



322 South Main Street  
Laurinburg, North Carolina 28352  
(910) 276-1138 • fax (910) 277-4310

To: New Personnel  
From: Benefits Specialist  
RE: Paperwork to Complete

Welcome to Scotland County Schools!

As your Benefits Specialist it is my goal to provide you with the tools and guidance to ensure you and your family have the medical coverage and benefits you need. In this packet you will find useful information that will hopefully help you in completing your new employee packet. You may also refer back to these items throughout the year.

You are receiving an *Employee Benefits Plan* booklet (either a hard copy or viewable from our website (Scotland County Schools/Departments/Benefits/Pierce Group- Colonial Elective Benefits/[www.piercergroupbenefits.com/scotlandcountyschools](http://www.piercergroupbenefits.com/scotlandcountyschools))). This information will explain the options available to you as an employee of Scotland County Schools. You need to review all products carefully and determine in which programs you would like to participate. You will find the contact information for the following programs on the back of your booklet.

Please complete all forms included in the New Hire packet and return to the Benefits office ASAP. If you are denying coverage/benefit, place a big "X" on the form, initial it and return with all other paperwork. All forms must be completed. You have **30 days** from your **HIRE date to enroll** to obtain coverage.

**\*\*\*\*\*IMPORTANT\*\*\*\*\***

**You must return all forms within 15 days of your HIRE DATE to start the enrollment process!**

Due to the DPI Installment change, As of January 1, 2022, all employees will receive **10 deductions** for insurance premiums. Twelve month Installments are no longer available.

	<u>70/30</u>	<u>80/20</u>	<u>Dental</u>	<u>Vision</u>	
Employee Only	\$30.00	\$60.00	\$41.50	Employee only	\$ 9.98
Employee/Child(ren)	\$261.60	\$366.00	\$110.03	Employee + 1	\$18.96
Employee/Spouse	\$708.00	\$840.00	\$88.54	Employee +Family	\$27.84
Employee/Family	\$717.60	\$864.00	\$158.08		

- 1). **EMPLOYEE EXPOSURE DETERMINATION FORM - (Blood Borne Pathogens)-** Complete your information and part 1.
- 2). **BC/BS THROUGH THE NC STATE HEALTH PLAN (NO FORM ATTACHED)**  
Once all paperwork is received, your information will be entered on the shpnc.org website and you will be notified of your login and password to complete your enrollment online. You will choose the plan you would like or if you choose not to have health insurance, you will need to decline coverage.  
You must complete the Smoking Attestation to receive the \$60.00 a month credit. You will also need to choose a Primary Care Provider (you can change at a later time if you need to).

3). **METLIFE DENTAL INSURANCE – (pages 14-19)**

Please review the services and the monthly rates. The rates are listed for Employee Only, Employee & Spouse, Employee & Child(ren), and Family. The enrollment form is attached and may be completed and returned to the Benefits Department.

4). **EYE MED VISION INSURANCE – (Pages 20-21)**

Please review the services and the monthly rates. The rates are listed for Employee Only, Employee + One Dependent, and Employee + Family. The enrollment form is attached and may be completed and returned to the Benefits Department.

5). **COLONIAL LIFE GROUP TERM LIFE INSURANCE APPLICATION – (Pages 22-25)**

**Scotland County Schools provides you with \$10,000 group term life coverage at no cost to you.**

**Within 30 days of your hire date**, you must complete the attached Basic Term Life Application and return to the Benefits Department.

If you wish to purchase additional coverage or sign up outside of the 30-day window, you will be required to complete a health questionnaire. **You have 30 days from your date of hire to contact Pierce Group** at [www.piercergroupbenefits.com](http://www.piercergroupbenefits.com) or by calling (888) 662-7500 to enroll telephonically.

*Please note: All Voluntary GTL rates for yourself and your spouse are based on age. The rates will increase with each age bracket attained. Please refer to the benefit booklet for the age banded rates table.*

6). **COLONIAL LIFE SUPPLEMENTAL BENEFITS - (Pages 26-54)** Please review the plans offered.

**You have 30 days from your date of hire to contact Pierce Group Benefits** at (888) 662-7500 to enroll telephonically. **If you wish to enroll in a Colonial Group Cancer policy, you must enroll within 30 days of hire to be eligible for Guaranteed Issue.**

7). **FLEXIBLE SPENDING ACCOUNTS by AMERIFLEX – (Pages 7-10)** You are eligible to participate in Medical Reimbursement and/or Dependent Care Reimbursement. **You have 30 days from your date of hire to contact Pierce Group Benefits** at (888) 662-7500 to enroll telephonically.

*For any additional question regarding enrollment, please contact the Pierce Group Benefits Service Center at (888) 662-7500, ext. 100 or refer to <http://piercergroupbenefits.com>*

8). **PRUDENTIAL RETIREMENT PLAN APPLICATIONS** - Information and forms can be found on their website, [www.retirement.prudential.com/ncplans](http://www.retirement.prudential.com/ncplans), or by calling them at 1-866-NCPLANS (1-866-627-5267).

9). **NC RETIREMENT SYSTEM** - Information and forms can be found on their website, [www.myncretirement.com](http://www.myncretirement.com), or by calling them at 1-877-627-3287.

10). **SCHOOL CALENDAR** - Our calendars can be found on our website, [www.scotland.k12.nc.us](http://www.scotland.k12.nc.us), under the tab Calendar.

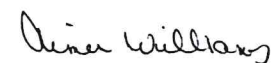
11). **TIMEKEEPER INSTRUCTIONS**

12). **EMPLOYEE ASSISTANCE PROGRAM**

13). **INSTRUCTIONS FOR HEALTHCARE ENROLLMENT**

I look forward to serving you this school year and wish you success as you take on the challenges ahead. If you have any questions, please feel free to call or email me.

Sincerely,



Aimee Williams

# SCOTLAND COUNTY SCHOOLS NEW HIRE EMPLOYEE CHECKLIST

## RETURN TO BENEFITS OFFICE ALONG WITH COMPLETED PAPERWORK

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

- ☐ 1). EMPLOYEE EXPOSURE DETERMINATION QUESTIONNAIRE  
\_\_\_\_\_ RECEIVED \_\_\_\_\_ NEEDED
- ☐ 2). NC STATE HEALTH PLAN - BLUECROSS/BLUESHIELD (For you to keep. You will be notified of your User ID and password to enroll.)
- ☐ 3). METLIFE – DENTAL INSURANCE: \_\_\_\_\_ RECEIVED \_\_\_\_\_ NEEDED
- ☐ 4). EYE MED – VISION INSURANCE: \_\_\_\_\_ RECEIVED \_\_\_\_\_ NEEDED
- ☐ 5). COLONIAL LIFE & ACCIDENT INSURANCE (SIGNATURE REQUIRED): \$10,000 POLICY  
\_\_\_\_\_ RECEIVED \_\_\_\_\_ NEEDED
- ☐ 6). COLONIAL LIFE SUPPLEMENTAL BENEFITS (Sign below to designate your option)
- ☐ 7). AMERIFLEX (FLEXIBLE SPENDING ACCOUNT): Sign below to designate you option

### Please sign and date one of the following options and return to the Benefits Department:

\_\_\_\_\_ I wish to enroll in a Flexible Spending Account and/or a Colonial benefit and I understand that I must contact Pierce Group Benefits to do so within 30 days of my hire date.

**OR**

\_\_\_\_\_ I do not wish to enroll in a Flexible Spending Account or any Colonial benefit.

*For any additional questions regarding enrollment, please contact the Pierce Group Benefits Service Center at (888) 662-7500, ext. 100 or refer to <http://piercegroupbenefits.com/>*

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- ☐ 8). PRUDENTIAL RETIREMENT PLANS: 401K \_\_\_\_\_ RECEIVED \_\_\_\_\_ NEEDED  
457 \_\_\_\_\_ RECEIVED \_\_\_\_\_ NEEDED
- ☐ 9). NC RETIREMENT INFO (For you to keep)
- ☐ 10). SCHOOL CALANDER (For you to keep)
- ☐ 11). TIMEKEEPER LOGIN INSTRUCTIONS (For you to keep)
- ☐ 12). EMPLOYEE ASSISTANCE PROGRAM INFORMATION (For you to keep)
- ☐ 13). INSTRUCTIONS FOR HEALTHCARE ENROLLMENT (For you to keep)



# SCOTLAND COUNTY SCHOOLS

## Employee Exposure Determination

### Questionnaire

Employee Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Job Title \_\_\_\_\_ Job Site \_\_\_\_\_ Date \_\_\_\_\_

Purpose of Questionnaire: The purpose of this questionnaire to assist Scotland County Schools in determining your exposure potential to human blood, body fluids, or other potentially infectious materials. This determination is a requirement of your employer's "Bloodborne Pathogens Policy", and is required by the federal Occupational Safety and Health Administration (OSHA). Your employer will use the results of this questionnaire to: (1) plan and conduct employee training, and (2) to set up precautionary measures to prevents workplace exposure to blood body fluids or other potentially infectious materials.

Directions: Please answer the following questions•

#### Part 1 — Job Duties

Does your job require you to do any of the following as a specific condition of employment on a daily or regular basis?

	YES	NO
A. Work directly with human blood, blood products, body fluids, or tissue products (e.g., nurses)		
B. Give assistance to accident or injury victims at or away from the general area where you work (e.g., First Responders, coaches)		
C. Clean up blood, body fluids with visible blood, or other potentially infectious materials (e.g., custodians. teachers and teacher assistants who work with some developmentally disabled students; i.e., biters, aggressive behavior causing harm to self or others, prone to frequent bleeding, and/or requiring invasive procedures)		
D. Do your everyday job tasks cause you to work with or be in direct contact with blood or body fluids, but you may respond to <u>unplanned</u> events, such as helping with a student or co-worker who is sick (e.g., a teacher or teacher assistant who helps a student with a cut finger or bloody nose)		
E. Does your job require you to be exposed to blood OR body fluids (e.g., clerical, administrative options)		

## Part 11 — Determining Your Exposure Classification

Did you answer "yes" to questions (A), (B), and/or (C)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered "yes" to (A), (B), and/or (C), you are classified as Category I by OSHA as having occupational exposure to blood and other potentially infectious materials. You will receive a letter to attend a mandatory "Additional Bloodborne Pathogens Training" session required by OSHA.

If you answered "yes" to (D) and/or (E), you are not classified as Category I for occupational exposure to blood and other potentially infectious materials, even though you may have unplanned exposure.

## Part III — Listing tasks that may put you at risk

If you are in the "Occupational Exposure" category, please list each task you do as a requirement of your job that may cause you to be exposed to blood, body fluids, or other potentially infectious materials. Check all types of exposure that apply. (If you are in the "No Occupational Exposure" category, you may have some unplanned exposure potential, but that does not fall under the OSHA definition of occupational exposure. You do not have to complete this section.)

LIST TASK	BLOOD	BODY FLUID	CONTAMINATED MATERIAL
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____

# 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
<b>Annual Deductible</b>	\$1,250 Individual \$3,750 Family	\$2,500 Individual \$7,500 Family	\$1,500 Individual \$4,500 Family	\$3,000 Individual \$9,000 Family
<b>Coinsurance</b>	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
<b>Out-of-Pocket Maximum (Combined Medical and Pharmacy)</b>	\$4,890 Individual \$14,670 Family	\$9,780 Individual \$29,340 Family	\$5,900 Individual \$16,300 Family	\$11,800 Individual \$32,600 Family
<b>Preventive Services</b>	\$0 (covered at 100%)	N/A	\$0 (covered at 100%)	N/A
<b>Office Visits</b>	\$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
<b>Specialist Visits</b>	\$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
<b>Speech/Occu/Chiro/PT</b>	\$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
<b>Urgent Care</b>	\$70		\$100	

PCP: Primary Care Provider, CPP: Clear Pricing Project

To find a CPP Provider, visit [www.shpnc.org](http://www.shpnc.org) and click Find a Doctor.



