

WELCOME PIRATES!!!

NEW EMPLOYEE ORIENTATION

2022

EHRA FACULTY

***(Exempt from the Human
Resources Act)***



HR Benefits Department

Benefits Department Director
Lee Ann Goff: 328-9825 / goffle@ecu.edu

Administrative Support Specialist
Pam Brann: 328-9887 / brannp18@ecu.edu

EHRA Faculty/Non-Faculty

Trina Baker

Academic Affairs (Faculty Only)

Lynn McCormick

**Administration & Finance, Athletics,
Chancellor Division, Health Sciences
and Student Affairs**

Corinne Hogan

**Foundation and Academic Affairs (non-
faculty only)**

Dawn Hall

REDE - non faculty only
(Research, Economic Development & Engagement)

Kristian Williams

University Advancement

<http://www.ecu.edu/cs-admin/HumanResources/Benefits.cfm>

BENEFIT COUNSELORS

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CSS

Dawn Hall
Health Sciences

SHRA

Corinne Hogan
**Academic Affairs, Athletics,
Chancellor Division,
Foundation,
Health Sciences and University
Advancement**

Kristian Williams

**Administration & Finance,
Student Affairs and REDE**
(Research, Economic Development &
Engagement)

*Located: 210 East First Street / Across from the Greenville Town Commons
HR Building 127*

PRIOR STATE or LOCAL GOVERNMENT SERVICE

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.

Agency #1: _____	Start Date: _____	End Date: _____
Address: _____		
Job Title: _____	<input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time (____ hrs per week)	
Agency #2: _____	Start Date: _____	End Date: _____
Address: _____		
Job Title: _____	<input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time (____ hrs per week)	
Agency #3: _____	Start Date: _____	End Date: _____
Address: _____		
Job Title: _____	<input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time (____ hrs per week)	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure*		
2) If yes, which retirement system did you participate in? <input type="checkbox"/> TSERS <input type="checkbox"/> ORP <input type="checkbox"/> 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>I hereby certify the above listed prior permanent employment with the state of North Carolina is accurate to the best of my knowledge.</i>		
Signature: _____		Date: _____
HUMAN RESOURCES USE ONLY		
Hire Date: _____	Total # Months: _____	ASD: _____
Vacation: _____		CSL: _____
Bonus: _____	Sick: _____	Other: _____

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- contact info on Slide #2**

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.

Agency #1: _____	Start Date: _____	End Date: _____
Address: _____		
Job Title: _____	<input type="checkbox"/> Full-time	or <input type="checkbox"/> Part-time (____ hrs per week)
Agency #2: _____	Start Date: _____	End Date: _____
Address: _____		
Job Title: _____	<input type="checkbox"/> Full-time	or <input type="checkbox"/> Part-time (____ hrs per week)
Agency #3: _____	Start Date: _____	End Date: _____
Address: _____		
Job Title: _____	<input type="checkbox"/> Full-time	or <input type="checkbox"/> Part-time (____ hrs per week)

- 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

Hire Date: _____

Total # Months: _____

ASD: _____

CSL: _____

Vacation: _____

Bonus: _____

Sick: _____

Other: _____

RETIREE Re-Employment



Certifying Employee Status Under Retirement Reemployment Laws



Please print or type in black ink.

Section A. Tell us about yourself.				
FIRST NAME	MI	LAST NAME	SUFFIX	SSN (last 4 digits)
MAILING ADDRESS				MEMBER ID (if known)
CITY	STATE	ZIP CODE	DATE OF BIRTH	
POSITION TITLE			TELEPHONE NUMBER	

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 (CJRS)
- Legislative Retirement System (LRS)
- 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 employer 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) 807-3050 in the Raleigh area or (877) 627-3287 toll free
www.mvnciretirement.com

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FORM ESRR

If you are returning back to work from 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 - contact info on Slide #2**



Certifying Employee Status Under Retirement Reemployment Laws



Please print or type in black ink.

Section A. Tell us about yourself.

FIRST NAME	MI	LAST NAME	SUFFIX	SSN (last 4 digits)
MAILING ADDRESS				MEMBER ID (if known)
CITY	STATE	ZIP CODE	DATE OF BIRTH	
POSITION TITLE				TELEPHONE NUMBER

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 (CJRS)
 - Legislative Retirement System (LRS)
 - 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) 807-3050 in the Raleigh area or (877) 627-3287 toll free
www.mvncretirement.com

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ESRR
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**FMLA,
(Unpaid Leave)**

**FSIL,
(Paid Leave)**

**VSL,
(Paid Leave)**

**CSL
(Paid Leave)**

TYPES OF LEAVE

TYPES OF LEAVE

Family Medical Leave (FMLA) – 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. **UNPAID LEAVE**

Faculty Serious Illness Leave (FSIL) – Eligible to permanent employees with one year of state service and are .75% or higher. Eligible for 12 weeks per year for serious illness of self or family member, or birth/adoption. **PAID LEAVE**

9-month faculty – Provides 12 calendar weeks of paid leave within any consecutive 12 calendar months period

12-month faculty - Provides 60 calendar days of paid leave within any 12 month calendar month period. After 60 calendar days, faculty may exhaust sick leave, vacation leave, bonus leave or apply for voluntary shared leave

Voluntary Shared Leave (VSL) – 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. **DONATED LEAVE**

Community Service Leave (CSL) – 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. **PAID LEAVE**

This is VERY IMPORTANT!

HEALTH INSURANCE PLAN

PLEASE LISTEN CAREFULLY



Plans Offered

70/30 - Traditional PPO

80/20 - Enhanced PPO

For all the State Health Plan information, please visit www.SHPNC.ORG under the ACTIVE EMPLOYEE tab.

MUST ENROLL within “30” days from date of hire **NO EXCEPTIONS!**

Overview of Health Plan Options

2022 STATE HEALTH PLAN COMPARISON

Active and Non-Medicare Subscribers

PLAN DESIGN FEATURES	80/20 PLAN		70/30 PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible	\$1,250 Individual \$3,750 Family	\$2,500 Individual \$7,500 Family	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
Coinsurance	20% of eligible expenses after deductible is met	40% of eligible expenses after deductible and the difference between the allowed amount and the charge	30% of eligible expenses after deductible is met	50% of eligible expenses after deductible and the difference between the allowed amount and the charge
Out-of-Pocket Maximum (Combined Medical and Pharmacy)	\$4,090 Individual \$14,670 Family	\$9,780 Individual \$29,340 Family	\$5,900 Individual \$16,300 Family	\$11,800 Individual \$32,600 Family
Preventive Services	\$0 (covered at 100%)	N/A	\$0 (covered at 100%)	N/A
Office Visits	\$0 for CPP PCP on ID card; \$10 for non-CPP PCP on ID card; \$25 for any other PCP	40% after deductible is met	\$0 for CPP PCP on ID card; \$30 for non-CPP PCP on ID card; \$45 for any other PCP	50% after deductible is met
Specialist Visits	\$40 for CPP Specialist; \$80 for other Specialists	40% after deductible is met	\$47 for CPP Specialist; \$94 for other Specialists	50% after deductible is met
Speech/Occu/Chiro/PT	\$26 for CPP Provider; \$52 for other Providers	40% after deductible is met	\$36 for CPP Provider; \$72 for other Providers	50% after deductible is met
Urgent Care	\$70		\$100	

PCP: Primary Care Provider, CPP: Clear Pricing Project
To find a CPP Provider, visit www.shpsc.org and click Find a Doctor.



