



2027

Supplemental Benefits **OPEN ENROLLMENT**



Enroll: September 15 - October 30, 2026

Effective: January 1, 2027



PIERCE INSURANCE

Supplemental Benefits Specialists Since 1955



(855) 627-3847



ncretiree.com



North Carolina Retiree Benefits Overview

Whole Life | Dental | Vision | Identity Theft Protection

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Resources

NC Retiree Supplemental Benefits:
ncretiree.com
 855-627-3847

NC Retirement Systems:
myNCRetirement.gov
 919-814-4590

ORBIT- Retirement Account Access:
ORBIT.myNCRetirement.gov

State Health Plan:
www.shpnc.gov
 855-859-0966

Pierce Insurance Agency:
pierceins.com

This guide describes benefits offered through the NC Retirement Systems. If there is a discrepancy between what is written here and what is written in the plan document and insurance certificates, the plan document and insurance certificates will govern. Changes in the tax laws or other requirements might cause changes in the plan.

Getting Started

1. Review your benefits options in this booklet.
2. To enroll or ask questions, call 855-627-3847. You may also visit ncretiree.com for updates, register for information sessions, and to enroll online.
3. If you are enrolled in dental, vision, and/or identity theft protection, and do not wish to make any changes, no action is needed.
4. If you have questions about the **NEW** Whole Life with long-term care benefit, call 855-627-3847. Benefit counselors are available to provide information, answer your questions, and help you understand your options—there is no obligation to enroll.

2027 Highlights

▪ **NEW Whole Life - The Standard**

- Lifetime coverage - no reductions, no surprises.
- Help protect your retirement savings if you need long-term care.
- Take advantage of this initial opportunity to enroll without answering health questions (within limits).
- Gain access to long-term care benefits that are difficult to find as a standalone option today.

▪ **Dental Coverage - UnitedHealthcare**

- Preventive, basic, and major services
- Tele-dentistry and mobile dentistry
- Oral cancer screenings
- No waiting periods for any covered services
- Hearing aid discount

▪ **Vision Coverage - UnitedHealthcare**

- Exam & Materials plan includes an annual eye exam and eyewear
- Materials-Only plan: for members with medical eye conditions eligible for coverage under the health plan
- Savings on contacts, glasses, and sunglasses
- Up to 35% off Laser Vision Correction
- Over 200 discounts through BenefitHub
- Up to 50% off hearing aids

▪ **Identity Theft Protection - Norton LifeLock**

- **New!** Financial Dashboard
- **New!** Spending Tracker
- **New!** Financial Insights
- **New!** Card Exposure Control
- Million Dollar Protection Package

How are the monthly premiums collected?

1. Pension deduction (deductions shown in ORBIT under View Payments)
2. Direct bill (paid monthly, quarterly, semi-annually by check or bank draft)
3. Firefighters' and Rescue Squad Workers', National Guard, or Register of Deeds Pension Funds' benefit recipients qualify for direct bill only

No association fee is required to enroll in these supplemental benefits.

Whole Life Complete

NEW**Life Insurance with Long-Term Care Rider* Benefits for NC Retirees**

TheStandard®

Peace of Mind for Today—and the Years Ahead

Retirement is a time to enjoy financial security, independence, and peace of mind. Many retirees value life insurance for a variety of reasons, including covering final expenses, preserving a legacy, and supporting loved ones.

What if you could also use your coverage to help protect yourself?

Whole Life Complete goes beyond traditional life insurance by including long-term care protection that can provide monthly payments if qualified care is needed in the future. With this coverage, you do not have to choose between protecting your beneficiaries and preparing for potential care needs.

This can help you:

- Maintain greater independence and control over your care decisions.
- Protect your retirement savings from unexpected care expenses.
- Reduce the financial burden on family members and loved ones.

“

Someone turning age 65 today has almost a 70% chance of needing some type of long-term care services and support in their remaining years.

[acl.gov]

”

One Policy. Three Ways to Help Protect Your Financial Future.

Death Benefit

Provides financial protection for your beneficiaries.

- Cash benefit paid directly to your beneficiary
- Premiums are guaranteed at issue
- Coverage becomes fully paid-up at age 95 if all premiums are paid
- Builds tax-deferred cash value over time that may be accessed for financial emergencies
- May help with estate and legacy planning goals

Long-Term Care Rider* Benefit

Access your life insurance benefit if you need qualified long-term care services.

- Available when certified chronically ill by a licensed healthcare practitioner
- Monthly benefit equal to 6% of the death benefit
- Payable for up to 34 months after a 90-day elimination period
- Premiums are waived while benefits are being paid

Restoration of Benefits Rider**

Provides long-term care support without permanently reducing your death benefit.

- Death benefits used for long-term care are restored monthly.
- Cash value is restored along with the death benefit.

*Accelerated Death Benefit for Long-Term Care Rider

**Accelerated Death Benefit for Long-Term Care with Restoration of Benefits Rider

Whole Life Complete

How It Works



A Simple Example

POLICY AMOUNT	LONG-TERM CARE BENEFIT	REMAINING DEATH BENEFIT
\$100,000	UP TO \$200,000	\$100,000

A retiree with a \$100,000 policy could receive up to \$6,000 per month for qualifying long-term care needs. Benefits may continue for up to 34 months, providing up to \$200,000 in long-term care benefits. Even if long-term care benefits are used, a \$100,000 life insurance benefit remains available for your beneficiaries. The policy's death benefit and cash value are restored through the rider's Restoration of Benefits feature, subject to rider provision.

Guaranteed Issue Opportunity

During this initial offering, eligible retirees, spouses, and children may enroll without evidence of insurability or health questions, subject to the following limits:

Eligible Covered Person	Issue Age	Maximum Guaranteed Issue Death Benefit
Retiree	18-70	\$150,000
Retiree	71-80	\$25,000
Spouse	18-70	\$25,000
Spouse	71-80	\$10,000
Child	0-18	\$20,000
Child - Full-time student	19-25	\$20,000

Strength in Numbers

Retirees are often surprised when term life insurance ends or premiums spike at retirement. Through the collective buying power of NC retirees, this plan offers lifetime guarantees on premiums, death benefits, and long-term care.

Why Consider Whole Life Complete?

- ✓ Lifetime insurance protection
- ✓ Long-term care benefits included
- ✓ Tax-deferred cash value growth
- ✓ Terminal illness benefit
- ✓ Guaranteed issue enrollment opportunity
- ✓ Coverage available for eligible retirees, spouses, and children

What Sets This Coverage Apart

Whole Life Complete is designed to help protect both generations. Long-term care benefits can help support you if care is needed, while the Restoration of Benefits feature helps preserve the policy's death benefit for your beneficiaries.