**ENROLLMENT • CHANGE FORM****GROUP CUSTOMER INFORMATION (To be Completed by the Recordkeeper)**

Name of Group Customer/Employer	Group Customer #	Division	Class	Dept Code
Date of Hire (MM/DD/YYYY)	Coverage Effective Date (MM/DD/YYYY)			
Original COBRA Effective Date if applicable (MM/DD/YYYY)	COBRA Termination Date if applicable (MM/DD/YYYY)			

**YOUR ENROLLMENT INFORMATION (To be Completed by the Employee in blue or black ink)**

Name (First, Middle, Last)	Social Security # - -	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Married
Address (Street, City, State, Zip Code)		Date of Birth (MM/DD/YYYY)	
<input type="checkbox"/> Employee <input type="checkbox"/> Retiree	Job Title:	Hours Worked Per Week:	
<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in Enrollment <input type="checkbox"/> COBRA Continuation   If due to a Qualifying Event, enter date (MM/DD/YYYY)			

I have read my enrollment materials and I request coverage for the benefits for which I am or may become eligible. I understand the amounts of insurance I request must comply with and are limited by the plan design described in my enrollment materials.

**Dental Insurance**

<b>First select your option</b> <input type="checkbox"/> Dental	<b>Then select your level of coverage</b> <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Spouse + Child(ren)
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**Dependent Information**

If you are applying for coverage for your Spouse and/or Child(ren), please provide the information requested below:

Name of your Spouse (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name(s) of your Child(ren) (First, Middle, Last)	Date of Birth (MM/DD/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female
		<input type="checkbox"/> Male <input type="checkbox"/> Female

☐ Check here if you need more lines. Provide the additional information on a separate piece of paper and return it with your enrollment form.

**SUBMISSION INSTRUCTIONS**

After completion, make a copy for your records and return the original to  
MetLife Administration, P.O. Box 14593, Lexington, KY 40512-4593  
Fax MetLife at 1-888-505-7446

## FRAUD WARNINGS

Before signing this enrollment form, please read the warning for the state where you reside and for the state where the insurance policy under which you are applying for coverage was issued.

**Arkansas, District of Columbia, Louisiana, Massachusetts, New Mexico, Ohio, Rhode Island and West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Florida:** A person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine, Tennessee, Virginia and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**New Jersey:** Any person who files an application containing any false or misleading information is subject to criminal and civil penalties.

**New York:** [only applies to Accident and Health Benefits (AD&D/Disability/Dental)]: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon and Vermont:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.


**Puerto Rico:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or files, assists or abets in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**Pennsylvania and all other states:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

## DECLARATIONS AND SIGNATURE

By signing below, I acknowledge:

1. I have read this enrollment form and declare that all information I have given is true and complete to the best of my knowledge and belief.
2. I declare that I am actively at work on the date I am enrolling.
3. I understand that if I do not enroll for dental coverage during the initial enrollment period, a waiting period may be required before I can enroll for such coverage after the initial enrollment period has expired.
4. I authorize my employer to deduct the required contributions from my earnings for my coverage. This authorization applies to such coverage until I rescind it in writing.
5. I affirmatively decline coverage for any benefits for which I am eligible which I do not request on this enrollment form.
6. I have read the applicable Fraud Warning(s) provided in this enrollment form.

			
	Signature of Employee	Print Name	Date Signed (MM/DD/YYYY)





## Enrollment/Change Form

Please print and complete **all** sections.

See instructions below.

Underwritten by Fidelity Security Life Insurance Company of  
Kansas City, Missouri

### EMPLOYER INFORMATION: To be Completed by Employer

Group Number	Employer Name	Location Code	Division Code	Client Co Code	Effective Date
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### EMPLOYEE INFORMATION A: Add (enroll) T: Terminate C: Change (change of name, address or phone)

<input type="checkbox"/> ADD <input type="checkbox"/> TERM <input type="checkbox"/> CHG	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Member ID	Last Name (Employee or subscriber)	First Name	M.I.	Date of Birth
Social Security Number		Home Street Address		City/State/Zip		Home Phone ( )

### FAMILY INFORMATION (Only those eligible maybe enrolled.) A: Add (enroll) T: Terminate C: Change (change of name)

<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (spouse)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number
<input type="checkbox"/> A <input type="checkbox"/> T <input type="checkbox"/> C	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Last Name (dependent)	First Name	M.I.	Date of Birth	Social Security Number

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

## Instructions:

**Employer name:** Legal name of the employer.

**Group Number:** Provided by EyeMed or EyeMed representative.

**Location code:** Optional field for employers to track multiple locations.

**Effective date:** Date set by employer in accordance with EyeMed proposal. Employer also sets effective date for new adds during contract period.

**Family Information:** List only eligible family members who are enrolling. Dependent eligibility is the same as employer's health plan.

(A) **Add:** Open (group) enrollment or new (individual) enrollment during the contract period.

(T) **Terminate:** To terminate enrollment.

(C) **Change:** A change of name, employee address or employee phone.



**COLONIAL LIFE & ACCIDENT INSURANCE COMPANY, PO BOX 1365 COLUMBIA, SC 29202**  
**ENROLLMENT FORM - GROUP TERM LIFE INSURANCE**

Application Type: ☒ Initial Request    ☐ Late Applicant    ☐ Rehire    Basic BCN: E4332912  
☐ Annual Enrollment    ☐ Change in Status    ☐ Increase    Supplemental / Voluntary BCN: \_\_\_\_\_

**Note:** If you DO NOT ENROLL for coverage for you or your dependent(s) during the initial enrollment period, and / or you apply for coverage over any Guaranteed Issue amount, you will need to complete the Evidence of Insurability form.

**SECTION 1: EMPLOYEE (APPLICANT) INFORMATION – Always complete**

Proposed Insured Name (First, MI, Last)		Gender M <input type="checkbox"/> F <input type="checkbox"/>	Birthdate (mm/dd/yyyy)	Social Security No.
Home Address – Street		City	State	Zip Code
Employee ID/Payroll No.				
Email Address			Home Phone No.	Business Phone No.
Date Employed	Occupation/Job Title	Annual Base Salary	Hrs. Worked/Week	Employee Class
Employer Name <b>Scotland County Schools</b>		Employer Address (Street-City-State-Zip) <b>322 South Main St., Laurinburg, NC 28352</b>		Section/Dept. No.

**SECTION 2: COVERAGE INFORMATION – Always complete**

Coverage Elections	Plan Code	Face Amount	Monthly Premium
<input checked="" type="checkbox"/> <b>Basic (Employer)</b> If multiple of salary, indicate multiple _____	8CWU	\$10,000	\$0.90
<input type="checkbox"/> <b>Employee</b> If multiple of salary, indicate multiple _____			
<input type="checkbox"/> <b>Spouse</b>			
<input type="checkbox"/> <b>Dependent Children</b>			
Is a suite being applied for? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    Rider Plan Code: _____			
Employee Coverage is Supplemental / Voluntary			Total Premium <b>\$0.90</b>

**SECTION 3: SPOUSE/DEPENDENT CHILDREN INFORMATION – Complete only if applying for spouse and/or dependent children coverage**

Name (First, MI, Last)	Gender	Birthdate (mm/dd/yyyy)	Relationship	Social Security No.
	M <input type="checkbox"/> F <input type="checkbox"/>			
	M <input type="checkbox"/> F <input type="checkbox"/>			
	M <input type="checkbox"/> F <input type="checkbox"/>			
	M <input type="checkbox"/> F <input type="checkbox"/>			
	M <input type="checkbox"/> F <input type="checkbox"/>			

**SECTION 4: BENEFICIARY INFORMATION – Employee only**

Beneficiary's Name (First, MI, Last)	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	Age	Benefit %	Relationship to Proposed Insured	Social Security No.
Beneficiary's Name (First, MI, Last)	Primary <input type="checkbox"/> Contingent <input type="checkbox"/>	Age	Benefit %	Relationship to Proposed Insured	Social Security No.

**SECTION 5: ELIGIBILITY INFORMATION – Required for Guaranteed Issue and all levels of underwriting**

	Proposed Insured	Your Spouse
1. Within the past 12 months, have you used any tobacco products (cigarettes, cigars, snuff, dip, chew, pipe) and/or any nicotine delivery system?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Are you actively working? If "No", are you disabled or unable to work?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Is your spouse (if applying for coverage) disabled or unable to work?		Yes <input type="checkbox"/> No <input type="checkbox"/>

**REPLACEMENT SECTION - COMPLETE REPLACEMENT FORM IF QUESTION 4 OR 5 IS YES.**

4. Does the Proposed Insured have any existing life coverage? If yes, provide details below and complete form if applicable in your state.				Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Will any life insurance or annuities with this or any other company be replaced or changed if the coverage applied for is issued? If yes, check appropriate box of policy being replaced, modified or discontinued and complete form if applicable in your state.				Yes <input type="checkbox"/> No <input type="checkbox"/>
Insured's Name	Insurance Company Name and Address	Policy Number	Amount of Coverage	Check yes if policy replaced
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

**AGREEMENT SECTION****THE PROPOSED INSURED AGREES AS FOLLOWS:**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law. I confirm I have read and understand the Fraud Statement attached. I have read the application and the answers and statements above are true and complete to the best of my knowledge and belief. I understand that this application will not be binding upon Colonial Life & Accident Insurance Company (Colonial Life) until both: 1) the policy or certificate is issued; and 2) the first premium due is paid while the Proposed Insured is alive. Items 1 and 2 must occur while any conditions affecting insurability are the same as described. I understand that any material misrepresentation may result in claim denial or rescission of coverage for two years after the effective date of coverage. If coverage is rescinded, Colonial Life's only obligation will be to refund all premiums paid. I understand that the statements and answers in this application are the basis for any policy or certificate issued by Colonial Life, and no information about me will be considered to have been given to Colonial Life unless it is stated in the application.

I certify under penalties of perjury that the Social Security number shown on this form is my correct TAXPAYER IDENTIFICATION NUMBER.

If applicable, I have received and read a copy of the Notice of Insurance Information Practices.

Signed at: City \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yyyy

(x) \_\_\_\_\_  
Signature of Proposed Insured

**AGENT SECTION**

I have explained to the Proposed Insured all exceptions and limitations pertaining to the coverage applied for. I hereby certify that I have truthfully and accurately recorded on this application the information supplied by the Proposed Insured. I further certify that I know nothing affecting the insurability of the Proposed Insured, which is not fully set forth in this application. I further certify that I am a licensed agent in the state where this application is being taken. I understand that I do not have Colonial Life's authorization to accept risk, pass on insurability, or make, void, waive or change any conditions or provisions of the application, policy or receipt, as applicable.

Date \_\_\_\_\_ (x) \_\_\_\_\_  
mm/dd/yyyy Signature of Licensed Agent (if applicable)

Agent Name \_\_\_\_\_ License No. \_\_\_\_\_ Code No. \_\_\_\_\_



\*\*\*\*This sheet is for you to keep. This is just information regarding Colonial Life Supplemental Benefits.

