

The University of North Carolina Optional Retirement Program (ORP)

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

INSTRUCTIONS: The purpose of this form is to certify that the ORP participant named below is eligible for membership in the State of North Carolina Retired Group Health Plan. In order to be eligible, the ORP participant must (1) complete the "Selecting Health Coverage Through the State Health Plan" form, (2) have participated for five or more years to the ORP, and (3) be in receipt of an ORP monthly retirement benefit.

However, if the participant was first hired on or after October 1, 2006, and has 20 or more years of ORP participation, the State will pay 100% of the cost of coverage under the State's CMMP or Basic/Standard SmartChoice PPO. If the participant has 10 but less than 20 years of ORP participation, the State will pay 50% of the cost of coverage and the participant is responsible for the additional 50%. If the participant has less than 10 years of ORP participation, the participant is responsible for payment of the full premium cost. The participant is also responsible for payment of the SmartChoice PPO Plus premiums and/or dependent premiums under all of the health plan options.

The UNC employer completes **SECTION A** below, retains a copy of the form, and transmits the original form to the appropriate ORP carrier (Fidelity Investments, Lincoln Financial Group, TIAA-CREF, and/or VALIC). The ORP carrier completes SECTION B below, retains a copy of the form, and returns the original form to the UNC employer at the campus address listed in SECTION A below. Upon receipt of the completed form, the UNC employer retains a copy of the form and submits the original copy to the Department of State Treasurer, Retirement Systems Division, 325 North Salisbury Street, Raleigh, NC 27603-1388 along with the "Selecting Health Coverage Through the State Health Plan" form.

SECTION A: UNC EMPLOYER CERTIFICATION

NAME OF UNC INSTITUTION: _____

NAME OF ORP PARTICIPANT: _____
Last First MI

ORP CARRIER(S): Fidelity Investments Lincoln Financial Group TIAA-CREF VALIC

SOC. SEC. #: _____ RETIREMENT EFFECTIVE DATE: _____

DATES OF PARTICIPATION IN ORP: From: _____ To: _____

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

UNC INSTITUTIONAL REPRESENTATIVE'S
SIGNATURE: _____ DATE: _____

CAMPUS ADDRESS: _____

SECTION B: ORP CARRIER AUTHORIZATION

NAME(S) OF ORP CARRIER(S): _____

ORP MONTHLY RETIREMENT BENEFIT STARTING DATE FOR THE ABOVE-NAMED ORP
PARTICIPANT: _____

VERIFIED BY: _____ DATE: _____
(ORP Carrier Representative's Signature)