PLAN DESIGN FEATURES	80/20 PLAN		70/30 PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Emergency Room (Copay waived w/admission or observation stay)	\$300 copay, then 20% after deductible is met		\$337 copay, then 30% after deductible is met	
Inpatient Hospital	\$300 copay, then 20% after deductible is met	\$300 copay, then 40% after deductible is met	\$337 copay, then 30% after deductible is met	\$337 copay, then 50% after deductible is met
PHARMACY BENEFITS				
Tier 1 (Generic)	\$5 copay per 30-day supply		\$16 copay per 30-day supply	
Tier 2 (Preferred Brand & High-Cost Generic)	\$30 copay per 30-day supply		\$47 copay per 30-day supply	
Tier 3 (Non-preferred Brand)	Deductible/coinsurance		Deductible/coinsurance	
Tier 4 (Low-Cost Generic Specialty)	\$100 copay per 30-day supply		\$200 copay per 30-day supply	
Tier 5 (Preferred Specialty)	\$250 copay per 30-day supply		\$350 copay per 30-day supply	
Tier 6 (Non-preferred Specialty)	Deductible/coinsurance		Deductible/coinsurance	
Preferred Blood Glucose Meters (BGM) and Supplies*	\$5 copay per 30-day supply		\$10 copay per 30-day supply	
Preferred and Non-Preferred Insulin	\$0 copay per 30-day supply		\$0 copay per 30-day supply	
Preventive Medications	\$0 (covered by the Plan at 100%)		\$0 (covered by the Plan at 100%)	

* 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.



Plan Premiums for Active Subscribers

80/20 & 70/30 Plan for Active Subscribers

Monthly Premium Rates January 1, 2022 – December 31, 2022	80/20 PLAN		70/30 PLAN	
	TOBACCO ATTESTATION COMPLETE?*		TOBACCO ATTESTATION COMPLETE?*	
	YES	NO	YES	NO
ACTIVE SUBSCRIBERS				
Subscriber	\$50.00	\$110.00	\$25.00	\$85.00
Subscriber + Child(ren)	\$305.00	\$365.00	\$218.00	\$278.00
Subscriber + Spouse	\$700.00	\$760.00	\$590.00	\$650.00
Subscriber + Family	\$720.00	\$780.00	\$598.00	\$658.00

****IMPORTANT NOTE****

SHP premiums are paid a month in advance, (Ex: April deductions are for May's coverage) in addition to the 30 days allotted for enrollment, this makes the initial cost add up fast. The catch-up amount will be set-up in payroll upon election choice.

IF YOU WANT THE FULL AMOUNT TAKEN IN A LUMP SUM,

YOU MUST CONTACT, PAM BRANN BY EMAIL

brannp18@ecu.edu

If no email is received, the full catch up amount will be divided over 4 pay periods.

Enrollment Procedures for State Health Plan Medical Insurance and NC Flex Benefits

****ATTENTION** 30-DAY DEADLINE****

How to Login & Enroll

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****

****VERY IMPORTANT****

Please make sure your address is correct in **PIRATE PORT** (https://pirateport.ecu.edu/connect_client/#/login) before enrollment. This is where insurance cards will be mailed.

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 252-328-9887.

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.shpnc.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 1040EX) 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 1040EX) 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 1040EX) as filed with the IRS, listing stepchild as dependent OR birth certificate PLUS marriage 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 1040EX) 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://shpnc.org> and click “Qualifying Life Events & Dependent Eligibility.”

Access Your ID Card on the Go!

(Members Enrolled in the 70/30, 80/20 PPO Plans & HDHP)


If you need to access your State Health Plan ID card, or have made changes to your State Health Plan and are you waiting for a new card to arrive in the mail, there's no need to wait! You can access your new ID card now and get a copy online through BlueConnect or the BlueConnect mobile app, Here's how!

To access and print a copy through the Plan's website, follow these steps:

1. Log into eBenefits, the Plan's enrollment system. eBenefits is available on top of the homepage – and every page! – of the Plan's website, www.shpnc.org.
2. Select the appropriate colored box to log in to eBenefits.
3. Once in eBenefits, select BlueConnect located on the left menu.
4. The BlueConnect page provides a quick reference of your deductible balance and access to your claims, among other features.
5. Select "Account/Profile." Once you access your account, you can order a new ID card, change your password, confirm your email and perform other tasks.

New ID cards are also available on the BlueConnect mobile app, offered through Blue Cross NC. To get the app and access your ID card, just follow these steps:

1. Go to the app store and search for and download "Blue Connect Mobile NC."
2. Create an account. If you already have an account, log in.
3. Once you've logged in, scroll to the bottom and tap the "ID Card" button.
4. You will be automatically directed to a new screen with a digital image of your ID card.

 North Carolina State Health Plan FOR TEACHERS AND STATE EMPLOYEES A Division of the Department of State Treasurer Treasurer Dale R. Folwell, CPA		
Provider Type	CPP	Non CPP
Selected PCP*	\$0	\$30
Phy/Occu/Spch Therapy/Chiro	\$36	\$72
Specialist	\$47	\$94
Behavioral Health	\$0	\$45
Urgent Care	\$100	
ER	\$337 + Ded & 30%	
Other Info	INN	OON
Ind Deductible	\$1,500	\$3,000
Ind OOP Max	\$5,900	\$11,800
Family Deductible	\$4,500	\$9,000
Family OOP Max	\$16,300	\$32,600
* If PCP not selected, in-network copay \$45		
CPP: Clear Pricing Project INN: In-network/OON: Out-of-network OOP: Out-of-pocket		

Subscriber:	JOHN A SAMPLE 01	
Member:		
Subscriber ID:	SMPLO001	
Your Group		
Date Issued:	Group No:	
01/01/2022	14170742	
RXBIN:	RXPCN:	RXGRP:
000000	000	000000
Primary Care Provider (PCP)		
Dr. PCP		
123 Anywhere Street		
123-456-7890		
NC SHP Network		80/20 Plan
Paid for by YOU and other NC Taxpayers		

Eligibility and Enrollment Questions:
855-85-0966

Prescription Questions: 888-321-3124

For questions on this newsletter, e-mail: ppo.inquiries@nctreasurer.com



Dale R. Folwell, CPA
STATE TREASURER OF NORTH CAROLINA
DALE R. FOLWELL, CPA

Tobacco Attestation Information



You can save \$60 on your monthly premium by completing a tobacco attestation during Open Enrollment or your initial enrollment into the State Health Plan.

****Tobacco attestation must be completed each year. One session must be completed within 60 days of your enrollment.****

This is a savings of \$720/year



State Health Plan

**IF YOU WOULD LIKE
STEP-BY-STEP
INSTRUCTIONS ON HOW
TO ENROLL IN THESE
STATE BENEFITS,
PLEASE VISIT:**

**[https://www.shpnc.org/
media/1827/open](https://www.shpnc.org/media/1827/open)**



Premium Wellness Credits

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

Premium credits

> Tobacco Attestation (Worth \$60 Premium Credit)

\$0.00 per month

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 by November 30, 2021. (Please note: You may lose your \$60 monthly premium credit if you do not visit a Primary Care Provider or a CVS MinuteClinic for a tobacco cessation counseling session as agreed by November 30, 2021.) 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 by 11/30/2021
- I AM a tobacco user

Next

Previous

Cancel

Enrollment Confirmation – PRINT & SAVE

Once enrollment is completed, **SAVE your confirmation statement.**

Medical
70/30 PPO Plan
Offered By: Blue Cross and Blue Shield of North Carolina
Effective Date: 01/01/2021
You Pay: \$25.00 per month
Persons Covered: [redacted]

Premium credits Edit
Show details

Medicare
No policy on record
No medicare policy information on record

Additional Insurance Edit
No policy on record
No additional insurance policy information on record

Primary Care Provider Edit
Show details

Edit coverage Edit plan Plan details

Save Cancel

Cost Summary
This is a summary of your OE benefit elections.