## **Disability Insurance**

Replaces a portion of your income if you are sick or hurt and unable to work.

## **Life Insurance**

Provides the financial support your loved ones need if you pass away.

## **Accident Insurance**

Benefits paid directly to you that can help pay expenses if a covered accident occurs.

## **Hospital Indemnity Insurance**

Can pay a benefit directly to you for hospital stays or outpatient surgery, in addition to any medical insurance you have.

## **Critical Illness Insurance**

Provides a lump-sum benefit if you are diagnosed with a covered illness. These payments can be used however they are needed.

## **Cancer Insurance**

Helps offset out-of-pocket expenses incurred from initial diagnosis through recovery. Provides an additional benefit for cancer screening tests.





## KEEP MORE OF YOUR HARD-EARNED DOLLARS IN YOUR BANK ACCOUNT.

Our Benefit Programs give you access to your own easy-to-use spending account. Since the accounts are tax-advantaged, you get to leverage pre-tax payroll deductions -- increasing your take-home pay and saving you money on everyday expenses. **In many cases, participants experience savings of up to 40%** on expenses eligible under their employer-sponsored plan.

### Healthcare Flexible Spending Account (FSA)

If you're like most Americans, you're spending money every year on out-of-pocket, routine medical expenses. You can keep more of that money in your pocket and **give yourself an instant raise** when you make pre-tax contributions (up to \$2,750 per year!) to a healthcare FSA. Consider your election a cash-advance: you'll get access to your entire election on day one of the plan year.

### Health Savings Account (HSA)

Designed to be used in conjunction with a high-deductible health plan, HSAs are quickly becoming the go-to employee benefit account -- and it's easy to see why. You can experience **triple tax-savings** with an HSA since funds are deposited pre-tax, grow tax-deferred, and can be withdrawn tax-free to pay for qualified medical expenses.

### Health Reimbursement Account (HRA)

With an HRA, employers allocate funds into individual reimbursement accounts for their employees. This gives employer's greater flexibility to control premium costs, while giving employees **peace of mind** with a vehicle to manage higher deductibles and cover certain types of out-of-pocket expenses.

### Commuter Reimbursement Account (CRA)

A CRA allows you to set aside pre-tax dollars to be used for eligible commuting expenses, including parking, transportation, and vanpool services.

### Dependent Care Account (DCA)

A DCA is an extension of an FSA and is designed to pay for the daily care of an eligible child or adult dependent. Funds can be used for expenses such as day care, before- and after-school programs, eldercare, and pre-school.

### Individual Coverage Health Reimbursement (ICHRA)

The Individual Coverage Health Reimbursement Arrangement (ICHRA) gives employees greater choice and flexibility to pick a health insurance plan that fits their needs. With an ICHRA, employees can get reimbursed for individual health insurance premiums and certain medical expenses, determined by their employer.

### Excepted Benefit Health Reimbursement (EBHRA)

With an Excepted Benefit Health Reimbursement Arrangement (EBHRA), employees get reimbursed for out-of-pocket medical expenses like co-pays, deductibles, dental and vision coverage, COBRA premiums, and long-term care.





## Investment Allocation

**(Please fill out Part I, II or Part III. Do not fill out more than one section.)**

Fill out Part I, II or Part III. **Please complete only one section.** If you complete more than one section, Prudential will invest contributions in the Plan's default investment option.

This form must be completed accurately and received by Prudential Retirement **before** Prudential Retirement receives contributions on your behalf. If a completed form is not received, Prudential will invest contributions in the Plan's default investment option. Upon receipt of your completed enrollment form, **all future** contributions will be allocated according to your investment selection. You may contact Prudential Retirement to transfer any **existing** funds from the default investment option to any other fund(s) in the plan.

By completing one of these sections, you enroll in GoalMaker®, Prudential's asset allocation program, and you direct Prudential to invest your contribution(s) according to a GoalMaker model portfolio that is based on your risk tolerance and time horizon. You also direct Prudential to automatically rebalance your account according to the model portfolio chosen upon enrollment and on a quarterly basis. Enrollment in GoalMaker can be canceled or changed at anytime.

### Part I

GoalMaker with Automatic Age Adjustment:

#### Choose Your Risk Tolerance

☐ Conservative

☐ Moderate

☐ Aggressive

GoalMaker also automatically adjusts your allocations over time based on your current age and the expected retirement age. To ensure that your allocations are updated correctly please confirm your expected retirement age below. If an Expected Retirement Age is not provided, age 65 will be used.

Expected Retirement Age:

### Part II

GoalMaker without

Automatic Age Adjustment

By completing this section, I confirm that I do not want to take advantage of GoalMaker's Age-Adjustment Feature. Please invest my contributions according to the model portfolios selected below. Please refer to the Retirement Workbook for more information

#### GoalMaker without Automatic Age Adjustment:

#### GoalMaker Model Portfolio (check one box only)

##### Time Horizon

(years to retirement)

26 Plus Years to retirement

21 to 25 Years to retirement

16 to 20 Years to retirement

11 to 15 Years to retirement

6 to 10 Years to retirement

0 to 5 Years to retirement

Conservative

Moderate

Aggressive

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

##### Time Horizon

(years in retirement)

0 to 5 Years in retirement

6 to 10 Years in retirement

11 Plus Years in retirement

Conservative

Moderate

Aggressive

☐☐☐☐☐☐☐☐☐

### Part III

Design your own investment allocation. If your allocations do not equal 100%, Prudential will invest contributions in the Plan's default option

Please Designate the percentage of your contribution to be invested in each of the available investment option:

(Please use whole percentages. The total must equal 100%.)

I wish to allocate my contributions to the Plan as follows:

Percent Allocated	Codes	Investment Options
<input type="text"/> <input type="text"/> <input type="text"/> %	YX	North Carolina Stable Value Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	YU	NC Fixed Income Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	YV	NC Fixed Income Index Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	YW	NC Inflation Responsive Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	YY	NC Large Cap Core Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	YM	NC Large Cap Index Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	YZ	NC Small / Mid Cap Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	YP	NC Small Mid Cap Index Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	YT	NC International Index Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	YS	NC International Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	Y2	NC TIPS Fund
<input type="text"/> <input type="text"/> <input type="text"/> %	Total	

Social Security number

Important information and signature is required on the following page.

The signature page must be provided in order for your enrollment to be processed

## Your Beneficiary Designation

I designate the following as beneficiary of my account with regard to the percentage(s) I have indicated below. Please list additional beneficiaries, along with percentages they are to receive on a separate page, if needed. Indicate whether the additional beneficiary(ies) is/are primary or secondary beneficiary(ies). **The use of My Living Children or Per Stirpes as types of beneficiary designations are not permissible. Please provide the specific names and information on the form for the individuals you want to designate. Please use whole percentages.**

### **Primary Beneficiaries – You must make sure all your percentages in the primary section total 100%**

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

### **Secondary Beneficiaries – You must make sure all your percentages in the secondary section total 100%**

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Social Security number \_\_\_\_\_

Important information and signature is required on the following page.  
The signature page must be provided in order for your enrollment to be processed.

## Trusted Contact

You may, but are not required to, name a trusted contact person who is intended to be a resource that could assist Prudential in the event of suspected financial exploitation. If designating a trusted contact below, please provide as much information as possible to assist Prudential in reaching the trusted contact, if needed.

MI Last name

\_\_\_\_\_

Address

State ZIP code

Email address

Home phone number\*

area code

Relationship

--	--	--	--

area code

\*At least one phone number is required.

By choosing to provide information about a trusted contact, you authorize Prudential and its affiliated broker-dealer, Prudential Investment Management Services LLC, to contact the trusted contact listed above and disclose information about your account to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).

Please note that if you have other accounts with Prudential Retirement, the trusted contact named above will apply to each of your accounts.

## Your Authorization

I direct my employer to make payroll deductions as I have indicated. I understand that upon enrollment, I will have telephone and/or internet privileges to perform transactions via Prudential's Interactive Voice Response service and Online Retirement Center.

***This section must be completed in order to process your enrollment.***

I agree that Prudential Retirement, the Plan's trustees or the state of North Carolina will not be liable for any loss, liability, cost or expense for implementing my instructions via the Internet or by telephone. I understand that Prudential Retirement will execute on my instructions only when proper identification is simultaneously provided. This identification may consist of information that Prudential Retirement may reasonably deem necessary to establish my identity. I hereby give Prudential Retirement the right to tape record the telephone conversation of any telephone instructions received by Prudential Retirement.

**X**

Date | |

Participant's signature

Social Security number



## Investment Allocation

**(Please fill out Part I, II or Part III. Do not fill out more than one section.)**

Fill out Part I, II or Part III. **Please complete only one section. If you complete more than one section, Prudential will invest contributions in the Plan's default investment option.**

This form must be completed accurately and received by Prudential Retirement **before** Prudential Retirement receives contributions on your behalf. If a completed form is not received, Prudential will invest contributions in the Plan's default investment option. Upon receipt of your completed enrollment form, **all future** contributions will be allocated according to your investment selection. You may contact Prudential Retirement to transfer any **existing** funds from the default investment option to any other fund(s) in the plan.

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### Part I

GoalMaker with Automatic Age Adjustment:

**Choose Your Risk Tolerance**

☐ **Conservative**

☐ **Moderate**

☐ **Aggressive**

GoalMaker also automatically adjusts your allocations over time based on your current age and the expected retirement age. To ensure that your allocations are updated correctly please confirm your expected retirement age below. If an Expected Retirement Age is not provided, age 65 will be used.

Expected Retirement Age:

### Part II

GoalMaker *without* Automatic Age Adjustment  
By completing this section, I confirm that I do not want to take advantage of GoalMaker's Age-Adjustment Feature. Please invest my contributions according to the model portfolios selected below. Please refer to the Retirement Workbook for more information

**GoalMaker without Automatic Age Adjustment: GoalMaker Model Portfolio (check one box only)**

Time Horizon (years to retirement)	Conservative	Moderate	Aggressive
26 Plus Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 to 25 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 to 20 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 to 15 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 to 10 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 to 5 Years to retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Time Horizon (years in retirement)	Conservative	Moderate	Aggressive
0 to 5 Years in retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 to 10 Years in retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Plus Years in retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part III

Design your own investment allocation. If your allocations do not equal 100%, Prudential will invest contributions in the Plan's default option

Please Designate the percentage of your contribution to be invested in each of the available investment option:  
(Please use whole percentages. The total must equal 100%.)  
I wish to allocate my contributions to the Plan as follows:

Percent Allocated	Codes	Investment Options
<input type="text"/> %	YX	North Carolina Stable Value Fund
<input type="text"/> %	YU	NC Fixed Income Fund
<input type="text"/> %	YV	NC Fixed Income Index Fund
<input type="text"/> %	YW	NC Inflation Responsive Fund
<input type="text"/> %	YY	NC Large Cap Core Fund
<input type="text"/> %	YM	NC Large Cap Index Fund
<input type="text"/> %	YZ	NC Small / Mid Cap Fund
<input type="text"/> %	YP	NC Small Mid Cap Index Fund
<input type="text"/> %	YT	NC International Index Fund
<input type="text"/> %	YS	NC International Fund
<input type="text"/> %	Y2	NC TIPS Fund
<b>1 0 0</b> %	<b>Total</b>	

Social Security number

Important information and signature is required on the following page.