How to Enroll: Whole Life Complete

3 Easy Ways to Enroll

1

Enroll by phone: 855-627-3847

2

Enroll online: ncretiree.com/enroll

3

Visit ncretiree.com/enroll to schedule a call (Zoom option)

Tips to Enroll: Whole Life Complete

- Call 855-627-3847 to enroll by phone.
- You may enroll online at ncretiree.com/enroll. However, **we recommend speaking with a benefits counselor for plan details and full underwriting limitations before completing your online enrollment.**
- Your full **Social Security number, and your date of birth are required.**
- When enrolling dependents, **their Social Security numbers and dates of birth** must also be provided.
- Dependents with incomplete information cannot be enrolled.
- Paper enrollment forms are not available for Whole Life Complete.

Frequently Asked Questions

Who is eligible to enroll in these benefits?

Eligible NC Retirement Systems retirees may enroll in available supplemental benefits. Retirees may also elect eligible coverage for their spouse and dependent children, depending on the plan. Child coverage is available for eligible children through age 18, or through age 25 if they are enrolled as a full-time student.

Do I need to answer health questions to enroll?

During this initial offering, eligible retirees and covered family members may enroll in certain benefits without answering health questions (within plan limits). After the enrollment period ends, health questions may be required.

What is Whole Life Insurance with Long-Term Care support?

Whole Life Insurance provides permanent life insurance coverage designed to last a lifetime as long as premiums are paid. It also includes Long-Term Care benefits that can help pay for qualifying care expenses and may restore benefits, helping preserve life insurance protection for your beneficiaries.

Can I keep my coverage if I move or my circumstances change?

Yes. You can keep your coverage regardless of where you live, as long as required premiums are paid.

How do I enroll or get help choosing benefits?

Benefit counselors are available to answer questions and help you understand your options. You can enroll by calling 855-627-3847 or by visiting the enrollment website ncretiree.com/enroll.

When would I be eligible to file a claim for Long-Term Care Benefits if needed?

After a 90-day elimination period, satisfying items 1 - 3 below:

1. Certified as chronically ill by a licensed health care practitioner.
2. Needing assistance with 2 of the 6 activities of daily living, including toileting, dressing, eating, bathing, transferring, continence, or have a severe cognitive impairment.
3. Receiving qualified LTC services: private home, adult day care, assisted living, or nursing home.

This piece is incomplete without brochure & insert ABJ41561X which includes a full description of benefits, limitations, and exclusions.
<https://docs.pierceins.com/pdf/NCRS-whole-life-brochure.pdf>

Dental with Hearing Aid Discount



Dental Plan Features

- Preventive and Diagnostic Services covered at 100% of UCR*
- Basic and restorative covered at 50% of UCR*
- Major services covered at 50% of UCR*
- \$1,000 calendar year maximum and no waiting period
- Visit any dentist or dental specialist of your choice. Save money by seeing a network dentist.
- Hearing Aid Discount Program: Learn more uhchearing.com or call 1-866-926-6632.

Use special discount code: **NCRSHEARING**.

*Please note - Percentage is of Usual, Customary and Reasonable charges, based upon zip codes by geographic regions.

Consumer MaxMultiplier®

Included with this dental plan, our Consumer MaxMultiplier program rewards you for keeping up with your dental care by adding dollars to next year's annual maximum. Here is how it works:

- You and each covered family member can qualify and earn your own awards by visiting the dentist at least once during the plan year. Your dental claims must also be less than the amount set by the plan.
- This special feature increases benefits at the same low premium.
- Paid claims must be less than \$500 to earn award dollar amount.
- This award dollar amount is available each year until you have reached a total combined regular calendar year maximum of \$1,000.00, plus \$1,250.00 award dollars, for a maximum total of \$2,250.00.

* REASONABLE AND CUSTOMARY PLAN: A dental benefit plan that determines benefits based only on "Reasonable and Customary" fee criteria. USUAL FEE: The fee that an individual dentist most frequently charges for a given dental service. CUSTOMARY FEE: The fee level determined by the administrator of a dental benefit plan from actual submitted fees for a specific dental procedure to establish the maximum benefit payable under a given plan for that specific procedure. REASONABLE FEE: The fee charged by a dentist for a specific dental procedure that has been modified by the nature and severity of the condition being treated and by any medical or dental complications or unusual circumstances, and therefore may differ from the dentist's "usual" fee or the benefit administrator's "customary" fee.

Summary of Dental Plan Benefits

- No deductible for diagnostic and preventive services
- A \$25.00 deductible, per member per plan year, applies to basic restorative and major services
- Please see the certificate of coverage on the website at ncretiree.com/dental for complete benefit information, including exclusions and limitations

Access Your Benefits & Claim Filings

Register at: www.myuhc.com

- View and print explanation of benefits and ID cards
- Look up and nominate providers from the PPO National Network
- Estimate out-of-pocket costs
- Print claim forms
- View certificate of coverage
- View eligibility

Save on Hearing Aids

- No-cost hearing exam and consultation
- Ongoing support including follow-up appointments
- Name-brand and private-label hearing aids at significant savings
- More than 6,500 credentialed hearing provider locations
- Use promo code NCRSHEARING for discounted pricing



Call: 866-926-6632 **Visit: uhchearing.com/employee**

* Included in the dental plan, hearing aid discount program.

Value added UnitedHealthcare Dental wellness protection:

- Tele-Dentistry
- Mobile-Dentistry
- Discount Marketplace
- Oral Cancer Screenings
- Enhanced Pregnancy Benefits

Dental with Hearing Aid Discount



DIAGNOSTIC & PREVENTIVE SERVICES Covered at 100% of UCR*	BASIC RESTORATIVE Covered at 50% of UCR*	MAJOR SERVICES Covered at 50% of UCR*
<i>This includes:</i> DIAGNOSTIC - Initial Oral Exam - Periodic Oral Exam - Emergency Exams for Pain Relief - Full Mouth X-Rays (1 procedure every 60 months) - Bitewing X-Rays (once every 12 months) - Single Tooth X-Rays PREVENTIVE - Prophylaxis (2 per calendar year) - Fluoride Treatments for children under age 19 (eligible until the day they turn 19) - Sealants for children under age 16 (eligible until the day they turn 16)	<i>This includes:</i> RESTORATIVE - Amalgam Fillings (Silver Fillings) - Composite Fillings (White Fillings) - Anterior (front) Teeth Only - Temporary Fillings - Space Maintainers for children under age 14 (eligible until the day they turn 14) ORAL SURGERY - Simple Extraction - Surgical Extraction - General Anesthesia PERIODONTICS - Periodontal Surgery - Scaling and Root Planing ENDODONTICS - Root Canal Treatment - Pulpotomy PROSTHETIC MAINTENANCE - Bridge or Denture Repair - Rebase or Reline of Dentures - Re-cement of Crowns and Onlays	<i>This includes:</i> GOLD/CAST RESTORATIONS - Gold or Cast Restorations - Crowns (when teeth cannot be restored with amalgam, composite, or plastic restorations) PROSTHODONTICS - Dentures - Bridges - Partials *Please note - Percentage is of Usual, Customary, and Reasonable charges based upon zip codes by geographic regions.