Benefit Elections (1 items)

Monthly
Eligible for Employer Contribution
Medical

You Pay

Subtotal
Premium Wellness Credits
Monthly Total

State Health Plan
A Division of the Department of State Treasurer

Jacqueline Shoe

Home
Profile
Benefits
Language Preferences

✓ **Congratulations, [redacted]! You have successfully completed your enrollment process.**
Please review and print your Confirmation Statement for your records.

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.

NEW HIRE ~vs~ OPEN ENROLLMENT

New hires will complete the benefits enrollment within 30 days of their Date of Hire. These benefits will be for the remaining of the current year.

ALL EMPLOYEES MUST PARTICIPATE IN OPEN ENROLLMENT “EVERY” OCTOBER

(benefits selected during Open Enrollment are effective the beginning of the following year)

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.

During Open Enrollment (employees can enroll, disenroll, switch plans and add/remove dependents without a qualifying life event)

Important! If you do not want to make any changes, you will still need to sign into your benefits portal at: <https://www.ebenefitsnow.com/sso/saml/ECU> and edit your health insurance plan to answer the Tobacco Attestation question to receive your premium wellness credit. If this is not done your insurance premium will increase \$60.00 per month beginning with the first! payroll in December.

October 2022 

ACA – Exchange Notice



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1510-0140
(Expires 6-30-2013)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan's share of the total allowed benefit costs covered by the plan is no less than 80 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name East Carolina University		4. Employer Identification Number (EIN) Contact ECU Benefits Office	
5. Employer address 210 East First Street		6. Employer phone number 252-328-9887	
7. City Greenville	8. State NC	9. ZIP code 27858	
10. Who can we contact about employee health coverage at this job? ECU Benefits Office 252-328-9887			
11. Phone number (if different from above)		12. Email address Contact ECU Benefits Office	

Here is some basic information about health coverage offered by this employer:

•As your employer, we offer a health plan to:

All employees. Eligible employees are:

Contact ECU Benefits Office

Some employees. Eligible employees are:

Contact ECU Benefits Office

•With respect to dependents:

We do offer coverage. Eligible dependents are:

Contact ECU Benefits Office

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

By law we need to make you aware of the Health Insurance Marketplace. If you feel the employee only premium is more than 9.5% of your annual household income (it isn't) or if the coverage does not meet the “minimum value” set by the ACA (which it does), you may be eligible for a tax credit through the Marketplace. For more information you may visit: <https://www.shpnc.org/employee-benefits/high-deductible-health-plan>



NCFlex Benefits

Choose the NC Flex benefits that are right for you and your family (if you are eligible for Benefits through Human Resources-Health Sciences those Benefits may have an impact on what you should consider when enrolling in with NC Flex Benefits).

THE UNIVERSITY OF NORTH CAROLINA SYSTEM

2022 NCFLEX Benefits Guide

NCFLEX
STATE SURVIVANCE PLAN
NCFLEX.ORG



Accident, Term Life, Cancer and Critical Illness



**Flexible Medical Spending Account
Dependent Daycare Account**



Dental



Vision
(free core wellness plan, must enroll to be covered)



Term Life and Accidental Death and Dismemberment
Core AD&D - 10,000 coverage free for all employees



Tricare Supplemental
(only for retired Military)



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.

ID CARDS – WHO, WHAT, WHERE?

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. 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 www.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 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.
- **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 (company name is NCFlex).
- **Vision** - Cards are only mailed to new participants. Additional cards can be found by logging onto 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, however certificates, claim forms and other information can be found in each plan's section of ncflex.org. 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. Certificates, claim forms, and other information about these plans can be found at ncflex.org. Allstate also has a portal where you can view your personal coverage and claim information: [Log into your account](#). ID cards are not provided for these plans and are not required.

MANDATORY RETIREMENT

“60 days to decide”



MANDATORY 6% of salary will go into this plan as long as you are an eligible employee.

TSERS = **T**eachers & **S**tate **E**mployees Retirement **S**ystem

OR

ORP = **O**ptional Retirement **P**lan

61st day-default

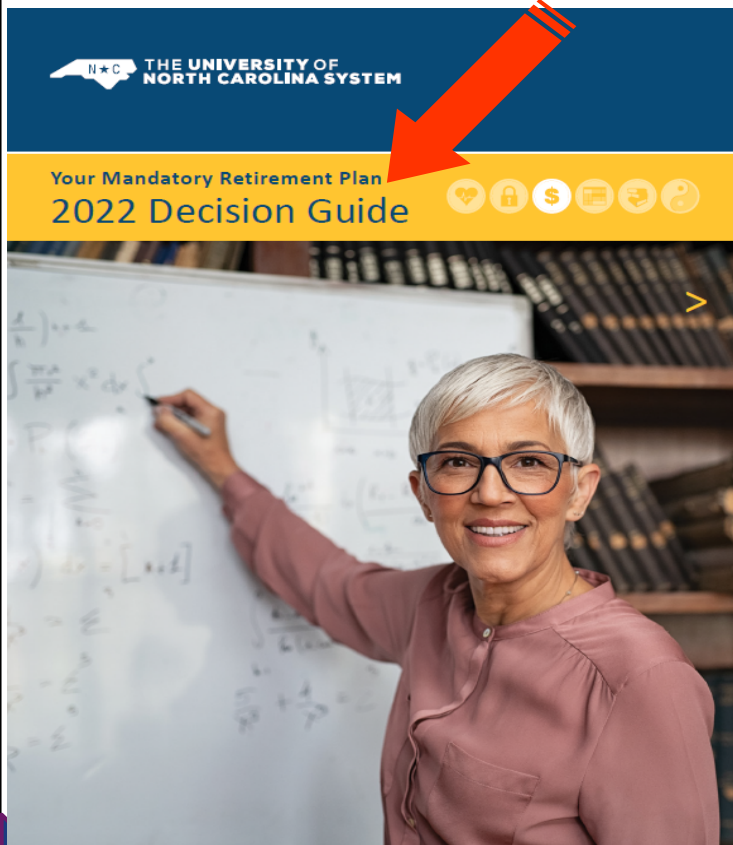
TSERS

IMPORTANT Decision

TSERS vs ORP

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, review full guide.*

Teachers' and State Employees Retirement System (TSERS) is a defined benefit plan. The benefit an employee receives at retirement is based on a predetermined formula. This formula considers the employee's years and months of creditable service (any period during which the employee contributes to TSERS, provided he/she does not withdraw his/her contributions), the employee's age and the average final compensation (the average of the employee's salary during his/her four highest consecutive paid years). The amount of the guaranteed benefit the employee will receive at retirement is not directly determined by the investment experience of the plan assets or the amount of contributions. Under TSERS, the State controls the investments and assumes all of the investment risks. The plan funds are invested by professional money managers selected by TSERS.

UNC Optional Retirement Program (ORP) – The ORP is a defined contribution plan. The value of the employee's benefit is not based on a predetermined formula. Contributions to the employee's account are made by the employee and The University. The contributions are invested, and the returns are credited to the employee's account. The value of his/her account is based on the amount of contributions made to the account and the performance of the investment funds the employee selects. Employees must choose a Carrier (i.e., a financial institution that offers an investment platform and administers plan balances) for their ORP account. Each Carrier in the ORP offers different investment and distribution options. Many plan transactions are conducted directly by the participant with his/her Carrier (e.g., investment changes, Beneficiary maintenance, distribution elections) with little involvement from The University.