The signature page must be provided in order for your enrollment to be processed

## Your Beneficiary Designation

I designate the following as beneficiary of my account with regard to the percentage(s) I have indicated below. Please list additional beneficiaries, along with percentages they are to receive on a separate page, if needed. Indicate whether the additional beneficiary(ies) is/are primary or secondary beneficiary(ies). **The use of My Living Children or Per Stirpes as types of beneficiary designations are not permissible. Please provide the specific names and information on the form for the individuals you want to designate. Please use whole percentages.**

### ***Primary Beneficiaries – You must make sure all your percentages in the primary section total 100%***

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

### ***Secondary Beneficiaries – You must make sure all your percentages in the secondary section total 100%***

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Full Legal Name:	SSN:	Date of Birth:
Address:		
Relationship to you:	Telephone Number:	Percentage:

Social Security number \_\_\_\_\_

Important information and signature is required on the following page.  
The signature page must be provided in order for your enrollment to be processed

## Trusted Contact

You may, but are not required to, name a trusted contact person who is intended to be a resource that could assist Prudential in the event of suspected financial exploitation. If designating a trusted contact below, please provide as much information as possible to assist Prudential in reaching the trusted contact, if needed.

First name

MI Last name

\_\_\_\_\_

Address

\_\_\_\_\_

City

State

ZIP code

\_\_\_\_\_

Email address

\_\_\_\_\_

Cell phone number\*

Home phone number\*

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
area code

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
area code

Business phone number\*

Relationship

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
area code

\_\_\_\_\_

\*At least one phone number is required.

By choosing to provide information about a trusted contact, you authorize Prudential and its affiliated broker-dealer, Prudential Investment Management Services LLC, to contact the trusted contact listed above and disclose information about your account to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).

Please note that if you have other accounts with Prudential Retirement, the trusted contact named above will apply to each of your accounts.

## Your Authorization

I direct my employer to make payroll deductions as I have indicated. I understand that upon enrollment, I will have telephone and/or internet privileges to perform transactions via Prudential's Interactive Voice Response service and Online Retirement Center.

***This section must be completed in order to process your enrollment.***

I agree that Prudential Retirement, the Plan's trustees or the state of North Carolina will not be liable for any loss, liability, cost or expense for implementing my instructions via the Internet or by telephone. I understand that Prudential Retirement will execute on my instructions only when proper identification is simultaneously provided. This identification may consist of information that Prudential Retirement may reasonably deem necessary to establish my identity. I hereby give Prudential Retirement the right to tape record the telephone conversation of any telephone instructions received by Prudential Retirement.

X

Participant's signature

Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security number \_\_\_\_\_



## The NC 401(k) Plan

The NC 401(k) Plan is a retirement savings plan administered by the North Carolina Department of State Treasurer, and available exclusively to North Carolina public employees who are actively contributing to one of the NC Retirement Systems. North Carolina state and local government employers offer this Plan to help you reach your retirement savings goals. The Plan offers you these benefits:

- **Automatic payroll deductions.** Contributions to the NC 401(k) Plan are made through payroll deduction.
- **You may change or stop your contributions at any time, and no minimum contribution is required.**
- **100% vesting.** You are fully vested in the NC 401(k) Plan from your first contribution to your last. To be "vested" means to own, which means the money is always yours.
- **Convenient asset consolidation.** To simplify your financial life, the NC 401(k) Plan allows for rollovers from other retirement plans you may have from former employers, including 401(k), 401(a), 403(b), Governmental 457 and TSP plans, and some IRAs.
- **Multiple investment choices.** You can invest in vehicles that range from potentially high growth to highly conservative, so you can make the most appropriate choice to help you meet your savings goals.
- **Simple investing with GoalMaker.** GoalMaker® is an optional, easy-to-use asset allocation program available at no additional cost that automatically guides you to an age-appropriate investment mix based on your investor style. Keep in mind that application of asset allocation and diversification concepts does not assure a profit or protect against loss in a declining market. **You can lose money by investing in securities.**
- **Quarterly statements to keep you informed.** Statements are provided after the end of each quarter to help you monitor activity in your account.

- **Online retirement planning tools.** You may access your account 24 hours a day, 7 days a week. You may also access a host of retirement articles, interactive calculators and other resources at [NCPlans.prudential.com](http://NCPlans.prudential.com).
- **One-on-one help.** The NC 401(k) Plan has knowledgeable Retirement Education Counselors\* strategically located throughout North Carolina to help you get the most from your participation in the Plan.\*\* These representatives are a resource available to Plan members by phone, email or in person.

\* Retirement Education Counselors are registered representatives of Prudential Investment Counselor Services LLC (PIMS), Newark, NJ. PIMS is a Prudential Financial company.

\*\* Prudential representatives do not provide legal, tax or investment advice for which you should consult a qualified professional.



## Flexible ways to contribute

### Traditional pre-tax contributions

Pre-tax contributions are automatically deducted from your paycheck **before** any federal or state income taxes are taken out, therefore reducing your taxable income. As a result, your take-home pay is not impacted by the full amount of your contribution. Additionally, these contributions have the potential to grow tax-deferred until withdrawal. At that point, federal and state income taxes will be incurred.

### Roth after-tax contributions

Roth contributions are automatically deducted from your paycheck **after** taxes are paid and therefore reduce your take-home pay dollar for dollar. Roth contributions and returns have the potential to grow tax-deferred and can benefit members who anticipate being in a higher tax bracket while in retirement and would rather pay taxes at today's tax rate. Qualified distributions are federal income tax free.\*

You save per month	\$25	\$100	\$200	\$300
10 years	\$4,327	\$17,308	\$34,617	\$51,925
15 years	\$7,924	\$31,696	\$63,392	\$95,089
20 years	\$13,023	\$52,093	\$104,185	\$156,278
30 years	\$30,499	\$121,997	\$243,994	\$365,991

Assumes 7% annual return. The compounding concept is hypothetical and for illustrative purposes only and is not intended to represent performance of any specific investment, which may fluctuate. This example is based on a hypothetical rate of return of 7% compounded annually. No taxes are considered in the calculations; generally withdrawals are taxable at ordinary rates. **It is possible to lose money by investing in securities.**

## Special "One Time" Contributions

If you wish to defer additional compensation that will be deducted for only one payroll cycle for reasons such as longevity payments, or final payouts of unused vacation and/or bonus leave, you may coordinate this deduction with your payroll office. You can obtain a One Time Contribution Form by visiting the Tools & Resources tab at [NCPlans.prudential.com](https://ncplans.prudential.com). Submit the completed form directly to your payroll office. Total annual contributions may **not** exceed IRS limits.

## Consolidate with Rollovers into the NC 401(k) Plan

The Plan accepts rollovers from other qualified retirement plans you may have from former employers, including 401(k), 401(a), 403(b), governmental 457 plans and TSP plans, as well as Traditional, Conduit, SIMPLE and SEP IRAs. Under current IRS guidelines, Roth IRAs are not eligible for rollover into the Plan. All rollover requests must receive pre-approval from the Plan before funds can be received.

Initiating a rollover into your NC 401(k) Plan is easy, and it offers many benefits, including:

- The convenience of accessing your retirement savings with one website, with one phone number and with a single point of contact for your retirement account questions.
- The ease of asset allocation, since it's simpler to maintain an investment strategy among your various investments when you can see how they work together.
- The simplicity of managing all your retirement savings within one quarterly statement and within the myNCRetirement Statement, making it easier to stay on track toward your retirement savings goals.
- The potential to save money through lower Plan fees.

Before rolling over assets from other retirement plans, you should contact the current provider to inquire about fees or other surrender charges that may be assessed.

For assistance with a rollover into the NC 401(k) Plan, contact your Retirement Education Counselor or call **866-NCPlans** (866-627-5267).

*\* Amounts withdrawn before age 59½ may be subject to a 10% federal income tax penalty, applicable taxes and plan restrictions. Withdrawals are taxed at ordinary income tax rates. See plan information regarding limitations on withdrawals from your 401(k) account. According to IRS rules, a distribution from a Roth 401(k) is qualified to be tax-free if the first Roth contribution to your account remains in the account for at least five tax years AND: a) you are age 59½ or older, or b) disability or death. If your withdrawal does not meet these conditions, then the Roth earnings—but not the Roth contributions—may be subject to state and federal income taxes.*

*Information and interactive calculators are made available to you as self-help tools for your independent use and are not intended to provide investment advice. We cannot and do not guarantee their applicability or accuracy in regards to your individual circumstances. All examples are hypothetical and are for illustrative purposes. We encourage you to seek personalized advice from qualified professionals regarding all personal finance issues. We do not provide investment OR tax advice; please consult a tax advisor for more information.*

## Accessing your money while employed

We understand that there may be times when you need to access the funds in your retirement account sooner rather than later. The NC 401(k) Plan gives you the ability to do this through:

- **Loans.** Active employees may be eligible to borrow money from their account for any purpose. Loans are repaid through payroll deduction, with the interest paid directly to your account. The minimum loan is \$1,000, and the maximum loan is 50% of your account value, up to \$50,000. You have up to five years to repay a loan. You may only have one loan outstanding at any time. *Restrictions apply. There is a \$60 fee for taking out a loan. Please keep in mind that loans and withdrawals can affect your account balance.*<sup>1</sup>
- **In-service distributions.** Plan members who are age 59½ or older can withdraw or roll over all or part of an account balance to another qualified retirement savings vehicle, like an IRA. In addition, and regardless of age, members may elect to roll over all or a portion of their balance to the North Carolina Retirement Systems to purchase service credits—this type of distribution is NOT subject to ordinary income tax.
- **Hardship withdrawals.** If you're younger than age 59½, several types of hardship withdrawals are available, depending on the circumstances.

Qualifying hardship withdrawals include:

- Expenses for medical care previously incurred by you, your spouse, your primary beneficiary or any dependents.
- Costs directly related to the purchase of your principal residence, excluding mortgage payments.
- Tuition, related educational fees, and room and board expenses for the next 12 months of post-secondary education for yourself, your spouse, your primary beneficiary or dependents.
- Funeral/burial expenses for a parent, spouse, child, dependent or primary beneficiary.
- Payments necessary to prevent your eviction from your principal residence or foreclosure on the mortgage of your principal residence.
- Certain expenses relating to the repair of damage to your principal residence.
- Expenses and losses (including loss of income) incurred on account of a FEMA-declared disaster if you live or work in a FEMA-designated disaster area.

*Hardship withdrawals are subject to income tax and, if prior to age 59½, a 10% tax penalty.*

## When you leave employment, you can choose what to do with your money in the NC 401(k) Plan:\*

Withdrawal restrictions apply to participants who retire or leave a covered position at an employer that participates in the NC 401(k) Plan, and, after doing so, transition to a covered position with another employer that participates in the Plan.

- **Leave your funds in the Plan:** Contributions to the Plan stop when you leave employment, but the investments in your account remain invested and continue to work for you. Federal rules require that you must begin taking minimum distributions by April 1 in the year following the year that you turn age 72,<sup>2</sup> provided you are no longer working for the plan sponsor (employer).
- **Take a systematic withdrawal (periodic payments to fit your need):** You can opt to receive monthly, quarterly, semi-annual or annual installment payments.\*
- **Take a full or partial lump-sum withdrawal:** This option allows you to withdraw all or a portion of your account balance on an as-needed basis, at your discretion.\*\*
- **Roll over all or a part of your balance to an eligible employer-sponsored retirement plan or to an IRA (Individual Retirement Account):** A rollover to a qualified plan is not subject to taxes or penalties, provided the check is made payable to the financial institution receiving the funds.
- **Generate monthly lifetime income:** Transfer all or a portion of your pre-tax account balance to North Carolina's Teachers' and State Employees' Retirement System (TSERS) or Local Governmental Employees' Retirement System (LGERS), where it can be paid as a monthly benefit for your lifetime and/or the lifetime of your designated survivor. At or after retirement with TSERS or LGERS, Plan members can select from among a variety of income stream options in addition to their monthly pension benefit. This one-time (irrevocable) transfer is only applicable to pre-tax contributions, including funds rolled into the Plan and any employer contributions.