Monthly Premiums

Plan Coverage	Retiree	Retiree + 1	Retiree + Family
Monthly Premiums	\$39.97	\$94.65	\$132.70

New enrollees will receive identification card(s) prior to the effective date of their coverage.

ncretiree.com/dental

Who is eligible?

- Retirees, spouses, and unmarried children (eligible until the day they turn 26).
- Handicapped children with disabilities are eligible for dental and vision insurance, regardless of age.
- As a surviving spouse, you must enroll in the plan through the normal enrollment process. You must complete a new enrollment form and submit to Pierce Insurance Agency or call 855-627-3847. (For detailed explanation on eligibility go to: <https://ncretiree.com/frequently-asked-questions/>).
- Member must notify Pierce Insurance Agency when dependents no longer meet eligibility requirements.

Dental with Hearing Aid Discount



3 Easy Ways to Enroll

1

Enroll online: ncretiree.com/enroll

2

Complete the attached enrollment form on page 21 and return it to Pierce Insurance via postage-paid envelope inserted on page 12.

3

Enroll by phone: 855-627-3847

Frequently Asked Questions

If my spouse is still working and has a dental plan, can that spouse still be enrolled under the Retirees' dental plan?

Yes, your spouse can be enrolled through the Retirees' dental plan and have dual coverage. Coordination of benefits will apply.

Where are my claims processed?

Dentists will usually submit claims on behalf of our members. Should you need to submit claims, please send the claim form and bills to: UnitedHealthcare Dental, Attn: Claims Unit, P.O. Box 30567, Salt Lake City, UT 84130-0567.

If I have questions about my claims, eligible benefits, and plan coverage, who do I call?

Questions regarding your UnitedHealthcare Dental Policy and Claims can be answered by calling Customer Care at 877-905-0659.

Must I choose between Diagnostic and Preventive, Basic or Major Restorative Services?

No, all three types of coverage are included in your dental plan.

What is the \$25 deductible?

The deductible is per person, per calendar year for Basic or Major Services. This deductible does not apply to Preventive and Diagnostic Services (such as exams and cleanings).

How do I know if my provider participates with UnitedHealthcare Dental?

To verify if your provider participates with UnitedHealthcare Dental, ask your provider or contact UnitedHealthcare Dental at 877-905-0659 before services are performed. You may also nominate your provider by calling UnitedHealthcare Dental, 877-905-0659 or myuhc.com and completing a Provider Nomination Form.

If I am enrolled in another plan and I want to enroll in this plan, will the other plan be automatically canceled or replaced?

No. New enrollees are responsible for **canceled** other coverage even if the other coverage is pension-deducted from your retirement benefit. The new plan coverage will not automatically cancel or replace any other coverage you may have that is provided by other organizations or associations.

What is a pre-determination?

When you are anticipating expensive dental charges over \$500, have your provider submit a pre-determination estimate to UnitedHealthcare. The response to this will tell you what the plan will pay for certain procedures and what charges you may have out of pocket.

How do I terminate coverage after a life changing event?

If there is a life event where coverage needs to be terminated, please notify Pierce Insurance at 855-627-3847 no later than 180 days after the event. Please note: Failure to report life changing events within the allotted time frame will result in overpayment of premium and premium refund cannot be issued beyond 12 months per UnitedHealthcare policy.

The dental product is underwritten by UnitedHealthcare Insurance Company. Our dental product is administered by Dental Benefit Providers, Inc.

*Pierce Insurance Agency, Inc. is a licensed insurance agent in North Carolina that has been authorized to arrange this coverage, but it is not part of the North Carolina State Government or its Retirement Systems.

Vision with Hearing Aid Discount



Who is Eligible?

- Retirees, spouses, and unmarried children (eligible until the day they turn 26).
- Handicapped children with disabilities are eligible for dental and vision insurance, regardless of age.
- As a surviving spouse, you must enroll in the plan through the normal enrollment process. You must complete a new enrollment form and submit to Pierce Insurance Agency or call 855-627-3847. (For detailed explanation on eligibility go to: <https://ncretiree.com/frequently-asked-questions/>).
- Member must notify Pierce Insurance Agency when dependents no longer meet eligibility requirements.

Save on Hearing Aids

- No-cost hearing exam and consultation
- Ongoing support including follow-up appointments
- Name-brand and private-label hearing aids at significant savings
- More than 6,500 credentialed hearing provider locations
- Use promo code NCRSHEARING for discounted pricing



Call: 866-926-6632 Visit: uhchearing.com/employee

* Included in the vision plan, hearing aid discount program.

Vision Plan Features

- Visit myuhcvision.com to find the vision network providers near you.
- Save the most money by using a network provider. You can choose where to have an exam and where to purchase glasses or contacts.
- No waiting period.
- \$130 frame allowance for frames available at a retail, private practice, or online provider.
- Hearing Aid Discount Program: Learn more uhchearing.com/employee or call 1-866-926-6632. Use special discount code: NCRSHEARING.

Frequency of Services

Exam:	Once every 12 months
Lenses:	Once every 12 months
Frame:	Once every 24 months
Contact Lenses:	Once every 12 months

(contacts in lieu of lenses and frame)

Access Your Benefits & Claim Filings

Register at: www.myuhcvision.com

- Look up providers
- View eligibility
- View benefit summary
- Obtain claim information and provider nomination forms
- View, print, or save your optional vision ID card

Vision Discounts and Extras

- 10% off contact lenses, discounts on eyeglasses and sunglasses, free shipping and select lens treatments at no cost at uhcglasses.com.
- Up to 35% off on laser vision correction through QualSight® LASIK
- Over 200 discounts and rewards through BenefitHub
- Enhanced children's and maternity eye care benefits
- Visit: www.myuhcvision.com

The vision product is underwritten by UnitedHealthcare Insurance Company. Our vision product is administered by Spectera, Inc. *Pierce Insurance Agency, Inc. is a licensed insurance agent in North Carolina that has been authorized to arrange this coverage, but it is not part of the North Carolina State Government or its Retirement Systems.

