life, TIAA-CREF, and VALIC).

Name and address of new institution: \_\_\_\_\_  
\_\_\_\_\_

Compan(y/ies) with which I will participate: \_\_\_\_\_

**SECTION C: NOT CONTINUING CORE RETIREMENT CONTRIBUTIONS TO FORMER UNC ORP CARRIER(S)**

I am leaving the employ of The University of North Carolina ("the University") with less than five years participation in the UNC ORP. I WILL NOT continue participation at another institution or agency of higher education, as my core retirement plan, in my subsequent employer's "like" retirement plan, that is, a plan in which I would use the accounts only of companies to which I contributed under the UNC ORP, or could have contributed had I remained a participant in the UNC ORP (currently Fidelity Investments, Lincoln Life, TIAA-CREF, and VALIC). I HEREBY ACKNOWLEDGE the forfeiture of my UNC ORP account(s) to the extent of prior contributions made by the University which are not attributable to salary reduction, adjusted for investment experience of such contributions and for applicable charges, will be made pursuant to law. I UNDERSTAND that this University portion will be refunded to The University of North Carolina for transmittal to the North Carolina Teachers' and State Employees' Retirement System and that I am hereby renouncing forever any and all claim or right to such University contributions to my UNC ORP account(s).

With respect to content of UNC ORP account(s) attributable to my own contributions by means of salary reduction, I HEREBY REQUEST the following action:

Check the appropriate block:

- My portion to be paid to me at the following address: \_\_\_\_\_  
\_\_\_\_\_
- My portion to be retained in the UNC ORP account(s): \_\_\_\_\_

**SECTION D: DELAY OF NOTIFICATION**

I have NOT ENROLLED, at this time, as my core retirement plan in a like retirement plan of a subsequent higher education employer (whereby I would participate only in the accounts of companies to which I contributed, or could have contributed, while participating in the UNC ORP; currently Fidelity Investments, Lincoln Life, TIAA-CREF, and VALIC). I UNDERSTAND that if, within 12 months after the termination date of my eligible University employment, I have not so enrolled, the University will surrender my UNC ORP annuity contracts and dispose of account contents attributable to University contributions not derived by salary reduction, as outlined in Section C, above.

I UNDERSTAND that it is my responsibility to notify the University in writing (at UNC General Administration, 910 Raleigh Road, P.O. Box 2688, Chapel Hill, NC 27515-2688) at such time as I have enrolled in a retirement plan that meets the requirements of the foregoing paragraph of this Section D. I FURTHER UNDERSTAND that my failure to so notify the University within 30 days following the elapse of 12 months after termination of my University employment, shall permit the University to proceed with recovery of my UNC ORP account(s) with respect to University contributions not derived by salary reduction, as outlined in Section C, above.

Check this box:  I elect to delay notification.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

UNC Institutional Representative Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(EXECUTE, THEN DISTRIBUTE: Original to General Administration; copies to Institution and Participant.)

The University of North Carolina Optional Retirement Program (UNC ORP)

**AUTHORIZATION FOR COVERAGE UNDER THE STATE OF NORTH CAROLINA  
RETIRED GROUP HEALTH PLAN**

**INSTRUCTIONS:** The purpose of this form is to certify that the UNC ORP participant named below is eligible for membership in the State of North Carolina Retired Group Health Plan. In order to be eligible, the ORP participant must (1) complete a "State of North Carolina Retired Group Enrollment/Change Application" form, (2) be vested, that is, contributed for five or more years to the UNC ORP, and (3) be in receipt of an ORP monthly retirement annuity benefit. The UNC employer completes SECTION A below, retains a copy of the form, and transmits **the original form to the appropriate UNC ORP carrier (Fidelity Investments, Lincoln Life, TIAA-CREF and/or VALIC). The UNC ORP carrier completes SECTION B below, retains a copy of the form, and returns the original form to the UNC employer at the campus address listed in SECTION A below. Upon receipt of the completed form, the UNC employer submits the original copy to the Department of State Treasurer, Retirement Systems Division, 325 North Salisbury Street, Raleigh, NC 27603-1388 along with the Retired Group Application and retains a copy for the UNC Employer File.**

**SECTION A: UNC EMPLOYER CERTIFICATION**

NAME OF UNC INSTITUTION: \_\_\_\_\_

NAME OF ORP PARTICIPANT: \_\_\_\_\_  
Last First MI

UNC ORP CARRIER(S):  Fidelity Investments  Lincoln Life  TIAA-CREF  VALIC

SOC. SEC. # \_\_\_\_\_ RETIREMENT EFFECTIVE DATE: \_\_\_\_/01/\_\_\_\_

DATES OF PARTICIPATION IN UNC ORP: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

I certify that the above-named employee is retiring from the University and is vested in the UNC ORP (contributed for five or more years).

UNC INSTITUTIONAL REPRESENTATIVE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

CAMPUS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

**SECTION B: ORP CARRIER AUTHORIZATION**

NAME(S) OF ORP CARRIER(S): \_\_\_\_\_

ANNUITY STARTING DATE FOR THE ABOVE-NAMED UNC ORP PARTICIPANT: \_\_\_\_\_

VERIFIED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(UNC ORP Carrier Representative's Signature)

(EXECUTE, THEN DISTRIBUTE: Original to Department of State Treasurer, Retirement Systems Division, copies for UNC Employer, UNC ORP Carrier, and UNC Employer File with ORP verification.)