<sup>1</sup> Any outstanding loan balance not paid back at termination becomes taxable in the year of default. Under the Tax Cuts and Jobs Act of 2018 for defaults related to termination of employment after 2017, the individual has until the due date of that year's return (including extensions) to roll over this amount to an IRA or qualified employer plan.

<sup>2</sup> April 1 in the year following the year you turn 70½ if you reach age 70½ prior to December 31, 2019.

\* Amounts withdrawn from the NC 401(k) Plan are subject to applicable taxes and Plan restrictions. If taken before age 59½, they may also be subject to a 10% federal income tax penalty. The 10% penalty can be avoided by waiting to retire or separating from service in the year you turn 55 or older, if you receive payments from the NC 401(k) Plan in substantially equal amounts over your life expectancy or are deemed a qualified public safety employee and separate from service in, or after the year you turn age 50. Distributions are subject to 20% mandatory withholding.

\*\* Please note that if you terminate from service, requests for withdrawals or distributions from your account (not associated with retirement) will not be processed for 60 days.

## Questions?

Call 866-NCPlans (866-627-5267) or visit the plan website at [NCPlans.prudential.com](http://NCPlans.prudential.com).

NC Plans Processing Center • P.O. Box 5340 • Scranton, PA 18505

## PRUDENTIAL RETIREMENT®

Prudential Retirement provides the communications and recordkeeping services for the NC 401(k) and NC 457 Plans and the NC 403(b) Program. With the exception of the NC Stable Value Fund and the NC Fixed Income Fund, the investments offered to you within the NC 401(k) and NC 457 Plans are not offered by or affiliated with Prudential Financial or any of its companies or businesses. Prudential Retirement is a Prudential Financial business.

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05/2021



## The NC 457 Plan

The NC 457 Plan is a deferred compensation plan administered by the North Carolina Department of State Treasurer, and available exclusively to those North Carolina public employees whose employers offer the Plan. This includes full-time, part-time and temporary employees, elected and appointed officials, rehired retired employees, and North Carolina state and local government employees. The Plan offers you these benefits:

- **Automatic payroll deductions.** Contributions to the NC 457 Plan are made through payroll deduction.
- **You may change or stop your contributions at any time, and no minimum contribution is required.**
- **100% vesting.** You are fully vested in the Plan from your first contribution to your last. To be "vested" means to own, which means the money is always yours.
- **Penalty-free withdrawals.** Withdrawals from your NC 457 Plan account are **never** subject to a 10% federal income tax penalty, regardless of your age at the time of withdrawal. Remember that the NC 457 Plan is a single state plan, administered by the North Carolina Department of State Treasurer, available to all eligible employees whose employers offer the Plan. Withdrawal restrictions apply to participants who retire or leave a covered position at an employer that participates in the NC 457 Plan, and, after doing so, transition to a covered position with another employer that participates in the Plan.
- **Convenient asset consolidation.**<sup>1</sup> To simplify your financial life, the NC 457 Plan allows for rollovers from other retirement plans you may have from former employers, including 401(k), 401(a), 403(b), governmental 457 and TSP plans, and some IRAs.
- **Online retirement planning tools.** You may access your account 24 hours a day, 7 days a week. You may also access a host of information, interactive calculators and other resources at [NCPlans.prudential.com](http://NCPlans.prudential.com).
- **Multiple investment choices.** You can invest in vehicles that range from potentially high growth to highly conservative, so you can make the most appropriate choice to help you meet your savings goals.
- **Simple investing with GoalMaker.** GoalMaker® is an optional, easy-to-use asset allocation program available at no additional cost that automatically offers you an age-appropriate investment mix based on your investor style. Keep in mind that application of asset allocation and diversification concepts does not assure a profit or protect against loss in a declining market. **You can lose money by investing in securities.**
- **Quarterly statements to keep you informed.** Statements are provided after the end of each quarter to help you monitor activity in your account.
- **One-on-one help.** The NC 457 Plan has knowledgeable Retirement Education Counselors\* strategically located throughout North Carolina to help you to get the most from your participation in the Plan.\*\* These representatives are a resource available to Plan members by phone, email, in person, or through a virtual one-on-one from your smartphone or computer.



For details about the plan's investment options, please visit [NCPlans.prudential.com](http://NCPlans.prudential.com) and go to the *Choose Investments* tab to view the quarterly fund fact sheets.

<sup>1</sup>The account will track funds rolled over and will be subject to tax penalty rules if withdrawn before age 59½.

\*Retirement Education Counselors are registered representatives of Prudential Investment Management Services LLC (PIMS), Newark, NJ. PIMS is a Prudential Financial company.

\*\*Prudential representatives do not provide legal, tax or investment advice for which you should consult a qualified professional.

## Flexible ways to contribute

### Traditional pre-tax contributions

Pre-tax contributions are automatically deducted from your paycheck **before** any current federal or state income taxes are taken out, therefore reducing your taxable income. As a result, your take-home pay is not impacted by the full amount of your contribution. Additionally, these contributions grow tax-deferred until withdrawal. At that point, federal and state income taxes will be incurred.

### Roth after-tax contributions

Roth contributions are automatically deducted from your paycheck **after** current taxes are paid and therefore reduce your take-home pay dollar for dollar. Roth contributions and earnings grow tax-deferred and can benefit members who anticipate being in a higher tax bracket while in retirement and would rather pay taxes at today's tax rate. Qualified distributions are federal income tax free.\*

### Special "One-Time" Contributions

If you wish to defer additional compensation that will be deducted for only one payroll cycle for reasons such as longevity payments, or final payouts of unused vacation and/or bonus leave, you may coordinate this deduction with your payroll office. You can obtain a One Time Contribution Form by visiting the Tools & Resources tab at [NCPlans.prudential.com](https://www.ncplans.prudential.com). Submit the completed form directly to your payroll office. Total annual contributions may **not** exceed IRS limits.

You save per month	\$25	\$100	\$200	\$300
10 years	\$4,327	\$17,308	\$34,617	\$51,925
15 years	\$7,924	\$31,696	\$63,392	\$95,089
20 years	\$13,023	\$52,093	\$104,185	\$156,278
30 years	\$30,499	\$121,997	\$243,994	\$365,991

Assumes 7% annual return.

The compounding concept is hypothetical and for illustrative purposes only and is not intended to represent performance of any specific investment, which may fluctuate. **It is possible to lose money by investing in securities.**

No taxes are considered in the calculations; generally, withdrawals are taxable at ordinary rates.

## Consolidate with Rollovers into the NC 457 Plan

The Plan accepts rollovers from other qualified retirement plans you may have from former employers, including 401(k), 401(a), 403(b), governmental 457 plans and TSP plans, as well as Traditional, Conduit, SIMPLE and SEP IRAs. Under current IRS guidelines, Roth IRAs are not eligible for rollover into the Plan. All rollover requests must receive pre-approval from the Plan before funds can be received.

Initiating a rollover into your NC 457 Plan is easy, and it offers many benefits, including:

- The simplicity of all your retirement savings reported on one quarterly statement and on the *myNCRetirement* Statement, making it easier to monitor your accounts and stay on track toward your retirement savings goals.
- The convenience of managing all of your retirement savings through one website, one phone number, and with one point of contact for your retirement account questions.
- The potential to save money through reduced Plan fees.
- The ease of asset allocation, since it's simpler to maintain an investment strategy among your various investments when you can see how they work together.

Before rolling over assets from other retirement plans, you should contact those plan providers to inquire about fees or other surrender charges that may be assessed.

For assistance with a rollover into the NC 457 Plan call **866-NCPlans** (866-627-5267).

*\*There are two separate sets of rules for taking distributions from your NC 457 Roth account on a tax-free basis. The first NC 457 Plan rule states you can only take a distribution after you: (i) separate from service; or (ii) attain age 59½ while still in service. The second, an IRS rule, defines what is considered a "qualified" distribution from a Roth Account in order to be tax free. \*\* Taken together, this means that you can withdraw money from your NC 457 Roth Account tax free once you meet the following criteria: The first Roth contribution to your account must remain in your account for at least five tax years; AND: a) you have separated from service and are age 59½ or older; or b) you have separated from service due to a death or disability retirement; or c) you are still working and are at least age 59½. If your withdrawal does not meet these conditions, then the Roth earnings — but not the Roth contributions — may be subject to state and federal income taxes.*

*\*\*The criteria outlined by the IRS is for tax-free treatment for federal income tax purposes. Your withdrawal may also be eligible for state tax-free treatment.*

## Accessing your money while you are employed

We understand that there may be times when you need to access the funds in your retirement account sooner rather than later. The NC 457 Plan gives you the flexibility to do this through:

- **Loans.**<sup>1</sup> Active employees may be eligible to borrow money from their account for any purpose. Loans are repaid through payroll deduction, with the interest paid directly to your account. The minimum loan is \$1,000, and the maximum loan is 50% of your account value, up to \$50,000. You have up to five years to repay a loan. There's also a 15-year repayment allowed for the purchase of a primary residence. You may only have one loan outstanding at any time.  
*There is a \$60 processing fee for taking out a loan. Please keep in mind that loans and withdrawals can affect your account balance.*
- **Voluntary small balance cash out request.** You are allowed to withdraw your funds after 24 consecutive months with no contributions and an account value of less than \$5,000 without penalty, but the amount may be subject to ordinary income tax.
- **In-service distributions.**<sup>2</sup> Plan members who are age 59½ or older can withdraw or roll over all or part of an account balance to another qualified retirement savings vehicle, like an IRA. In addition, and regardless of age, members may elect to roll over all or a portion of their balance to the North Carolina Retirement Systems to purchase service credits—this type of distribution is NOT subject to ordinary income tax.
- **Hardship withdrawals.** There are several types of hardship withdrawals available, depending on the circumstances. Qualifying hardship withdrawals include:
  - Medical expenses not covered by insurance for you, your spouse or dependents
  - Payments to prevent eviction from your principal residence, or foreclosure on the mortgage of your principal residence
  - Funeral/burial expenses for a parent, spouse, child or other dependent
  - Certain expenses relating to the repair of damage to your principal residence

## When you leave employment, you can choose what to do with your money in the NC 457 Plan

The NC 457 Plan is a single state plan, administered by the North Carolina Department of State Treasurer, available to all eligible employees whose employers offer the Plan. Withdrawal restrictions apply to participants who retire or leave a covered position at an employer that participates in the NC 457 Plan, and, after doing so, transition to a covered position with another employer that participates in the Plan.