Vision with Hearing Aid Discount



Summary of Vision Plan Benefits

Information	Plan 1 Exam & Materials Plan		Plan 2 Materials Only Plan	
	In Network ¹	Out of Network ²	In Network ¹	Out of Network ²
Copayments	\$10.00 Exam Copay \$10.00 Materials Copay	Not Applicable	\$10.00 Materials Copay	Not Applicable
Comprehensive Exam by an Ophthalmologist (MD) or Optometrist (OD)	Covered in Full (after copay)	Up to \$64.00	Not Applicable	Not Applicable
2nd Exam Benefit for Diabetics	Covered in Full (after copay)	Up to \$64.00	Not Applicable	Not Applicable
Standard Lenses (per pair)				
• Single Vision	Covered in Full (after copay)	Up to \$40.00	Covered in Full (after copay)	Up to \$40.00
• Lined Bifocal	Covered in Full (after copay)	Up to \$60.00	Covered in Full (after copay)	Up to \$60.00
• Lined Trifocal	Covered in Full (after copay)	Up to \$80.00	Covered in Full (after copay)	Up to \$80.00
• Lenticular	Covered in Full (after copay)	Up to \$80.00	Covered in Full (after copay)	Up to \$80.00
Frames - Standard	Up to \$130.00 (after copay) ³	Up to \$50.00	Up to \$130.00 (after copay) ³	Up to \$50.00
Contact Lenses (in lieu of lenses and frame)				
• Cosmetic – Elective	Up to \$125.00 (after copay) ⁴	Up to \$125.00	Up to \$125.00 (after copay) ⁴	Up to \$125.00
• Necessary	Covered in Full (after copay) ⁵	Up to \$210.00	Covered in Full (after copay) ⁵	Up to \$210.00
Patient Lens Options	Covered in Full (after copay)	No Coverage	Covered in Full (after copay)	No Coverage
	• Standard Scratch Coating • Tints • UV Protective Lenses • Standard Progressives • Deluxe Progressive Lenses • Polycarbonate Lenses		• Standard Scratch Coating • Tints • UV Protective Lenses • Standard Progressives • Deluxe Progressive Lenses • Polycarbonate Lenses	
Laser Vision Correction	Discounts available through network providers. For additional information contact 1-800-980-2965 or visit www.myuhcvision.com	No Coverage	Discounts available through network providers. For additional information contact 1-800-980-2965 or visit www.myuhcvision.com	No Coverage

Exam and Materials Plan / Materials Only Plan

1. Network Benefits: Materials copays and patient options are paid to the network provider by the plan participant.

2. Out-of-Network Benefits: The plan participant pays full fee to the provider and UnitedHealthcare Vision reimburses the retiree for services rendered up to maximum allowance. There are no copays or deductibles.

3. Frame Benefit: UnitedHealthcare Vision's frame benefit applies to virtually all of the frames on the market today, and most of those are covered in full, with no additional cost to the retiree, other than applicable co-pay. With UnitedHealthcare Vision's frame benefit, plan participants receive a \$130.00 retail or private practice frame allowance for frames purchased at retail chain or private practice providers, and for any frame above \$130.00, the retiree will only pay the difference.

4. Contact Lens Benefit: Contact lenses are provided in lieu of eyeglasses (lenses and frame). UnitedHealthcare Vision's contact lens benefit covers in-full (after applicable copayment) the fitting/evaluation fees, contacts (including up to four boxes of disposables, depending on prescription), and up to two follow-up visits. An allowance is applied toward the fitting/evaluation fees and purchase of contact lenses outside of UnitedHealthcare Vision's covered-in-full contacts (materials copay does not apply). Toric, gas permeable and bifocal contact lenses are all examples of contacts that are outside of our covered-in-full selection.

5. Necessary contact lenses are determined at the eye care provider's discretion for one or more of the following conditions: Following cataract surgery without intraocular lens implant; To correct extreme vision problems that cannot be corrected with spectacle lenses; With certain conditions of anisometropia; With certain conditions of keratoconus. If an out-of-network provider considers contacts necessary, retirees should ask their out-of-network provider to contact UnitedHealthcare Vision concerning the reimbursement that UnitedHealthcare Vision will make before they purchase such contacts.

Vision with Hearing Aid Discount



Monthly Premiums

Plan Coverage/ Monthly Premiums	Retiree	Retiree + 1	Retiree + Family
Plan 1 Exam & Materials Plan	\$6.81	\$13.79	\$15.49
Plan 2 Materials Only	\$4.74	\$9.62	\$10.75

New enrollees will receive identification card(s) prior to the effective date of their coverage.

3 Easy Ways to Enroll

1

Enroll online: ncretiree.com/enroll

2

Complete the attached enrollment form on page 21 and return it to Pierce Insurance via postage-paid envelope inserted on page 12.

3

Enroll by phone: 855-627-3847

Frequently Asked Questions

How do I identify myself as a UnitedHealthcare Vision member utilizing a network provider?

When contacting a network provider to make your appointment, simply give the provider the subscriber's unique identification number, the patient's name and date of birth and identify yourself as a member of the UnitedHealthcare Vision Plan. The network provider will verify your eligibility and coverage with UnitedHealthcare Vision prior to your scheduled appointment.

What if my provider is not in-network?

If your provider is not in-network, please call UnitedHealthcare Vision customer service at 800-980-2965. Your Customer Service Representative will assist you with finding a UnitedHealthcare Vision in-network provider.

How do I know if my provider participates in UnitedHealthcare Vision?

To verify if your provider participates with UnitedHealthcare Vision, ask your provider, or contact UnitedHealthcare Vision at 800-980-2965 before services are performed. You may also nominate your provider by calling UnitedHealthcare Vision at 800-980-2965, or by visiting the UnitedHealthcare Vision website at myuhcvision.com and completing a Provider Nomination Form.

How do I file my out-of-network claims?

You have three options for submitting out-of-network vision claims. For all options, you will need your itemized paid receipts with the primary insured's unique identification number and the patient's name and date of birth. You can submit that information electronically through myuhcvision.com, mail to: UnitedHealthcare Vision, P.O. Box 30978, Salt Lake City, UT 84130 or fax to: 248-733-6060.

How do I terminate coverage after a life changing event?

If there is a life event where coverage needs to be terminated, please notify Pierce Insurance at 855-627-3847 no later than 180 days after the event. Please note: Failure to report life changing events within the allotted time frame will result in overpayment of premium and premium refund cannot be issued beyond 12 months per UnitedHealthcare policy.

ncretiree.com/vision

With our large vision network, there's always a provider in sight

Finding a trustworthy provider who meets your lifestyle, eye care and eyewear needs is easier with UnitedHealthcare.

With the UnitedHealthcare Vision Network, you can take advantage of personalized care at a local doctor, your favorite well-known retail chain with convenient evening and weekend hours or specialty online retailers.

Well-known practices and brands in our large national network include:

- 1-800 Contacts – including ExpressExam*
- Allegany Optical
- America's Best
- Bard Optical
- befitting.com
- Berkeley Eye Center
- Clarkson Eyecare
- Cohen's Fashion Optical
- Costco Optical
- Dr. Tavel Family Eye Care
- Eye Doctor's Optical Outlets
- Eyeglass World
- EyeMart Express
- For Eyes
- General Vision Services
- GlassesUSA.com
- Henry Ford OptimEyes
- JCPenney Optical
- LensCrafters – including lenscrafters.com
- Meijer Optical
- Midwest Vision Centers
- My Eye Lab
- MyEyeDr.
- National Vision
- Nationwide Vision
- Pearle Vision
- Rosin Eyecare
- Rx Optical
- Sam's Club
- SEE Inc.
- Shawnee Optical
- Shopko
- Stanton Optical
- Sterling Optical
- SVS Vision



Making it easier for you to find a provider

To find the provider who best meets your needs, sign in to myuhcvision.com[®] or call **1-800-980-2965**.