To view full guide, visit:

<https://myapps.northcarolina.edu/hr/download/138/booklets/9842/mandatory-retirement-plan-decision-guide-2.pdf>

Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue • Raleigh, NC 27604 • web: www.myncretirement.com
phone: 877-NC-SECURE (877-627-3287) • fax: 919-855-5800



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

Section A. Tell us about yourself.					<input type="checkbox"/> Check if there are any changes to your contact information.
First Name	M.I.	Last Name	Suffix	SSN (Last 4 digits)	
Mailing Address					Member ID
City	State	Zip Code	Telephone	Date of Birth	

Section B. Please tell us your retirement system and employer.	
<input type="checkbox"/> Teachers' and State Employees' Retirement System (TSERS) <input type="checkbox"/> Consolidated Judicial Retirement System (CJRS)	Current Employer
<input type="checkbox"/> Local Governmental Employees' Retirement System (LGERS) <input type="checkbox"/> Legislative Retirement System (LRS)	

Section C. Select your beneficiary(ies). <i>See Guides for assistance. *REQUIRED FIELD</i>							
1	First Name*	M.I.	Last Name*	Date of Birth*		Select a Benefit (<i>Select one or both</i>) Death Benefit Return of Contributions	
	Address			City	State		ZIP
	Relationship			Social Security Number*			Select a Beneficiary Type (<i>Select one</i>) Principal Contingent
	E-Mail Address			Telephone Number			
2	First Name*	M.I.	Last Name*	Date of Birth*		Select a Benefit (<i>Select one or both</i>) Death Benefit Return of Contributions	
	Address			City	State		ZIP
	Relationship			Social Security Number*			Select a Beneficiary Type (<i>Select one</i>) Principal Contingent
	E-Mail Address			Telephone Number.			

If you are designating more beneficiaries, check the box at left and complete Page 2.

***REQUIRED FIELD**

Section D. Certify your selections.
<p>I hereby authorize the Board of Trustees to make payment(s) to the beneficiary(ies) I have designated on this form. I acknowledge that the 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 erasures, strike overs, or white-outs in Sections C through F. I certify by my signature that I have completed this form in its entirety.</p>
<p>Signature _____ Date _____</p>

Section E. Have this form notarized. <i>Improperly notarized forms will not be accepted.</i>
--

State of _____ County of _____ My Commission Expires _____

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.

**OPTIONAL RETIREMENT PROGRAM OF THE UNIVERSITY OF NORTH CAROLINA
ELECTION AND FORFEITURE AGREEMENT**



SECTION A. EMPLOYEE DATA				
FIRST NAME	MI	LAST NAME		
MAILING ADDRESS		DATE OF BIRTH (MM/DD/YYYY)	EMPLOYEE ID	
CITY	STATE	ZIP CODE	EMAIL ADDRESS	TELEPHONE NUMBER
EMPLOYER (UNC SYSTEM INSTITUTION) East Carolina University		DATE OF ELIGIBLE EMPLOYMENT (MM/DD/YYYY):		
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): <input type="checkbox"/> FIDELITY <input type="checkbox"/> 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:				
<ul style="list-style-type: none"> • 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 UNC ORP 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.				
EMPLOYEE SIGNATURE		DATE		

Carrier	REP	Contact Info
Fidelity	Michael Kitto	252-481-2003 Michael.kitto@fmr.com fidelity.com/schedule
TIAA	Gina Grimmer	980-867-6481 Gina.Grimmer@tiaa.org tiaa.org/schedule

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, 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**

**FORM
ORP-1**

SECTION A. EMPLOYEE DATA

FIRST NAME	MI	LAST NAME		
MAILING ADDRESS		DATE OF BIRTH (MM/DD/YYYY)	EMPLOYEE ID	
CITY	STATE	ZIP CODE	EMAIL ADDRESS	TELEPHONE NUMBER
EMPLOYER (UNC SYSTEM INSTITUTION) East Carolina University		DATE OF ELIGIBLE EMPLOYMENT (MM/DD/YYYY):		
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 Teacher's 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 UNC ORP 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.

EMPLOYEE SIGNATURE	DATE
--------------------	------



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

RETIREMENT DECISION

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: B _____

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 #: _____	<u>BENEFITS USE ONLY</u> <u>Effective January 1, 2022</u>
<u>TRANSFER FROM:</u>	
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

Retirement Election/Waiver Form

Please complete the forms for the plan of your choice **and** this form (REX) by checking the plan you elected, sign and date, **then email/fax it to Pam Brann.**

If you need more time, please check the box stating, "Delay my election for 60-day allotted period", sign and date, **then email/fax to Pam Brann**

REMEMBER in electing to delay, you must get your forms to us within 60 days or the mandatory retirement plan for you will default to the TSERS.

IMPORTANT - **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: B _____

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 January 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****

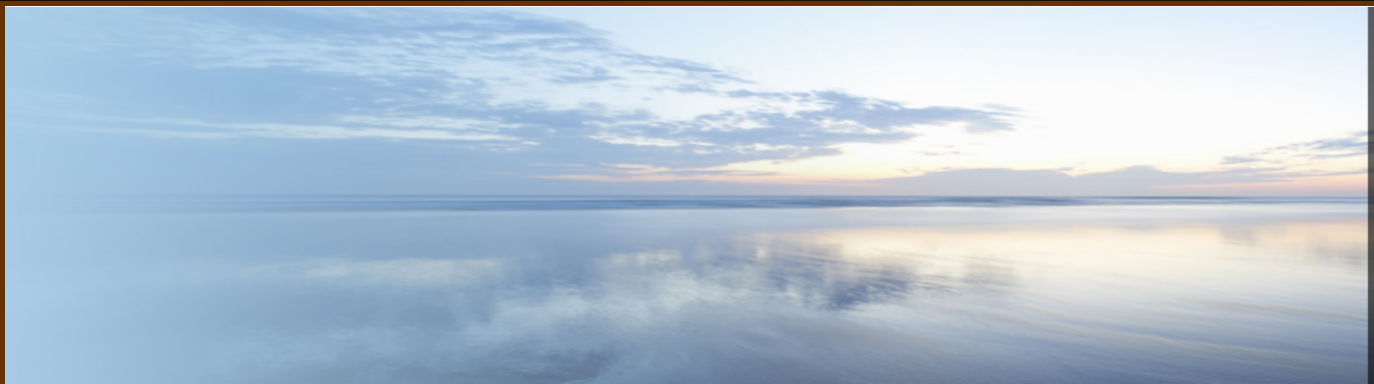
ORP: \$ _____ (add 6% for EE) = Circle ONE: TIAA (**RTE**) or Fidelity (**RFE**)

\$ _____ (add 6.84% for ER) = Circle ONE: TIAA (**RTR**) or Fidelity (**RFR**)

\$ _____ (**add REZ = ER / 5.99%**)

Counselor Signature: _____ Date: _____

REX



Get Ready for Your Future

Enroll in your retirement savings plan today!

The supplemental retirement plans provide an additional opportunity to help you reach your retirement goals. <https://myapps.northcarolina.edu/hr/download/126/booklets/12046/supplemental-retirement-guide.pdf>

Enrollment anytime. No deadlines, unlimited changes, end anytime.