- **Leave your funds in the Plan.** Contributions to the Plan will stop when you leave employment, but the investments in your account remain invested and continue to work for you. Federal rules require that you must begin taking minimum distributions by April 1 in the year following the year that you turn required minimum distribution age<sup>4</sup> 72, provided you are no longer working for the plan sponsor (employer).
- **Take a systematic withdrawal (periodic payments to fit your need).** You can opt to receive monthly, quarterly, semiannual or annual installment payments.
- **Take a full or partial lump-sum withdrawal.**<sup>3</sup> This option allows you to withdraw all or a portion of your entire account balance on an as-needed basis at your discretion.\*
- **Roll over all or a part of your balance to an eligible employer-sponsored retirement plan or to an Individual Retirement Account (IRA).**<sup>3</sup> A rollover to a qualified plan is not subject to taxes or penalties, provided the check is made payable to the financial institution receiving the funds.
- **Generate monthly lifetime income.** Transfer all or a portion of your pre-tax account balance to the North Carolina's Teachers' and State Employees' Retirement System (TSERS) or the Local Government Employees' Retirement System (LGERS), where it can be paid as a monthly benefit for your lifetime and/or the lifetime of your designated beneficiary. At or after retirement with TSERS or LGERS, Plan members can select from a variety of income stream options in addition to their monthly pension benefit. This one-time, irrevocable transfer is only applicable to pre-tax contributions, including funds rolled into the Plan and any employer contributions.

\*Please note that if you terminate from service, requests for withdrawals or distributions from your account (not associated with retirement) will not be processed for 60 days.

## Questions?

Call 866-NCPlans (866-627-5267) or visit the plan website at [NCPlans.prudential.com](http://NCPlans.prudential.com).

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## PRUDENTIAL RETIREMENT®

<sup>1</sup>Any outstanding loan balance not paid back under plan rules after termination of employment becomes taxable in the year of default. Under the Tax Cuts and Jobs Act, for defaults related to termination of employment after 2017, the individual has until the due date of that year's return (including extensions) to roll over the outstanding loan amount to an IRA or qualified employer plan.

<sup>2</sup>Amounts rolled over to another qualified retirement savings vehicle or used to purchase service credits are not subject to current income tax.

<sup>3</sup>You can indirectly roll over funds within 60 days of receipt, but the payment made to you will be subject to 20% mandatory federal income tax withholding on the taxable portion of your withdrawal, so you would need to make up that amount from other funds in order to roll over the entire amount and continue to defer taxation.

<sup>4</sup>The Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act) was signed into law on December 20, 2019. Effective January 1, 2020, the age at which an individual must begin taking RMDs increased from age 70½ to 72.

GoalMaker's model allocations are based on generally accepted financial theories that take into account the historic returns of different asset classes. Past performance of any investment does not guarantee future results. Participants should consider their other assets, income and investments (e.g., equity in a home, Social Security benefits, individual retirement plan investments, etc.) in addition to their interest in the plan, to the extent those items are not taken into account in the model. Participants should also periodically reassess their GoalMaker investments to make sure their model portfolio continues to correspond to their investment objectives, risk tolerance and retirement time horizon.

Prudential Retirement provides the communications and recordkeeping services for the NC 401(k) and NC 457 Plans and the NC 403(b) Program. With the exception of the NC Stable Value Fund and the NC Fixed Income Fund, the investments offered to you within the NC 401(k) and NC 457 Plans are not offered by or affiliated with Prudential Financial or any of its companies or businesses. Prudential Retirement is a Prudential Financial business.

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Retirement Education Counselors are registered representatives of Prudential Investment Management Services LLC (PIMS), Newark, NJ, a Prudential Financial company.

Information and interactive calculators are made available to you as self-help tools for your independent use and are not intended to provide investment advice. We cannot and do not guarantee their applicability or accuracy in regards to your individual circumstances. All examples are hypothetical and are for illustrative purposes. We encourage you to seek personalized advice from qualified professionals regarding all personal finance issues. We do not provide investment OR tax advice; please consult a tax advisor for more information.

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## Section 1 | About Your Retirement System

The Teachers' and State Employees' Retirement System (TSERS) is a **defined benefit plan** qualified under Section 401(a) of the Internal Revenue Code. Defined benefit plans use a formula to calculate monthly retirement benefits once eligibility requirements have been met. This handbook explains TSERS benefit eligibility requirements and the formula used to calculate benefits.

Terms in **bold type** are defined in [Section 15 – Glossary of Terms](#).

### PAYING FOR YOUR RETIREMENT BENEFITS

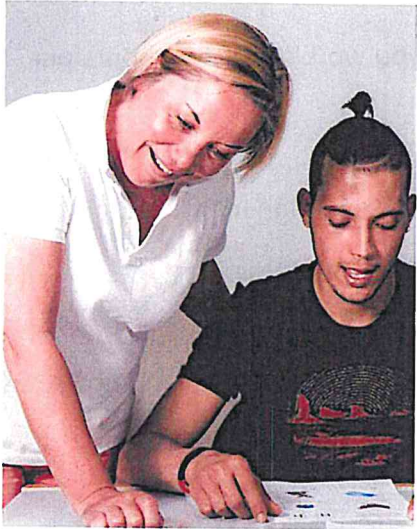
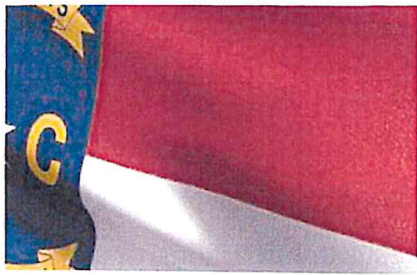
You, the state of North Carolina and the investment earnings on total contributions pay the cost of providing your retirement benefits.

Your share of the cost is currently six percent of your compensation, and it is automatically deducted from your paycheck. Your compensation includes all eligible salaries and wages, as defined by statute, paid to you from public funds, earned at your covered job while working for the state.

The state bases its contributions on calculations prepared by an actuary. The state contribution rate from July 1, 2018, to June 30, 2019, is 18.86 percent of all members' salaries to pay for the benefits for you and other members.

### TAX SAVINGS

Since July 1, 1982, your contributions have been tax-deferred. This means your contributions are deducted from your pay before taxes are calculated, and you pay taxes on them when you begin receiving monthly retirement benefits or if you elect a refund of your contributions. This is a benefit to you because your current taxable income is lowered and the amount of annual taxes you pay is less than if you made contributions after paying taxes. [See pages 24-25](#) for more information about your tax liability on benefits.



### INVESTING CONTRIBUTIONS

Contributions to TSERS are invested by the Department of State Treasurer and these funds are protected by the Constitution of North Carolina from being used for any purpose other than retirement system benefits and expenses.

### ORBIT ONLINE ACCOUNT ACCESS

ORBIT is a secure site that allows you to view your personal account information, download retirement forms, and access retirement resources 24 hours a day, seven days a week.

To set up or log in to your personal ORBIT account, go to the ORBIT website at [ORBIT.myNCRretirement.com](https://ORBIT.myNCRretirement.com) and follow the log in instructions, or register for an ORBIT account. [See page 35](#) for more information about ORBIT.



**When creating your account, use your personal email address.**

**If you already have an account and use your work email, we recommend logging in and changing this to your personal email so you will continue to have access to your account should you switch jobs or retire.**

## Section 2 | Membership in TSERS

Membership in TSERS is automatic for eligible employees. You become a TSERS member on your hire date if you are:

- A permanent full-time teacher or employee of a state-supported board of education or community college.
- A permanent employee of the state (or any of its agencies, departments, bureaus or institutions) and work at least 30 hours per week for nine months per year.
- A permanent employee of a charter school that participates in TSERS, and you work at least 30 hours per week for nine months per year.

You may join an optional retirement program instead of TSERS if you are:

- A faculty member, administrator or other eligible employee at a state institution of higher education
- An eligible employee of UNC Health Care
- A community college president

If you are an Agricultural Extension Service employee and a member of the Federal Employees' Retirement System, you may not join TSERS. Contact your employer for more details about the alternate systems.

### DESIGNATING BENEFICIARIES

After your employer enrolls you in TSERS, and within one to two pay periods, you should be able to create your secure ORBIT account and name beneficiary(ies) to receive a return of your retirement contributions and, if applicable, a death benefit, should you die before retirement. A member has the option to name any person as their beneficiary regardless of relationship to member (ie the beneficiary does not have to be a spouse or family member). To add or change beneficiaries as an active employee:

- Log in to [ORBIT](#)
- Click the Maintain Beneficiaries tab on the left side of the screen
- Add or edit beneficiaries for your eligible benefits
- Perform a beneficiary check-up every couple of years or if you have a life-changing event, such as marriage, divorce, family changes or adoptions.



### FOREFEITING ELIGIBILITY BASED ON CRIMINAL OFFENSES

If you were not vested as of December 1, 2012, and are convicted of a state or federal felony directly related to your employment while in service under TSERS, you are prohibited from receiving any retirement benefit other than a return of your contributions plus interest.

If you were vested as of December 1, 2012, you are prohibited from receiving any retirement benefit for service rendered after December 1, 2012, other than a return of your contributions plus interest for the period of service after December 1, 2012.

Elected government officials who were not vested on July 1, 2007, will forfeit their right to a monthly benefit from TSERS if convicted of certain state or federal offenses related to their service as an elected official.

Elected officials who were vested on July 1, 2007, are not entitled to creditable service accrued in TSERS after July 1, 2007, if convicted of certain state and federal offenses related to their service as an elected official.

## Section 3 | Qualifying for Benefits

### VESTING

You become vested in TSERS once you have completed a minimum of five years of creditable service. This means that you are eligible to apply for lifetime monthly retirement benefits based on the retirement formula in effect at the time of your retirement and the age and service requirements described in this handbook, provided you do not withdraw or transfer your contributions. You may also be eligible for retiree health coverage. See page 28 for more information on health coverage.

### SERVICE RETIREMENT (UNREDUCED BENEFITS)

You may retire with an unreduced service retirement benefit after you:

- Reach age 65 and complete five years of membership service
- Reach age 60 and complete 25 years of creditable service
- Complete 30 years of creditable service at any age

### EARLY RETIREMENT (REDUCED BENEFITS)

You may retire early with a reduced retirement benefit after you:

- Reach age 50 and complete 20 years of creditable service
- Reach age 60 and complete five years of membership service

Your early retirement benefit is calculated using the same formula as a service retirement benefit multiplied by a reduced percentage based on your age and/or service at early retirement. Because your benefit may be paid over a longer period of time than if you had waited until being eligible for service retirement, your benefit will be reduced. The tables on [pages 12 and 13](#) show the effects these reductions would have on your benefit.



### VESTED DEFERRED BENEFIT

If you leave TSERS for any reason other than retirement or death, you can either receive a refund of your contributions, plus interest, or leave your contributions in TSERS and keep all the creditable service you earned to that date. You may be entitled to receive a deferred benefit at a later date once you meet eligibility requirements after you have completed five years of creditable service, provided you do not withdraw your contributions. Your benefit is calculated using the formula in effect on your retirement date. It is based on your average final

### REFUND OF CONTRIBUTIONS

If you leave TSERS before you have five years of creditable service, the only payment you can receive is a refund of your contributions and interest.

State law prohibits us from making a refund earlier than 60 days after you leave employment with an employer that participates in TSERS.

However, if you leave TSERS employment and you do not take a refund, you will retain your benefits and rights should you return to TSERS service at a later time.

Set by state law, the interest credited on your contributions and paid with a refund is 4 percent compounded annually on your prior-year ending balance.

To receive a refund, complete Form 5 (Withdrawing Your Retirement Service Credit and Contributions).