Some providers or locations may not participate in your plan.

*For virtual prescription renewal only. ExpressExam may not be available for all vision plans and is not in all states.



Experience the beauty of sound

Hearing loss can happen at any age, and treating it early can help improve your overall well-being. Through your 2027 UnitedHealthcare® vision or dental plan, you can get discounted pricing on hearing aids from UnitedHealthcare Hearing using promo code **NCRS HEARING**. Members can save up to 50% with hearing aids starting at just \$699 per ear.¹

Convenient, flexible hearing solutions

Discover a wide selection of hearing aids with advanced technology available through direct delivery or an in-person hearing provider.



Choose from 2,000+ hearing aid models and styles from the industry's top brands, all at significant savings



Get virtual care with hearing aids delivered directly to your door or in-person care at 7,000+ hearing providers nationwide—both with support every step of the way



Experience innovative technology, including Relate™, UnitedHealthcare Hearing's private-labeled hearing aid brand, featuring recharging capabilities, connection to 2 Bluetooth® devices, tap control and a smartphone app

Steps to better hearing

- 1 Call 1-866-926-6632, TTY 711, 9 a.m. to 9 p.m. CT, Monday through Friday to schedule a hearing test
- 2 Use promo code **NCRS HEARING** for discounted hearing aid pricing



**United
Healthcare®**
Hearing



Flexible options built around you

As a part of your hearing aid benefit, you and your hearing care provider will choose hearing aids and care that are right for you, whether you prefer virtual or in-person follow-up visits.

Models and styles

Choose from some of the top brands in the industry, including UnitedHealthcare Hearing's brand Relate:

Beltone

oticon
PEOPLE FIRST

RELATE

ReSound GN

Starkey

unitron

PHONAK

WIDEX
HIGH DEFINITION HEARING

signia

Features

Each of these models includes advanced technology, such as recharging capabilities, connection to Bluetooth® devices, iOS® and Android® compatibility, hands-free phone calls with tap control, remote adjustments and a smartphone app.

Support built in

UnitedHealthcare Hearing is with you every step of the way—even after you receive your new hearing aids. The trial period ensures you have the perfect solution, and personalized care is easy with 3 follow-up visits included at no additional cost.² Plus, your hearing aids are covered under a 3-year extended warranty that includes repair and a 1-time replacement if they are lost or damaged.³

Explore your options today



To start using your hearing aid benefit, visit uhchearing.com/employee. You can even take an online hearing test to determine if you have hearing loss.



Or, call **1-866-926-6632, TTY 711**, 9 a.m. to 9 p.m. ET, Monday through Friday. Use promo code **NCRS HEARING** for discounted pricing.

¹ Hearing aid savings calculated based on comparison to retail pricing.

² Hearing aids purchased in the Silver technology level receive 1 follow-up visit.

³ One-time professional fee may apply.

Hearing aids must be ordered through UnitedHealthcare Hearing. Hearing aids ordered through providers outside of the UnitedHealthcare Hearing provider network will not be covered. Direct delivery may not be available on all plans. Other hearing exam providers are available in our network. Hearing aid coverage under this plan is only available through UnitedHealthcare Hearing.

The online hearing test is not intended to act as a substitute for professional medical advice, diagnosis, or treatment. Talk with your healthcare provider with any question about a medical condition.

UnitedHealthcare Hearing is provided through UnitedHealthcare, offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific hearing aid discounts. This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility. UnitedHealthcare does not endorse nor guarantee hearing aid products/services available through the hearing program. This program may not be available in all states or for all group sizes. Components subject to change.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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**United
Healthcare®
Hearing**

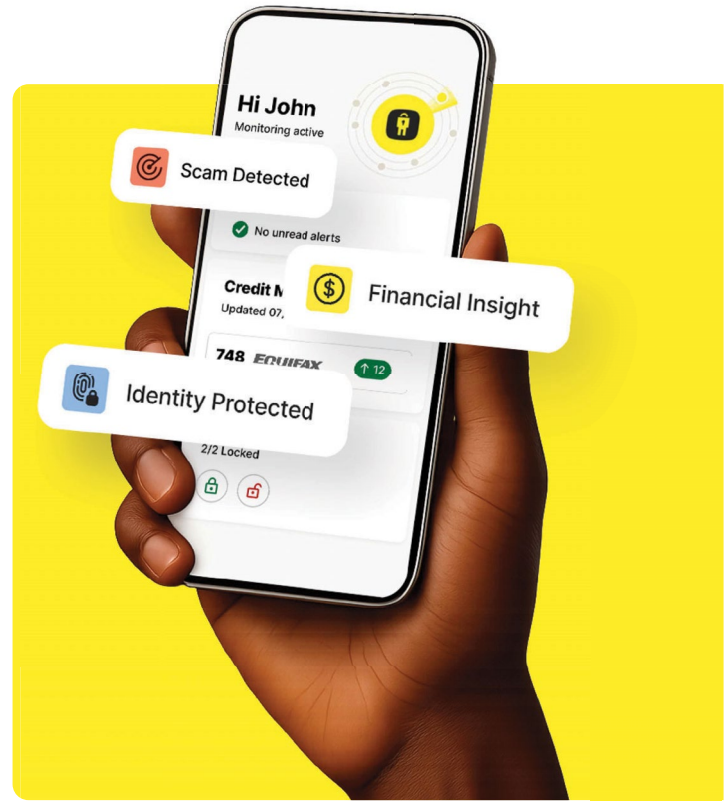
Digital and financial protection built for the way you live today.

Whether you're banking, browsing, or building your future, this benefit helps protect your identity, your finances, and your digital life — **with financial wellness tools to help you move forward with confidence.**

Get Protection Now.

Enroll online at www.ncretiree.com or call [855-627-3847](tel:855-627-3847).

If you are currently a member, no action is necessary. If you wish to become a member, enroll by October 30, 2026.



An all-in-one solution



Identity & financial protection

Keep your information and finances safer. Proactive monitoring and expert support help limit long-term impact.



Digital protection

Help protect your online life from scams and security threats across everyday devices.



Privacy online

Give you control of your personal data and reduce exposure as your digital footprint grows.



Secure financial wellness

Help manage and grow your finances at every stage of life with confidence.

Already a member?

Don't forget to cancel your existing membership just prior to your benefit effective date by calling [800-607-9174](tel:800-607-9174).

* Feature availability subject to change.

No one can prevent all cybercrime or prevent all identity theft. We do not monitor all transactions at all businesses.

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Pricing Only Retirees Get Enroll Today!

Benefit Plans are 60% less
than the retail equivalent.