ECU Authorized Representatives



Michael Kitto
403b and 457b
252-481-2003

Michael.kitto@fmr.com



Gina Grimmer
403b and 457b
980-867-6481

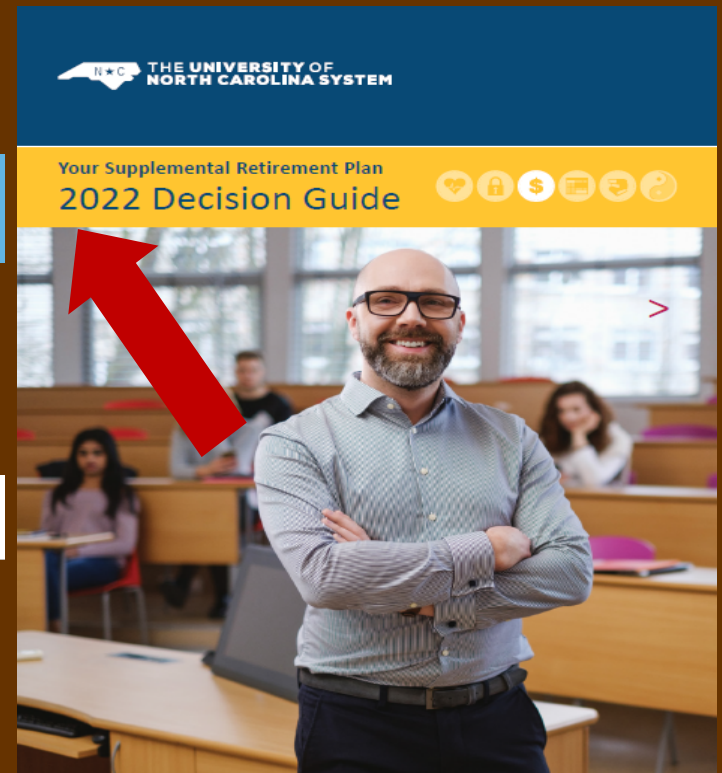
Gina.Grimmer@TIAA.org



Dale R. Folwell, CPA
STATE TREASURER OF NORTH CAROLINA
DALE R. FOLWELL, CPA

Prudential
Cecilia Fields
NC 401k and 457b
252-204-3297

Cecilia.fields@prudential.com





Income Protection Basics

Although ECU provides you with basic short-term disability (STD) and basic long-term disability (LTD) coverage at no cost to you you may want to consider purchasing additional protection in the form of supplemental disability coverage. Supplemental coverage pays benefits when your basic coverage does not and increases your overall monthly benefit.

Your basic STD and basic LTD benefits are provided to you under the Disability Income Plan of North Carolina (DIP-NC).

The specific supplemental disability plan that is available to you depends on which retirement plan you participate.

Your supplemental disability plan begins paying benefits if you are disabled for more than 90 days. The 90-day period is called your elimination period. You must be continuously disabled during the elimination period before benefits are payable.

Generally, the plan supplements whatever basic STD or basic LTD benefit you may be receiving in whatever amount is needed to bring your total disability benefits up to 66⅔%. If you are receiving no other disability benefits, then the supplemental disability plan pays all of the 66⅔% of your monthly salary itself.

The plan pays benefits for a qualifying disability regardless of how many years of membership service you have as a participant in TSERS or ORP for University employees. Therefore, it fills in certain "gaps" during which your basic coverage does not pay a benefit.

"2022 Income Protection Programs"

The supplemental Income Protection Guide is located at:
<https://myapps.northcarolina.edu/hr/benefits-leave/income-protection-benefits/>

THE UNIVERSITY OF NORTH CAROLINA SYSTEM

2022 Income Protection Programs

>



Disability Programs

ORP MEMBERS/THE STANDARD

TSERS MEMBERS/LINCOLN FINANCIAL GROUP

<https://myapps.northcarolina.edu/hr/benefits-leave/income-protection-benefits/>

Standard Insurance Company

Enrollment and Change Form

Reset

Mark all boxes and complete all sections that apply. Return completed form to your Human Resources Department.

APPLICANT	Your Name (Last, First, Middle)		Group Name		Group Number(s)	
			The University of North Carolina		134598	
	Your Address		City	State	ZIP	
DISABILITY	Your Soc. Sec. No.	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		Job Title/Occupation	
	<i>Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.</i> Long Term Disability (LTD) <input type="checkbox"/> Voluntary LTD with Monthly Annuity Premium Benefit (MAPB)					
CHANGE	<i>Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.</i> <input type="checkbox"/> Name Change Former name _____ <input type="checkbox"/> Other _____					
SIGNATURE	I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.					
	Member/Employee Signature Required				Date (Mo/Day/Yr)	
<i>Human Resources Department - Complete this section. Retain form for your records.</i>						
Dvsn ID	Billing Cat.	Date of Hire/Rehire	Hrs. Worked Per Wk.	Earnings \$	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr	



The University of North Carolina Enrollment Form

Group Disability Insurance

Please return completed form to your benefits department

Employer Name		Group Policy Number	
The University of North Carolina		05-273663	
Employer Address (City, State, ZIP Code)		Coverage Effective Date	
Employee Name (Last, First, Middle)			
Address (City, State, ZIP Code)			
Social Security Number	Date of Birth (MM/DD/YY)	Gender	Marital Status
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Hire Date (MM/DD/YY)	Annual Salary	Type of Enrollment	
	\$	<input type="checkbox"/> New Employee <input type="checkbox"/> Qualified Life Event <input type="checkbox"/> Annual/Open Enrollment <input type="checkbox"/> Rehire Rehire Date:	

Coverage Elections

Please indicate your coverage elections below. Please see your plan booklet for additional information.

Type of Coverage	Selection	Coverage Elected
Employee Voluntary Long-Term Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	66.67%
Employee Signature and Authorization		
<input type="checkbox"/>	ACCEPT: I declare that all information given in this enrollment form is true and complete to the best of my knowledge and belief. I request coverage under my employer's plan of benefits as indicated above. I authorize my employer to deduct from my earnings my contributions for the coverage(s) selected. I understand that with respect to coverages I have declined, Lincoln Financial Group has the right to require Evidence of Insurability in order to consider any later request to change this decision and that my request may be denied. I am an employee in active employment working at the employer's regular place of business.	
<input type="checkbox"/>	DECLINE: I hereby decline all optional coverage as offered by my employer. I certify that I have been given the opportunity by my employer to enroll for coverage. I understand that Lincoln Financial Group has the right to require Evidence of Insurability in order to consider any later request to change this decision and that my request may be denied. I am an employee in active employment working at the employer's regular place of business.	
Employee Signature:	Date:	

SUPPLEMENTAL BENEFITS PLANS

Outside Agencies Offering Discount Pricing

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 plan 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-existing 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

Educator Income Protection Insurance Colonial Life. Making benefits count.

How long could you afford to go without a paycheck?

Monthly Expenses: \$ _____ \$ _____ \$ _____
 Mortgage/rent Groceries Car
 \$ _____ \$ _____ \$ _____
 Medical bills Utilities Other
 Total \$ _____

Colonial Life's Income Protection for School Personnel in North Carolina was designed especially to supplement existing state plans in North Carolina and help protect your paycheck.

My Coverage Worksheet (For use with your Colonial Life Benefits Counselor)

Employee Coverage (includes both on- and off-job benefits)

How much coverage do I need?

On-Job Accident/On-Job Sickness \$ _____ Off-Job Accident/Off-Job Sickness \$ _____

• **Total Disability**

	On-Job	Off-Job
First 3 months	\$ _____ /month	\$ _____ /month
Next 9 months	\$ _____ /month	\$ _____ /month

• **Partial Disability**

	On-Job	Off-Job
Up to 3 months	\$ _____ /month	\$ _____ /month

When will my benefits start?

After an Accident: _____ days After a Sickness: _____ day

What additional features are available?

- Normal pregnancy is covered the same as any other covered sickness.
- Waiver of Premium.
- You're eligible for most benefits from the first day of your covered accident - including weekends, holidays and summer vacation - with no waiting period. Disability benefits may have an elimination period.

How much will it cost?

Your cost will vary based on the level of coverage you select.

THE ROBERT TAYLOR GROUP

Protect your most valuable asset - your income

Colonial Life. The benefits of good hard work.