**If you withdraw your retirement contributions, you forfeit your retirement service credit and rights to all benefits associated with the service for that time period, including medical coverage through the State Health Plan, if applicable.**

## Section 3 | Qualifying for Benefits

### RECIPROCITY BETWEEN SYSTEMS

Any credit you may have in the following retirement systems may be counted along with your credit in TSERS in order to determine your eligibility for a reduced or unreduced benefit:

- Legislative Retirement System (LRS)
- Consolidated Judicial Retirement System (CJRS)
- Local Governmental Employees' Retirement System (LGERS)

However, only your creditable service in TSERS is used in computing the amount of your benefit in TSERS. Creditable service in any other system is used to compute benefits from that system.

In addition, for members first hired prior to January 1, 2021, any service credit you have in the UNC Optional Retirement Program may be added to your creditable service in TSERS in order to determine eligibility for benefits from TSERS.

### TRANSFERRING SERVICE & CONTRIBUTIONS BETWEEN SYSTEMS

You can transfer your contributions and creditable service between TSERS and LGERS as long as you are an eligible member of the system to which you are transferring, do not receive a refund of your contributions from the system from which you are transferring and file Form 5TR (Transferring Service and Contributions Between Systems), available in ORBIT.

Transferred creditable service counts toward your eligibility for a monthly benefit and is used to compute the amount of your benefit. Overlapping transferred service cannot be counted twice for the same time period.

A transfer can affect your eligibility for State Health Plan coverage under the Retirement Systems. For more information about the State Health Plan, [see page 27](#).

After completing five years of membership service in TSERS, you may transfer contributions and creditable service from CJRS and LRS to TSERS. Contact us for additional information and instructions.

The general rules for eligibility for transfer are as follows:

- You may transfer to the System that retains your latest service and contributions if the law allows the latest System to receive the transfer.
- Your latest System may have further requirements for eligibility.



[Visit myNCRetirement.com](https://myNCRetirement.com) for more information about Reciprocity.

### REQUIRED DISTRIBUTIONS AFTER AGE 72

In most cases, TSERS is required to pay benefits to non-retired members with open TSERS accounts by April 1 of the year following the year in which the member reaches age 72 or ceases to be an employee, whichever is later.

Members who are vested (five or more years of creditable service) who fail to complete the retirement process will receive a monthly retirement benefit based on the maximum allowance.

Non-vested members who fail to complete a refund application will receive a refund of their contributions and interest by April 1 of the year following the year in which the member reaches age 72.

# Scotland Early College High School

## 2022-2023 School Calendar

July 2022						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August 2022						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September 2022						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October 2022						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2022						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December 2022						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January 2023						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				




February 2023						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				




March 2023						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

April 2023						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

May 2023						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June 2023						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

 Required Workday  
 Holiday - No School  
 1/2 Day for Students

 End of Grading Period  
 Optional Teacher Workday  
 First and Last Day of School

 Annual Leave  
 Progress Reports  
 Report Cards

9/8 and 2/2 - Parent Teacher Conferences

9/30 and 2/24 - District Professional Development Days

8/8 - First Day of School for Students

5/12 - Last Day of School for Students

\* All workdays and annual leave days should be considered possible inclement weather make-up days.

Daily Schedule - 9:00 am - 4:00 pm

Early Release Scheduled - 9:00 am - 1:00 pm



# Scotland County Schools

## 2022-2023 School Calendar

August 2022						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September 2022						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October 2022						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2022						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December 2022						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January 2023						
Su	M	Tu	W	Th	F	Sa
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8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2023						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28				



March 2023						
Su	M	Tu	W	Th	F	Sa
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19	20	21	22	23	24	25
26	27	28	29	30	31	



April 2023						
Su	M	Tu	W	Th	F	Sa
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9	10	11	12	13	14	15
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23	24	25	26	27	28	29
30						

May 2023						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

June 2023						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

July 2023						
Su	M	Tu	W	Th	F	Sa
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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

 Required Workday  
 Holiday - No School

 End of Grading Period  
 Optional Teacher Workday

 Annual Leave  
 Progress Reports

 1/2 Day for Students

 First and Last Day of School

 Report Cards (4th Quarter will be mailed)

9/29 and 2/23 - Parent Teacher Conferences

9/30 and 2/24 - District Professional Development Days

8/29 - First Day of School for Students

6/7 - Last Day of School for Students

**\*All workdays and annual leave days should be considered possible inclement weather make-up days.**

Daily Schedule	Early Release Schedule
Elementary - 8:00am - 2:30pm	Elementary - 8:00-11:00 am
Middle - 8:30 am - 3:30 pm	Middle - 8:30 am - 12:00 pm
SHS - 7:40 am - 2:30pm	SHS - 7:40 - 11:20 am
Shaw - 7:45am -2:15pm	Shaw - 7:45 -10:50 am
SEarCH - 9:00 am -4:00 pm	SEarCH - 9:00 am -1:00 pm



## How TO LOG-IN TO TIMEKEEPER





## Prevention and Wellness Seminars

Atrium Health's EAP offers training and wellness seminars. These workshops are designed to provide you with education and trainings on today's work/life balance issues. Sample topics include: budgeting, stress management and dealing with difficult people. Seminars may also be offered as web-based training. These webinars allow participants to dial in toll-free from any location and interact through a real-time training session on any computer.

## Always Accessible

Atrium Health's EAP provides confidential access to information, referrals and crisis assistance 24-hours a day, seven days a week. All employees have access to EAP by calling 1-800-384-1097 or 704-355-5021 or visiting [AtriumHealth.org/EAP](http://AtriumHealth.org/EAP). The program is available to all employees and their eligible dependents.

However complicated the problem ...  
*there is a solution.*

## Locations

Our corporate office is located in Charlotte, NC. We provide services throughout the United States through an expansive network of affiliate counselors.

For more information please call  
1-800-384-1097 or 704-355-5021.

720 East Blvd.  
Charlotte, NC 28203

380 Copperfield Blvd.  
Concord, NC 28025

1501 N. Charlotte Ave., Suite A215  
Monroe, NC 28110

809 N. Lafayette St., Suite E  
Shelby, NC 28150

146 Fairchild, Suite 142  
Daniel Island, SC 29492

**[AtriumHealth.org/EAP](http://AtriumHealth.org/EAP)**



**Atrium Health**



# Employee Assistance Program

Help When You Need It Most



**Atrium Health**

Because we understand the impact personal problems can have on a person's home life and job performance, we are pleased to offer you and your family the Employee Assistance Program (EAP).

Available through Atrium Health, this program is designed to help you and members of your family with all types of issues - marital conflicts, financial problems, job stress, emotional, alcohol and drug problems, legal issues and difficulties with children. Provided on a confidential basis, the EAP counselors offer help when you need it most.

There is no charge to you when you visit an EAP counselor. The services are provided in a casual, secure environment to help you feel safe and confident of your decision to seek help. The counselor will help clarify your concerns and offer treatment options. If further counseling is required, you will be referred to area treatment professionals whose services can often be billed to your insurer.

Atrium Health's EAP requires its counselors to meet strict credentialing requirements to maintain its ability to address the complex assortment of employee problems that may arise in today's workforce. EAP staff hold PhD's, Certified Employee Assistance Professional (CEAP) certification, Certified Substance Abuse Counselor (CSAC) certification, National Certified Counselor (NCC) certification and/or Licensed Clinical Mental Health Counselor (LCMHC) credentials.

For more information, call the EAP office of Atrium Health. All contacts are private and confidential.

## **Q: What Is The Employee Assistance Program?**

**A:** The Employee Assistance Program (EAP) is a service purchased by your employer that provides confidential and professional help to resolve problems affecting you and your family.

## **Q: Why Does My Employer Need An EAP?**

**A:** Your employer offers an Employee Assistance Program because it makes good business sense. Personal problems can make life difficult at home and at work. The EAP helps you get fast, practical help before personal problems become work problems.

## **Q: Will My Employer Know About My Use Of The EAP?**

**A:** Not unless you decide to tell them. Your decision to use EAP services is voluntary and **confidential**. The counselors adhere to strict guidelines regarding disclosure of program participation.

## **Q: What Kinds Of Problems Will The EAP Help With?**

**A:** Your EAP can help you with problems relating to:

- Alcohol and drug use
- Legal issues/problems
- Stress and anxiety
- Parenting
- Work-related issues
- Grief and loss
- Depression
- Family conflict

## **Q: What Will EAP Services Cost Me?**

**A:** Any services received at the EAP are paid for you and your family by your employer. If extensive counseling is recommended, the cost for services outside the EAP becomes your responsibility. Your EAP counselor will assist you in understanding what is covered by your insurer.

## **Q: How Do I Contact The EAP?**

**A:** Whatever the problem, if you need help call the Employee Assistance Program at (704) 355-5021 or (800) 384-1097. We can schedule an appointment at the location most convenient to you.





# North Carolina State Health Plan

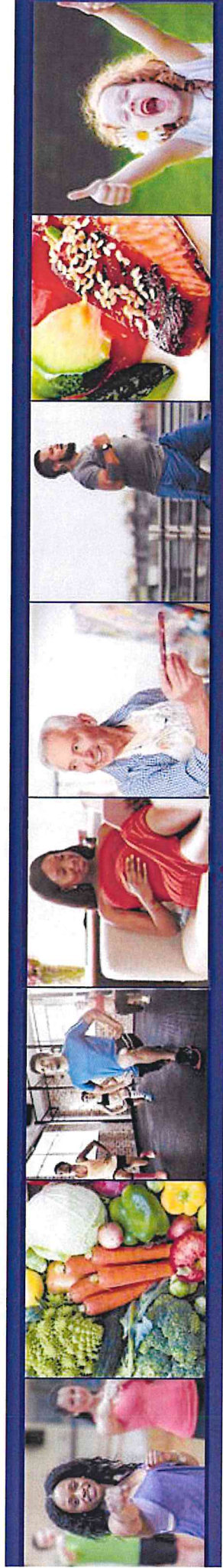
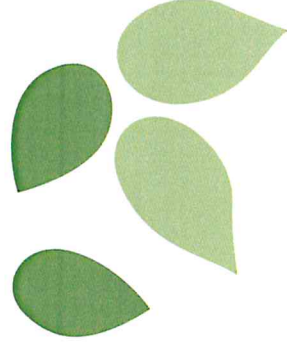
FOR TEACHERS AND STATE EMPLOYEES