Premier	\$8.00 Retiree Only	\$14.00 Retiree + Family
Pricing displayed is	Monthly	

You get this (and so much more)

Premier



Identity & Credit Monitoring¹

Monitors for new accounts and credit file changes, alerting you to potential fraud.



3B²



Million Dollar Protection Package + Restoration Support³

(Updates coming soon, estimated Fall 2026.) Helps cover losses and expenses if you become a victim of identity theft.



Up to \$5 Million



Financial + Credit Insights

Personalized insights to help guide you toward better financial wellness.



Device Security w/ Secure VPN

Protects your devices from hackers and keeps your browsing private.



5 devices,
family gets 10



Scam Protection Pro

AI-powered alerts detect suspicious texts, emails, and calls in real time.



Password Manager

Securely create, store and manage passwords, credit card info, and credentials in one place.



Privacy Monitor

Scans people-search websites and helps you opt out to protect your personal info.



Home Title Monitoring

Monitors your home's title for suspicious changes and alerts you to take action.



Discover even more features online. Visit our website for the complete list.

[Norton.com/BenefitPremier](https://norton.com/BenefitPremier)

¹-Credit features require setup, identity verification and sufficient credit history by TransUnion and/or Equifax. Credit monitoring features may take several days to activate after enrollment.

²-The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.

³-Reimbursement and Expense Compensation, each with limits of up to \$1 million for Benefit Essential, Premier, and Premier Plus, and up to \$50,000 for LifeLock Benefit Junior (\$25,000 reimbursement coverage and \$25,000 fraudulent withdrawals). All plans include up to \$1 million in coverage for lawyers and experts. Cyber Crime Insurance, if applicable, covers up to \$50,000 for covered expenses per Plan. All benefits are issued and covered by third party partners. Policy terms, conditions, and exclusions at: gendigital.com/legal.

How to Enroll: Dental, Vision, & Identity Theft Protection

3 Easy Ways to Enroll

1

Enroll online: ncretiree.com/enroll

2

Complete the attached enrollment form on pages 21-22 and return it to Pierce Insurance via postage-paid envelope inserted on page 12.

3

Enroll by phone: 855-627-3847

Tips to Enroll: Dental, Vision, & Identity Theft Protection



If you are currently enrolled, you do not need to re-enroll. Coverage continues automatically.

- You may enroll online at ncretiree.com/enroll or by phone at 855-627-3847.
 - A paper enrollment form is not required.
 - If you would like to make changes to your benefits, call us at 855-627-3847.
 - To check the status of your benefits, **call:** 855-627-3847, **chat:** ncretiree.com or **email:** info@pierceins.com.
 - To prevent delays in processing, all fields for your personal information on the enrollment form must be completed.
 - **Your full Social Security number, and your date of birth are required.**
 - When enrolling dependents, their information must also be completed.
 - Dependents with incomplete information cannot be enrolled.
 - **For identity theft protection, Social Security numbers are required for all enrolled eligible dependents.**
- Also, a unique email is required for each dependent 18 and over.

Checklist for Paper Enrollment

- **Complete your personal information.**
- **Select your benefits.** Check Yes for each benefit for which you are enrolling.
- **Dental and Vision: Select the plan and who is to be covered on each benefit.**
 - Select the plan (For Vision indicate Plan 1 or Plan 2) • Select RETIREE, RETIREE + ONE (1) or RETIREE + FAMILY
- **Norton LifeLock: Indicate the plan and who is to be covered.**
 - Select RETIREE or RETIREE + FAMILY
 - Social Security numbers are required for all enrolled eligible dependents. A unique email is required for each dependent 18 and over.
- **Complete dependent information.**
- **Select billing method.**
 - Most retirees are pension deducted. If no selection is made, you will be set up on pension deduction.
 - Please note that Firefighters and Rescue Squad Workers, National Guard or Register of Deeds Pension Funds' benefit recipients do not qualify for pension deduction and will be direct billed.
- **Sign and date your enrollment form.**

Enrollment Forms are Located on Pages 21-22.

How to Enroll Online

To enroll, visit <https://ncretiree.com/enroll> or download the mobile web app at ncretiree.com/apps.

If you have trouble logging in to the system, contact Pierce Insurance Agency at 855-627-3847.

To enroll in Whole Life:

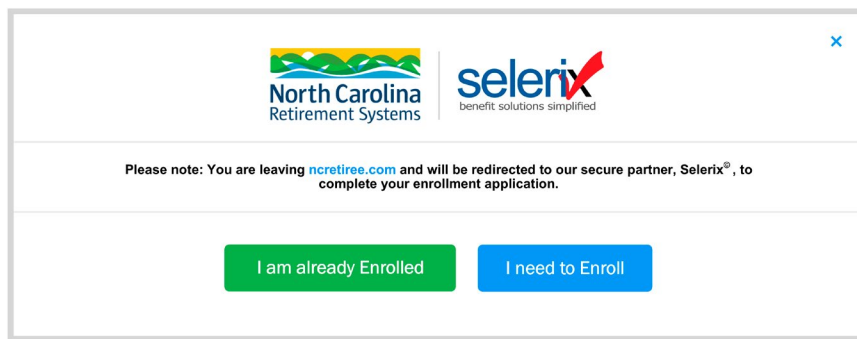
Select the **"Enroll Whole Life"** link and follow the online instructions.

To enroll in Dental, Vision, and Identity Theft:

Select the **"Enroll Now or View Benefits Online"** link and follow the steps below.

STEP 1: Select an Enrollment Option

When the following screen appears, select the option that applies to you.



"I am already Enrolled"

Review the instructions to proceed. On the "Enrollment Site" screen, enter either your full Social Security number, without dashes or spaces, or your subscriber ID. Then enter your personal identification number (PIN).

If you are already enrolled but are logging in for the first time, your PIN will be the last 4 digits of your SSN followed by the 2-digit year of your birth. You will be prompted to change your PIN the first time you log in.

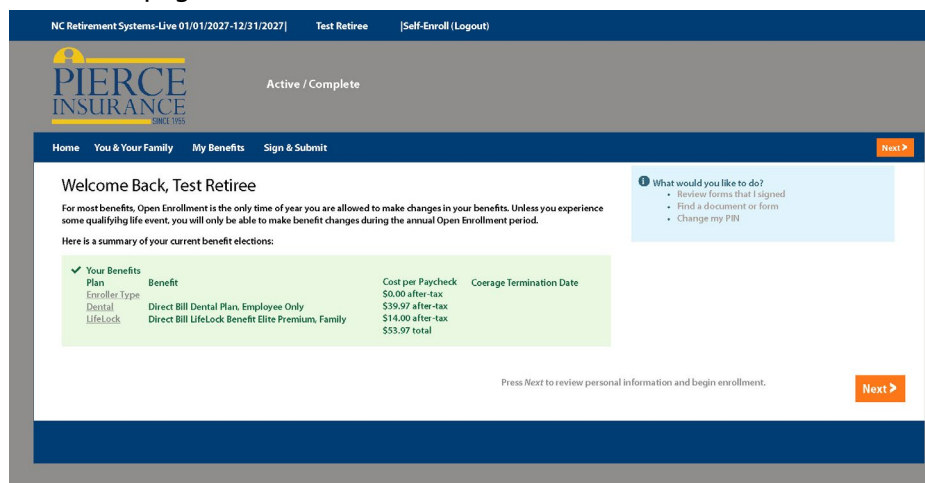
"I Need to Enroll"

If you are not enrolled or are a recent retiree, review the instructions to proceed.