ECU NEW EMPLOYEES - PLEASE NOTE

GUARANTEE ISSUE (VALID QUESTION ONLY) ENROLLING WITHIN THE FIRST 31 DAYS OF EMPLOYMENT

Times is only when disabled that NC State Employees understand the limitations of the short-term disability plan. To verify the State of NC, Forwinsty, East Carolina University has allowed Colonial Life to provide a solution to help you with your personal needs. Find out more by contacting us to protect your salary against being disabled due to a covered accident or sickness (including maternity).

(See your Colonial Representative for complete details):

Directly to you to use how you see fit.

Tax claim money paid is not taxable as income.

*Accident Plan designed to help with additional expenses that occur

Additional premium charges if you leave or retire.

Benefit Counselor at your convenience to find out more

PLEASE, I UNDERSTAND THAT I AM ON TO PURCHASE!

up.com
e details

This is the only disability plan that includes maternity.

Coverage is portable – can take it with you

COMPLETE FORM (at end of slide) FOR ADDITIONAL INFORMATION - email/fax to Pam Brann



Your Future Protected

Must enroll within 60 days of hire to qualify for Guarantee Issue - All programs are portable

**CONTACT: Emily Andrews Pierce Insurance
252-753-3582 ext 211
emilypierceins.com**

Call 800-421-3142 for a 1-1 video visit or teleconference call

Enroll on-line at <https://pierceins.com/east-carolina-university/>



Voluntary Benefit Coverage

Let our personalized benefit offerings put you and your family in Good Hands[®]

**Group Life and Critical Illness Insurance
plus Heart/Stroke Insurance**

Benefit coverage for
East Carolina University





The University of North Carolina System (UNCS)

Group Term Life Insurance

Post-Tax Term Life

"NEW BENEFIT"



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 Death 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.

Who's Eligible?

[VOYA Pre-Tax Term Life Plan](#)

[Securian Post-Tax Plan Summary](#)

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.

- ❖ 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.
- ❖ For NCFlex, eligible faculty/staff who work at least 20 hours per week (.5 FTE) are eligible to participate.

Dependent Eligibility - Dependent Children are eligible for coverage up to the age of 26.

- ❖ 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.
- ❖ Legal Spouses are eligible for the NCFlex coverage, Both Legal Spouses and Qualified Domestic Partners are eligible for Securian's coverage.
- ❖ NCFlex Life coverage is reduced by 50% when spouse reaches age 75.

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](#). 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

Save on your car and home insurance!



Fax for a free no-obligation quote
Adam 877-836-8401 Kelly 877-805-0286

Check options of interest: Auto Home Condo Renters

Name _____ DOB _____
 Spouse name _____ DOB _____
 Home address _____
 City _____ State _____ Zip _____
 Do you own or rent? _____
 Phone _____ Best time to call ____ Morning ____ Midday ____ Evening
 Email: _____
 Make/Model/Year of vehicle _____
 Make/Model/Year of vehicle _____
 Make/Model/Year of vehicle _____

ECU EMPLOYEE BENEFIT - CLIENT 102321
Adam Schulte or Kelly Goode
Sales Representatives
1511 Sunday Drive, Suite 200
Raleigh, NC 27607
919-985-8743 Adam
919-985-8707 Kelly



PROUD PARTNER

Coverage underwritten and provided by Liberty Mutual Insurance Company and its affiliates, 175 Berkeley Street, Boston, MA 02116
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10/18/2018 2:04:50
18 LMC 220104

Offering auto,
home,
condominium,
renters,
etc. coverage



If interested contact Kelly Goode or Adam Schulte
(premiums can be payroll deducted)
Adam Schulte/adam.schulte@libertymutual.com/
(919) 872-4700 ext 57143

CFNC



NC 529
PLAN



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 PIRATES!!!
QUESTIONS???



ADDITIONAL FORMS SECTION





Certifying Employee Status Under Retirement Reemployment Laws



Please print or type in black ink.

Section A. Tell us about yourself.

FIRST NAME	MI	LAST NAME	SUFFIX	SSN (last 4 digits)
MAILING ADDRESS				MEMBER ID (if known)
CITY	STATE	ZIP CODE	DATE OF BIRTH	
POSITION TITLE				TELEPHONE NUMBER

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 (CJRS)
 - Legislative Retirement System (LRS)
 - 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) 807-3050 in the Raleigh area or (877) 627-3287 toll free
 www.myncretirement.com

REV 20181012

ESRR
 Page 1 of 1

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.

Agency #1: _____ Address: _____ Job Title: _____	Start Date: _____ End Date: _____ <input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time (____ hrs per week)
Agency #2: _____ Address: _____ Job Title: _____	Start Date: _____ End Date: _____ <input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time (____ hrs per week)
Agency #3: _____ Address: _____ Job Title: _____	Start Date: _____ End Date: _____ <input type="checkbox"/> Full-time or <input type="checkbox"/> Part-time (____ hrs per week)
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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure*	
2) If yes, which retirement system did you participate in? <input type="checkbox"/> TSERS <input type="checkbox"/> ORP <input type="checkbox"/> 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>I hereby certify the above listed prior permanent employment with the state of North Carolina is accurate to the best of my knowledge.</i>	
Signature: _____	Date: _____

<u>HUMAN RESOURCES USE ONLY</u>			
Hire Date: _____	Total # Months: _____	ASD: _____	CSL: _____
Vacation: _____	Bonus: _____	Sick: _____	Other: _____

Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue • Raleigh, NC 27604 • web: www.myncretirement.com
phone: 877-NC-SECURE (877-627-3287) • fax: 919-855-5800



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

Section A. Tell us about yourself.					<input type="checkbox"/> Check if there are any changes to your contact information.
First Name	M.I.	Last Name	Suffix	SSN (Last 4 digits)	
Mailing Address				Member ID	
City	State	Zip Code	Telephone	Date of Birth	

Section B. Please tell us your retirement system and employer.	
<input type="checkbox"/> Teachers' and State Employees' Retirement System (TSERS) <input type="checkbox"/> Consolidated Judicial Retirement System (CJRS)	Current Employer
<input type="checkbox"/> Local Governmental Employees' Retirement System (LGERS) <input type="checkbox"/> Legislative Retirement System (LRS)	

Section C. Select your beneficiary(ies). <i>See Guides for assistance. *REQUIRED FIELD</i>							
1	First Name*	M.I.	Last Name*	Date of Birth*		Select a Benefit (<i>Select one or both</i>) Death Benefit Return of Contributions	
	Address		City	State	ZIP		
	Relationship			Social Security Number*			Select a Beneficiary Type (<i>Select one</i>) Principal Contingent
	E-Mail Address			Telephone Number			
2	First Name*	M.I.	Last Name*	Date of Birth*		Select a Benefit (<i>Select one or both</i>) Death Benefit Return of Contributions	
	Address		City	State	ZIP		
	Relationship			Social Security Number*			Select a Beneficiary Type (<i>Select one</i>) Principal Contingent
	E-Mail Address			Telephone Number.			

If you are designating more beneficiaries, check the box at left and complete Page 2. *REQUIRED FIELD

Section D. Certify your selections.	
<p>I hereby authorize the Board of Trustees to make payment(s) to the beneficiary(ies) I have designated on this form. I acknowledge that the 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 erasures, strike overs, or white-outs in Sections C through F. I certify by my signature that I have completed this form in its entirety.</p>	
Signature _____	Date _____

Section E. Have this form notarized. <i>Improperly notarized forms will not be accepted.</i>	
State of _____ County of _____	My Commission Expires _____
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 _____	



Form 2C Continuation Page *Duplicate as Needed*

Department of State Treasurer, Retirement Systems Division
 3200 Atlantic Avenue • Raleigh, NC 27604 • web: www.myncretirement.com
 phone: 877-NC-SECURE (877-627-3287) • fax: 919-855-5800

This page is intended as a supplement to Page 1, and is optional. If you have more beneficiaries to designate, complete this page and submit with Page 1. Please note that forms submitted with erasures, strike overs, or white-outs in Sections C through F will not be accepted.