A Division of the Department of State Treasurer



*Dale R. Folwell, CPA*

STATE TREASURER OF NORTH CAROLINA  
DALE R. FOLWELL, CPA



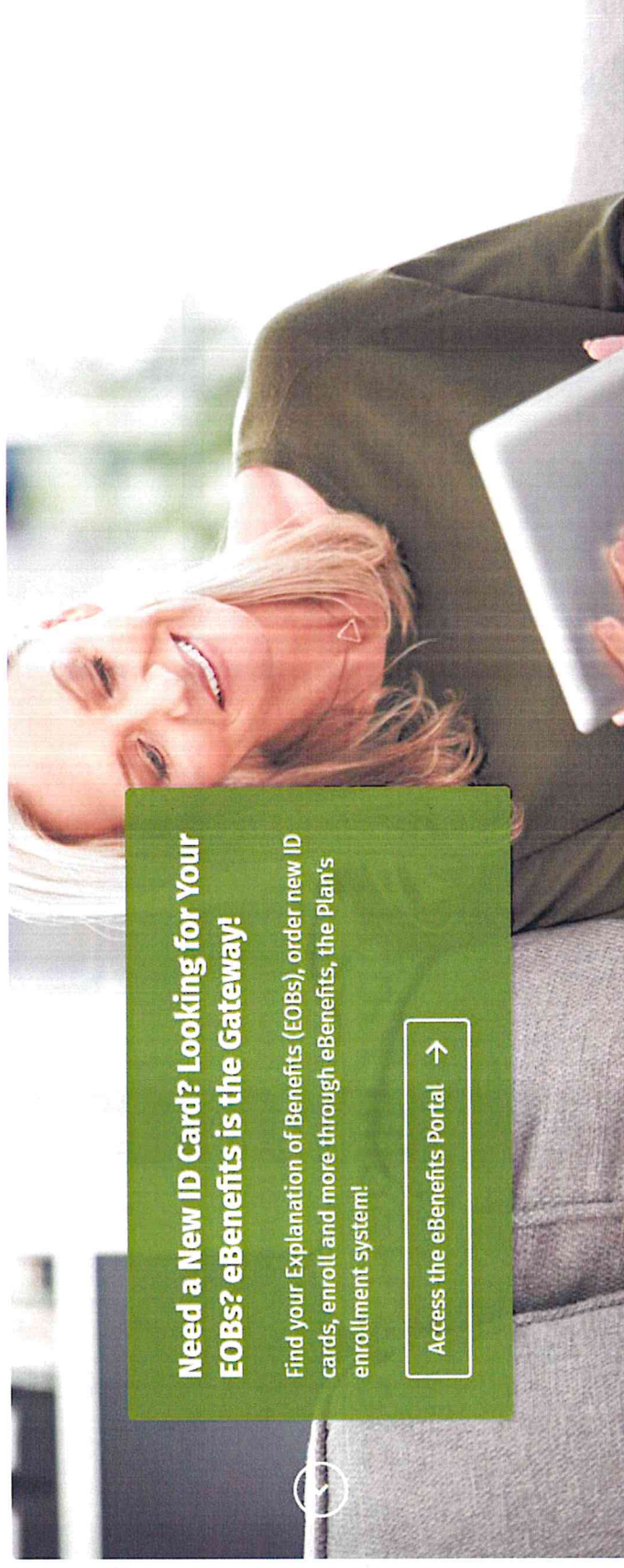
## Step-by-Step Enrollment Instructions for New Employees

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# State Health Plan Website

- Once your Health Benefits Representative has created a personal record for you in the eBenefits system, go to the State Health Plan's website at [www.shpnc.org](http://www.shpnc.org) and click eBenefits located at the top center on the home screen.



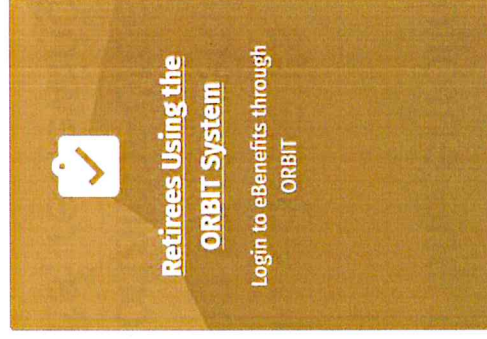
## **eBenefits** is the Gateway to your **Enrollment**

---

- eBenefits is the Plan's online enrollment system and the gateway to all of your benefit information.
- Once you are logged into eBenefits, you will have access to several resources with out having to remember various passwords:
  - Blue Connect: your portal for order new ID cards, reviewing your Explanation of Benefits, reviewing where you are in meeting your deductible
  - CVS Caremark: your pharmacy portal, where you can review your prescription history and other benefits

# Logging into eBenefits

- If you are employed by any of the organizations in the gold boxes, click one to enroll. If not, click Access your Benefits via eBenefits (the first gold box).
- Enter your Username and Password. Login ID: Your first name, the first initial of your last name and the last 4 digits of your Social Security number. Initial Password: Your Social Security number without spaces or dashes.
- Example for employee John Doe with SSN 111-22-3333: Login ID is JohnD3333 and Password is 111223333. If you have transferred from another agency and already had an account in eBenefits, please check with your HBR to verify your login information.



# Changing Your Password

- You will be prompted to change your password as soon as you log in.
- After you select **Save**, you will also be asked to select your secret questions and answers.
- Select **Save** again and **Next**.

## Your Account

Change your username, password and secret questions.

### Username

Current username

GET3333

Edit

### Password

New password \*

Confirm new password \*

Save

Cancel

Your Password must contain 8-15 characters, at least 1 number, and at least 1 upper case and 1 lower case letter. Your password cannot contain more than 2 of the same characters in a row or your Login ID.

## Secret questions

Edit

# Getting Started

- When you have arrived at the Member Home Page at login, you will be able to get started on your enrollment. Just follow the prompts in this slide and the ones that follow.

The screenshot shows the Member Home Page of the North Carolina State Health Plan. The page has a dark blue header with the following navigation links: Home, Dependents, Language Preferences, Manage Account, Login Information, Medicare, Select or Update Primary Care Provider, My Docs, View Tax Documents, and Document Center. Below the header, there is a section titled "Important Messages for You" with two messages: "You have new benefits being offered to you:" and "You have 30 days to elect your Current Enrollment benefits." A yellow "Get started >" button is located below the second message. A callout box with the text "Click Get Started" points to this button. Below the messages, there is a section titled "Do you need to update your PCP?" with a link to "Click the 'Select or Update Primary Care Provider' link under Manage Account." At the bottom of the page, there is a green footer with the following text: "© 2018 Benefitfocus.com Inc., All Rights Reserved. Ask a Question | Terms of Use | Privacy Statement. Questions? Please call 855-859-0986 Monday through Friday, 8:00 a.m. to 5:00 p.m. ET. Low Vision? Enable high contrast mode."

**Important Messages for You**

You have new benefits being offered to you:

You have 30 days to elect your Current Enrollment benefits.

[Get started >](#)

**Click Get Started**

**Do you need to update your PCP?**

Click the "Select or Update Primary Care Provider" link under Manage Account.

**My Docs**

[View Tax Documents](#)

[Document Center](#)

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[Ask a Question](#) | [Terms of Use](#) | [Privacy Statement](#)

Questions? Please call 855-859-0986  
Monday through Friday, 8:00 a.m. to 5:00 p.m. ET  
Low Vision? [Enable high contrast mode](#)

# Adding Dependents

- You will be asked if you want to list any dependents. Either select **ADD DEPENDENT** and follow the instructions on the screen to add a dependent or **Next** if no dependent.

Profile

Shop for benefits

Confirm & Finish

## Before you enroll in benefits

Do you need to add any dependents to your profile?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Add Dependent

Next

Previous

Click Next



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

# Begin Enrollment

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

Click  
Begin  
Enrollment



# Select Your Plan

Profile

Shop for benefits

Confirm & Finish

Choose your Medical plan.

Please review your options and choose the plan that best meets your needs.

Who do you want to cover on this plan?

70/30 PPO Plan

Please click Select plan to enroll.

Benefit's Your Deductible

Office Visit Copay

Preventive Care

Specialist Visit Copay

Select plan

Print details

\$1,000 Individual/\$1,240 Family

\$40 Copay

\$40 Copay

\$34 Copay

\$85.00

Monthly Cost

80/20 PPO Plan

Please click Select plan to enroll.

Benefit's Your Deductible

Office Visit Copay

Preventive Care

Specialist Visit Copay

Select plan

Print details

\$1,250 Individual/\$1,750 Family

\$25, \$10 if you use PCP or ID card

\$0 Copay

\$80 Copay

\$110.00

Monthly Cost

Decline Coverage

I would like to decline medical coverage

Previous

Cancel

Select desired plan.

# Tobacco Attestation Premium Credit

Click **Tobacco User Attestation** and select the appropriate answer.  
Then click **Next**.

Confirm & Finish

Shop for benefits

Profile

Premium credits

> Tobacco Attestation (Worth \$60 Premium Credit)

\$60.00 per month

I attest that I am NOT a tobacco user, or if I am a tobacco user, I agree to visit a CVS Minute Clinic for at least one tobacco cessation counseling session. (Please note: You may lose your individual \$60 monthly premium credit if you do not visit a CVS Minute Clinic 90 days after the last day of Open Enrollment or from your initial enrollment date.) 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 within 90 days after the last day of Open Enrollment or from my initial enrollment date

☐ I AM a tobacco user

Next

Previous

Cancel

Make selection and Click Next

# PCP Selection

Profile

Shop for benefits

Confirm & Finish

Medical

Search from the list of providers to enter your PCP (Primary Care Provider) information.

PCP Name

Search

PCP Copy Reduction Reminder

Next

Previous

Cancel

Select PCP if desired and click Next.

# Additional Insurance



Shop for benefits

## Additional Insurance

Currently, do any of the persons covered for this benefit including yourself have other health insurance?

- ☐ Yes  
☐ No

Please Note:

It is very important to enter your and/or your covered dependents' insurance policies. By providing this information, you will ensure that the claims for you and your covered dependents will be processed timely and accurately.

Additional Insurance information should NOT be supplied on non-medical policies such as Dental, Vision, Life, Cancer or Medicaid. You do not need to provide information on policies you have previously had with other State Health Plan agencies. Additional insurance information is used to coordinate benefits if you or your dependents have other medical coverage in addition to the State Health Plan, which will continue after you are enrolled in the State Health Plan.

Next

Previous

Cancel

Select Yes and enter other insurance if applicable and click Next.



# Select Start Date

Confirm & Finish

Shop for benefits

Profile

## Medical

Employing Unit Premium Contribution - When would you like your benefits to become effective?

Effective Date \*

☒ 01/01/2019

☐ 02/01/2019

Next

Previous

Cancel

Select desired date  
and click Next.





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# Review Elections and Select Save!

our benefits



## 1. Your Medical coverage

Visit the Plan's website at [www.shpnc.org](http://www.shpnc.org) for more information about your plan options!

### 80/20 PPO Plan

Offered By:  
Effective Date:  
Persons Covered:

Blue Cross and Blue Shield of North Carolina  
01/01/2019

\$50.00  
per month

Edit coverage

Show Plan Details

Deadline

Complete Enrollment

Cancel

Click "Complete Enrollment" to complete enrollment process

The choices you pick  
Will NOT stick  
Unless you SAVE them  
With a CLICK!



North Carolina  
**State Health Plan**  
FOR TEACHERS AND STATE EMPLOYEES  
A Division of the Department of State Treasurer

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

**✔ Congratulations, ! You have successfully completed your enrollment process.**  
Your confirmation number is: 178820397-5c9c61. Please review and print your Confirmation Statement for your records.

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## Questions?

### ELIGIBILITY AND ENROLLMENT (Support Center for Members)

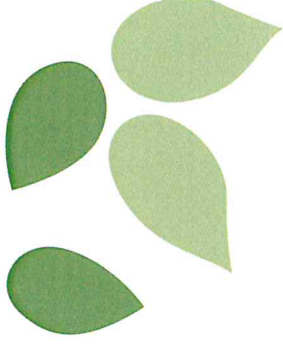
855-859-0966

### CVS CAREMARK (PHARMACY BENEFITS)

888-321-3124

### BLUE CROSS AND BLUE SHIELD OF NC (BENEFITS & CLAIMS)

888-234-2416



## North Carolina State Health Plan

FOR TEACHERS AND STATE EMPLOYEES

A Division of the Department of State Treasurer



*Dale R. Folwell, CPA*

STATE TREASURER OF NORTH CAROLINA  
DALE R. FOLWELL, CPA

[www.shpnc.org](http://www.shpnc.org)

[www.nctreasurer.com](http://www.nctreasurer.com)