STEP 2: Complete Your Enrollment

When the **Welcome Page** appears, you have successfully logged in!

Follow the onscreen instructions to enroll in your benefits, find answers to your questions, download forms and more. Select Next to continue to the next page.



Plan	Benefit	Cost per Paycheck	Coerage Termination Date
Enroll Type			
Dental	Direct Bill Dental Plan, Employee Only	\$0.00 after-tax	
LifeLock	Direct Bill LifeLock Benefit Elite Premium, Family	\$39.97 after-tax	
		\$14.00 after-tax	
		\$53.97 total	

How to Enroll Online

Select the You and Your Family tab to update personal information on yourself, your dependents, or your beneficiaries.

Select the Sign & Submit tab to review your selections and sign your enrollment form.

Select Review to view plan details.

Use Next to move between plans.

Active / Complete

Home You & Your Family My Benefits Sign & Submit

My Benefits

Below is a list of your current benefit elections. Click "Review" for benefit information and to elect or decline coverage.

✓ Enroller Type Review

Enrollment Details

Person Name	Relationship	Description	Policy #	Cost
jiohn test	Employee	Enroller Type; EO		\$0.00

✓ You have completed enrollment in this plan. Your cost per pay period will be \$0.00

✗ Dental Review

You have elected to WAIVE coverage under this plan.

✗ Vision Review

You have elected to WAIVE coverage under this plan.

✓ LifeLock Review

Enrollment Details

My Benefits

- Enroller Type \$0.00
- Dental \$0.00
- Vision \$0.00
- LifeLock \$14.00

Employer Cost \$0.00
Pre-tax cost \$0.00
Post-tax cost \$14.00

Total Cost \$14.00
Per pay period

STEP 3: Sign and Submit Your Enrollment Form

To sign and submit your enrollment form, enter your PIN and select **"Sign Form."**

Please enter your PIN below and click on **"SIGN FORM"** to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before entering your PIN.

PIN: Sign Form

Confirm Your Submission

You may log back in to the enrollment site at any time to confirm that your enrollment form was submitted successfully.

To view your confirmation form: Log in and select **Sign & Submit**. Scroll to the bottom of the page. Your **Benefit Confirmation** will appear under **Completed Forms**.

Questions About Your Enrollment?

Contact **Pierce Insurance Agency:**

Phone: 855-627-3847 | **Email:** info@pierceins.com | **Live Chat:** ncretiree.com.



Complete form and mail, fax
or email to:

ATTN: NCRS
P.O. Box 727
Farmville, NC 27828
Email: info@pierceins.com
Fax: 252-753-5941

AUTHORIZED USE ONLY

Policy Group Numbers: **708788**

☐ PVRC 0001-0001 ☐ PVRC 0002-0002
☐ PVRC 0003-0003 ☐ PVRC 0004-0004
☐ PVRC 0005-0005 ☐ PVRC 0006-0006

Dental Plan Code: **P3271**

Effective Date:

DENTAL AND VISION ENROLLMENT FORM

SOCIAL SECURITY NUMBER:		DATE OF RETIREMENT / / (Month/Day/Year)		☐ ENROLL ☐ CANCEL ☐ CHANGE ☐ ADDRESS CHANGE ☐ NAME CHANGE
LAST NAME:		FIRST NAME:	M.I.:	DATE OF BIRTH: (Month/Day/Year) / /
ADDRESS:		CITY:		
STATE:	ZIP:	☐ MALE ☐ FEMALE		TELEPHONE NUMBER: ()
EMAIL ADDRESS:				

DENTAL COVERAGE Underwritten by United Healthcare Insurance Company	☐ YES ☐ NO	IF YES, CHECK COVERAGE:	☐ RETIREE	☐ RETIREE + ONE (1)	☐ RETIREE + FAMILY
PLAN 1: VISION EXAM & MATERIALS PLAN Underwritten by United Healthcare Insurance Company	☐ YES ☐ NO	IF YES, CHECK COVERAGE:	☐ RETIREE	☐ RETIREE + ONE (1)	☐ RETIREE + FAMILY
PLAN 2: VISION MATERIALS ONLY PLAN Underwritten by United Healthcare Insurance Company	☐ YES ☐ NO	IF YES, CHECK COVERAGE:	☐ RETIREE	☐ RETIREE + ONE (1)	☐ RETIREE + FAMILY

Dependent Coverage – spouse and unmarried dependent children only. (Include Date of Birth)
For court-ordered dependents, documentation must be attached.

First Name	M.I.	Last Name (if different)	M/F	Date of Birth (Month/Day/Year)	Relationship	If child is over age 26, please indicate status	Enroll in:	Change or Cancel	Other Dental Coverage
			☐ M ☐ F	/ /	☐ Wife ☐ Husband ☐ Child	☐ Handicapped	☐ Dental ☐ Vision	☐ Change ☐ Cancel	Other Dental Insurance: CARRIER NAME
			☐ M ☐ F	/ /	☐ Wife ☐ Husband ☐ Child	☐ Handicapped	☐ Dental ☐ Vision	☐ Change ☐ Cancel	Other Dental Insurance: CARRIER NAME
			☐ M ☐ F	/ /	☐ Wife ☐ Husband ☐ Child	☐ Handicapped	☐ Dental ☐ Vision	☐ Change ☐ Cancel	Other Dental Insurance: CARRIER NAME

I confirm that the information I have provided on this form is complete and accurate. Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information may be prosecuted as allowed by appropriate state law.

THIS SECTION MUST BE SIGNED AND DATED TO RECEIVE BENEFIT.

☐ **PENSION DEDUCTION AUTHORIZATION** - I hereby authorize the North Carolina Retirement Systems to deduct my identity theft, dental and/or vision premiums from my retirement benefit. To the best of my knowledge, I confirm that the information I have provided on this form is complete and accurate. Firefighters and Rescue Squad Workers, National Guard or Register of Deeds Pension Funds' benefit recipients do not qualify for pension deduction. Please select the Direct Bill option.

☐ **DIRECT BILL OPTION** - Please place the benefits that I have applied for on direct bill. Firefighters and Rescue Squad Workers, National Guard or Register of Deeds Pension Funds' benefit recipients do not qualify for pension deduction. Please select the Direct Bill option.