Section F. Select your additional beneficiary(ies). (Optional) See Guides for assistance. *REQUIRED FIELD

Please select additional beneficiaries. You do not need to repeat any beneficiaries listed on Page 1.

3	First Name*		M.I.	Last Name*		Date of Birth*		Select a Benefit (<i>Select one or both</i>) Death Benefit Return of Contributions
	Address			City		State	ZIP	
	Relationship				Social Security Number*			
	E-Mail Address				Telephone Number			
4	First Name*		M.I.	Last Name*		Date of Birth*		Select a Benefit (<i>Select one or both</i>) Death Benefit Return of Contributions Select a Beneficiary Type (<i>Select one</i>) Principal Contingent
	Address			City		State	ZIP	
	Relationship				Social Security Number*			
	E-Mail Address				Telephone Number			
5	First Name*		M.I.	Last Name*		Date of Birth*		Select a Benefit (<i>Select one or both</i>) Death Benefit Return of Contributions Select a Beneficiary Type (<i>Select one</i>) Principal Contingent
	Address			City		State	ZIP	
	Relationship				Social Security Number*			
	E-Mail Address				Telephone Number			
6	First Name*		M.I.	Last Name*		Date of Birth*		Select a Benefit (<i>Select one or both</i>) Death Benefit Return of Contributions Select a Beneficiary Type (<i>Select one</i>) Principal Contingent
	Address			City		State	ZIP	
	Relationship				Social Security Number*			
	E-Mail Address				Telephone Number			

First Name		M.I.	Last Name		Suffix
SSN (Last 4 digits)		Member ID		Date of Birth	

*REQUIRED FIELD

Department of State Treasurer, Retirement Systems Division
3200 Atlantic Avenue • Raleigh, NC 27604 • web: www.myncretirement.com
phone: 877-NC-SECURE (877-627-3287) • fax: 919-855-5800

Guide A. What is the Death Benefit?

This benefit is available to employees if their employer participated in the Death Benefit, check with your employer for eligibility. With this benefit, if you die while you are contributing to the Retirement System, a one-time payment based on your salary may be paid to your beneficiary(ies).

Teachers' and State Employees' Retirement System. Most members of this system are eligible. For your beneficiary(ies) to receive this benefit, you must have at least one year of contributing service at your death, and you must be either actively working or within 180 days of your effective termination date. The amount of the benefit is equal to the highest consecutive 12 months of salary during the 24 months preceding your death. The minimum benefit is \$25,000, and the maximum is \$50,000 ([G.S. 135-5](#)).

Local Governmental Employees' Retirement System. Not all members of this system are eligible, unless you are a law enforcement officer. For your beneficiary(ies) to receive this benefit, you must have had at least one year of contributing service and be actively working or within 180 days of your effective termination date. The amount of the benefit is equal to the highest consecutive 12 months of salary during the 24 months preceding death. The minimum benefit is \$25,000, and the maximum is \$50,000 ([G.S. 128-27](#)).

Consolidated Judicial Retirement System. If you are actively serving at your death, an amount equal to your final annual compensation will be paid to your beneficiary(ies), plus a one-time return of your unused contributions. However, if you are 50 or older, with five years of service, and if your surviving spouse is designated as your only beneficiary, instead of a return of your unused contributions, your spouse may choose to receive a monthly benefit for life or until remarriage ([G.S. 135-63](#)).

Legislative Retirement System. For your beneficiary(ies) to receive this benefit, you must have at least one year of contributing service at your death and you must be actively serving in the General Assembly. The amount of this benefit is equal to your highest annual salary, with a maximum of \$15,000 ([G.S. 120-4.27](#)).

All Systems. Beneficiaries must meet the requirements in Guide C. You may change your beneficiary(ies) for this benefit at any time.

Guide B. What is the Return of Contributions Benefit?

As part of your employment, you regularly contribute six percent of your salary to your retirement system (Legislative Retirement System members contribute seven percent). When you have contributed for five years and received the proper credit, you are "vested" in the retirement system, which means you will be eligible for a monthly benefit when your age and service record qualifies you for retirement.

If you die before you retire, the contributions you have made, plus any amount you paid to purchase retirement credit, will be paid to the beneficiary(ies) you select. Your beneficiaries are entitled to these contributions even if you aren't vested or in active service.

Any beneficiary must meet the requirements in Guide C. You may change your beneficiary(ies) at any time before retirement.

You may list one or multiple principal beneficiaries, but be aware that your choice may affect how benefits are paid when you die.

- A single beneficiary may have the choice to receive a monthly benefit (known as the Survivor's Alternate Benefit) instead of a one-time payment (known as Return of Contributions) if you qualify. A principal beneficiary will not have this choice if more than one principal is living at the time of death and contingent beneficiaries will not have this choice.
- Although there is no limit to the number of principal and contingent beneficiaries you may choose, **you must choose at least one principal beneficiary.**

Guide C. What are the different types of beneficiary(ies) I can select?

A **principal beneficiary** will be the first person or people that you select to receive a benefit payment after your death. You may choose one or multiple principal beneficiaries. A **contingent beneficiary** will be the person or people who will be paid only if all of the principal beneficiaries are deceased at the time of your death. You do not have to select any contingent beneficiaries, but if you do, you must select a principal beneficiary.

You have the option to designate as a beneficiary:

- **A living person.**
- **More than one living person to share the benefit equally.**
- **Your estate.** Write ESTATE in the box asking for a beneficiary's LAST name.
- **A trustee for a living person.** Write TRUST in the box asking for a beneficiary's LAST name, and submit a copy of the trust agreement with this form.

Here are some guidelines you should follow when selecting beneficiaries:

- You must supply the name, Social Security number and date of birth of each beneficiary listed.
- Although there is no limit to the number of principal and contingent beneficiaries you may choose, **you must choose at least one principal beneficiary** before a contingent can be chosen.
- If you list multiple beneficiaries, you may not assign percentages of the benefit to any individual; the benefit will be divided equally among the beneficiaries.
- Your beneficiary(ies) cannot be an unborn child, a pet, a church, or institution.
- You don't need permission from the beneficiary(ies) to make or change the designation; however, if a court order directs you to designate someone as a beneficiary, you must comply with the order.
- You don't have to make your beneficiary(ies) aware of this designation.
- You don't have to name relatives as beneficiary(ies).

Guide D. How is this benefit paid to my beneficiary(ies)?

After your death is reported and a certified copy of the death certificate is received, the Retirement Systems Division will determine what benefits are payable. Any benefit will be paid to your principal beneficiary(ies), but if your principal beneficiaries are deceased at the time of your death, the benefit will be paid to any contingent beneficiary(ies). If you chose multiple co-beneficiaries and one is deceased at the time of your death, the benefit will be paid to the surviving co-beneficiary(ies).

If a beneficiary is a minor, payment will be made to the qualified guardian of the minor, the Clerk of Courts in the county where the minor lives, or the minor after he/she reaches the age of majority. (Generally, the age of majority in North Carolina is 18.)

If you named your estate as your beneficiary, or if no named principal or contingent beneficiary is alive at your death:

- Payment will be made to your legal representative (usually your estate).
- If that isn't possible, payment may be paid to the Clerk of Court to handle according to the laws of the state.

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: B _____

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, 2021

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

**OPTIONAL RETIREMENT PROGRAM OF THE UNIVERSITY OF NORTH CAROLINA
ELECTION AND FORFEITURE AGREEMENT**

**FORM
ORP-1**

SECTION A. EMPLOYEE DATA

FIRST NAME	MI	LAST NAME		
MAILING ADDRESS			DATE OF BIRTH (MM/DD/YYYY)	EMPLOYEE ID
CITY	STATE	ZIP CODE	EMAIL ADDRESS	TELEPHONE NUMBER
EMPLOYER (UNC SYSTEM INSTITUTION) East Carolina University			DATE OF ELIGIBLE EMPLOYMENT (MM/DD/YYYY):	
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 Teacher's 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 UNC ORP 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.

EMPLOYEE SIGNATURE	DATE
--------------------	------



The University of North Carolina Enrollment Form

Group Disability Insurance

Please return completed form to your benefits department

Employer Name	Group Policy Number
The University of North Carolina	05-273663
Employer Address (City, State, ZIP Code)	Coverage Effective Date

Employee Name (Last, First, Middle)			
Address (City, State, ZIP Code)			
Social Security Number	Date of Birth (MM/DD/YY)	Gender	Marital Status
		<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Hire Date (MM/DD/YY)	Annual Salary	Type of Enrollment	
	\$	<input type="checkbox"/> New Employee <input type="checkbox"/> Qualified Life Event	<input type="checkbox"/> Annual/Open Enrollment <input type="checkbox"/> Rehire Rehire Date:

Coverage Elections

Please indicate your coverage elections below. Please see your plan booklet for additional information.

Type of Coverage	Selection	Coverage Elected
Employee Voluntary Long-Term Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	66.67%

Employee Signature and Authorization	
<input type="checkbox"/>	ACCEPT: I declare that all information given in this enrollment form is true and complete to the best of my knowledge and belief. I request coverage under my employer's plan of benefits as indicated above. I authorize my employer to deduct from my earnings my contributions for the coverage(s) selected. I understand that with respect to coverages I have declined, Lincoln Financial Group has the right to require Evidence of Insurability in order to consider any later request to change this decision and that my request may be denied. I am an employee in active employment working at the employer's regular place of business.
<input type="checkbox"/>	DECLINE: I hereby decline all optional coverage as offered by my employer. I certify that I have been given the opportunity by my employer to enroll for coverage. I understand that Lincoln Financial Group has the right to require Evidence of Insurability in order to consider any later request to change this decision and that my request may be denied. I am an employee in active employment working at the employer's regular place of business.
Employee Signature:	Date:

Completion of this enrollment form does not guarantee coverage. Evidence of Insurability may be required. Please see your plan booklet for additional information.

Submit completed form to your employer and retain a copy for your records.

Mark all boxes and complete all sections that apply. Return completed form to your Human Resources Department.

APPLICANT	Your Name (Last, First, Middle)		Group Name The University of North Carolina		Group Number(s) 134598	
	Your Address		City		State	ZIP
	Your Soc. Sec. No.	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female		Job Title/Occupation	
DISABILITY	<p><i>Check with your Human Resources Department about coverage options available to you and Evidence Of Insurability requirements.</i></p> <p>Long Term Disability (LTD)</p> <p><input type="checkbox"/> Voluntary LTD with Monthly Annuity Premium Benefit (MAPB)</p>					
CHANGE	<p><i>Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.</i></p> <p><input type="checkbox"/> Name Change Former name _____ <input type="checkbox"/> Other _____</p>					
SIGNATURE	<p>I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change.</p>					
	Member/Employee Signature Required				Date (Mo/Day/Yr)	
Human Resources Department - Complete this section. Retain form for your records.						
Dvsn ID	Billing Cat.	Date of Hire/Rehire	Hrs. Worked Per Wk.	Earnings \$ _____	Per: <input type="checkbox"/> Hour <input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr	

Protect your most valuable asset – your income

*** ECU NEW EMPLOYEES-PLEASE NOTE***

GUARANTEE ISSUE *(AIDS QUESTION ONLY) IF ENROLLING WITHIN THE
FIRST 31 DAYS OF EMPLOYMENT*

*Unfortunately, it sometimes is only when disabled that NCState Employees understand the limitations of the short-term disability plan provided to you by the State of NC. Fortunately, East Carolina University has allowed Colonial Life to help. You have the option to customize a solution to help you with your personal needs. Find out more by contacting us today to see how we can help protect your salary against being disabled due to a covered accident or sickness (including maternity) **

Key features of the plan (See your Colonial Representative for complete details):

- Claim money can be paid directly to you to use how you see fit.
- Premiums are deducted after tax; claim money paid is not taxable as income.
- Benefit amount, waiting period, and duration of payment can be customized to fit your needs.
- Benefits can be paid without regard to sick leave, vacation, or worker compensation payments.
- Included in every plan is an embedded Accident Plan designed to help with additional expenses that occur due to a covered accident.
- Coverage can be taken with you (with no additional premium change) if you leave or retire.

Meet with a licensed professional Colonial Benefit Counselor at your convenience to find out more about this valuable option.

(I WOULD LIKE MORE INFORMATION. I UNDERSTAND THAT I AM UNDER NO OBLIGATION TO PURCHASE.)

NAME: _____

CAMPUS LOCATION: _____

DAYTIME PHONE NUMBER: _____

START DATE: _____

Return by Fax: 910-401-1032 or

By Email: colonialquestion@roberttaylorgroup.com

See your Colonial Life representative for complete details

Save on your car and home insurance!



Fax for a free no-obligation quote

Adam 877-836-8401

Kelly 877-805-0286

Check options of interest: Auto Home Condo Renters

Name _____ DOB _____

Spouse name _____ DOB _____

Home address _____

City _____ State _____ Zip _____

Do you own or rent? _____

Phone _____ Best time to call ____ Morning ____ Midday ____ Evening

Email: _____

Make/Model/Year of vehicle _____

Make/Model/Year of vehicle _____

Make/Model/Year of vehicle _____

ECU EMPLOYEE BENEFIT - CLIENT 102321

Adam Schulte or Kelly Goode

Sales Representatives

1511 Sunday Drive, Suite 200

Raleigh, NC 27607

919-985-8713 Adam

919-985-8707 Kelly



PROUD PARTNER



To: New Employees at East Carolina University

As a new employee, you have the opportunity to apply for Universal Life Insurance, Heart and Stroke and Critical Illness under Guarantee Issue. You have 60 days from your date of hire to qualify for Guarantee Issue. All programs are portable.

You have two ways to enroll: Call 800-421-3142 (virtual/screen-share available).
Enroll online at <https://pierceins.com/east-carolina-university/>

Universal Life Features:

- Guarantee Issue for 60 days from the date of hire for employee, spouse, children and grandchildren.
- Policy is fully portable.
- Level Premiums that do not increase due to age
- Employees may keep the same coverage through retirement.
- Program accumulates cash value on a tax deferred basis.
- Option riders include:
 - Child Term Rider, Accidental Death, Total Disability Premium Waiver, Accelerated Death Benefit for Long-Term Care, and Extension of Benefits for Long-Term Care

Heart and Stroke Indemnity Features

- Guarantee Issue for 60 days from the date of hire
- Policy is fully portable.
- One rate for all ages.
- Is not a "one and done" policy. Pays for ongoing treatment and recurrences
- Unlike the pretax offer under NC Flex, benefits are not taxed
- Plan includes an annual \$100 wellness benefit
- Optional Intensive Care rider that pays for accidents or sickness in Intensive Care
- Plan is guaranteed renewable for life

Critical Illness Features

- Guarantee Issue for 60 days from the date of hire
- Policy is fully portable.
- Rates are based on age and do not increase as you age
- Plan includes an annual \$100 wellness benefit
- Pays a lump sum benefit
- Benefits are not taxed

For additional information, go to <http://pierceins.com/east-carolina-university/> or call 800-421-3142.