SIGNATURE
NCRS-01 (REV 5-2018)

DATE

The UnitedHealthcare Dental plan is administered by Dental Benefit Providers, Inc.
The UnitedHealthcare Vision plan is administered by Spectera, Inc.

Direct Bill Clients: Do not send checks to Pierce Insurance Agency.
You must wait for your bill to arrive from UnitedHealthcare.

See next page to enroll in Norton LifeLock identity theft protection

Identity Theft Protection Enrollment Form

The purpose of this enrollment form is for obtaining accurate data for enrolling a new member in Norton LifeLock identity theft protection. Once you provide this form to Pierce Insurance via mail, email or fax, they will then securely transmit your enrollment data to Norton LifeLock to begin your membership.

Social Security Number _____ Date of Retirement _____ / _____ / _____
MONTH DAY YEAR
☐ Enroll ☐ Cancel ☐ Change
☐ Address Change ☐ Name Change

Last Name _____ First Name _____ MI _____
 Address _____
 City _____ State _____ Zip _____ Date of Birth _____ / _____ / _____
MONTH DAY YEAR
 Gender ☐ M ☐ F
 Phone (_____) _____ - _____ Email _____

IDENTITY THEFT PROTECTION ☐ YES ☐ NO _____ If YES, check coverage ☐ RETIREE ☐ RETIREE + FAMILY

ENROLLING DEPENDENTS – spouse and unmarried dependent children only. (Include Date of Birth & SSN) For court-ordered dependents, documentation must be attached.

Enroll in ☐ Identity Theft —OR— ☐ Cancel ☐ Change

I understand that credit features in Norton LifeLock plans require an additional validation process and until that process is complete, those dependents indicated below will be enrolled in a membership without credit features.

Last Name _____ First Name _____ MI _____ Date of Birth _____ / _____ / _____
MONTH DAY YEAR
 Social Security Number _____ Relationship ☐ Husband ☐ Wife ☐ Child Gender ☐ M ☐ F
 If child is over 26, please indicate status ☐ Handicapped Email _____

Enroll in ☐ Identity Theft —OR— ☐ Cancel ☐ Change

Last Name _____ First Name _____ MI _____ Date of Birth _____ / _____ / _____
MONTH DAY YEAR
 Social Security Number _____ Relationship ☐ Husband ☐ Wife ☐ Child Gender ☐ M ☐ F
 If child is over 26, please indicate status ☐ Handicapped Email _____

Enroll in ☐ Identity Theft —OR— ☐ Cancel ☐ Change

Last Name _____ First Name _____ MI _____ Date of Birth _____ / _____ / _____
MONTH DAY YEAR
 Social Security Number _____ Relationship ☐ Husband ☐ Wife ☐ Child Gender ☐ M ☐ F
 If child is over 26, please indicate status ☐ Handicapped Email _____

ALL NORTON LIFELOCK ENROLLEES WHO SIGN BELOW ACKNOWLEDGE AND AGREE AS FOLLOWS

By submitting your enrollment in the Norton LifeLock Benefit Plan, you represent that you have the authority to enroll those dependents indicated in the Norton LifeLock Benefit Plan and you have read and agreed to the Terms and Conditions and Privacy Policy, which can be found at <https://www.nortonlifelock.com/content/dam/nortonlifelock/pdfs/eulas/licensing-agreement/customer-agreement-en.pdf> and <https://www.nortonlifelock.com/privacy>, on behalf of yourself and on behalf of any member of your family you are enrolling.

▶ Retiree Signature _____ Date _____ / _____ / _____
MONTH DAY YEAR

Retiree Printed Name _____

▶ Spouse Signature _____ Date _____ / _____ / _____
MONTH DAY YEAR

Spouse Printed Name _____

▶ Adult Dependent Signature _____ Date _____ / _____ / _____
MONTH DAY YEAR

Adult Dependent Printed Name _____

I am the parent or legal guardian of the minor(s) named above and I authorize NortonLifeLock Inc., its successors and assigns, in accordance with these written instructions under the Fair Credit Reporting Act to obtain credit data from any consumer reporting agency as needed disclose my this minor's credit data to me, and deliver the services and features as available in the plan I have selected.

▶ Signature on behalf of Minor(s) _____ Date _____ / _____ / _____
MONTH DAY YEAR

Printed Name of Signer _____

No one can prevent all identity theft.

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PENSION DEDUCTION AUTHORIZATION

I hereby authorize the North Carolina Retirement Systems to deduct my identity theft, dental and/or vision premiums from my retirement benefit. To the best of my knowledge, I confirm that the information I have provided on this form is complete and accurate. Firefighters and Rescue Squad Workers, National Guard or Register of Deeds Pension Funds' benefit recipients do not qualify for pension deduction. Please select the Direct Bill option.

DIRECT BILL OPTION

Please place the benefits that I have applied for on direct bill. Firefighters and Rescue Squad Workers, National Guard or Register of Deeds Pension Funds' benefit recipients do not qualify for pension deduction. Please select the Direct Bill option.

Bank Name: _____

Routing Number: _____

Account Number: _____

☐ Checking Account ☐ Savings Account ☐ Business Account

I authorize PIEDMONT Payment Services, LLC (PIEDMONT) to perform electronic funds transfer (EFT) debits on a monthly frequency from the account indicated above, and I authorize my bank to debit the account as described above. I understand that the funds will be used to pay premiums to NortonLifeLock. I also understand that NortonLifeLock will consider payment unpaid and may terminate services if any EFT attempt is returned/declined resulting in insufficient funds to pay my premiums in full. If any EFT debit is returned/declined by my financial institution as unpaid (non-sufficient funds or uncollected funds), I authorize PIEDMONT to suspend future attempts, and I understand that I will be responsible for future premium payments. I acknowledge and authorize PIEDMONT to increase the amount drafted from my bank account to \$14.00 per month, if my NortonLifeLock benefit plan changes from Retiree Only at \$8.00 per month to Retiree + Family at \$14.00 per month.

This authorization is to remain in full force and effect until PIEDMONT has received written notification of its termination, either from the Customer named on this document or from Norton LifeLock. Notification shall be in such time and in such manner as to afford PIEDMONT a reasonable opportunity to act on it or the until the term of the authorization expires. Any termination notice should be sent to PIEDMONT by mail to: PO Box 940, Fortson, Georgia 31808 or by e-mail with reply requested to: support@piedmontpays.com. By signing this document, I acknowledge that I have read and agree with the Processing Terms and Conditions, found at <http://www.piedmontterms.com>

Signature of Depositor _____

GPPM11144

Contact Information

Pierce Insurance Agency | Enroll or Ask Questions About Your Benefits

Call: 855-627-3847 | E-mail: info@pierceins.com | Fax: 252-753-5941 | Visit: ncretiree.com

Write to: Pierce Insurance, Attn: NCRS | PO Box 727 | Farmville, NC 27828



The Standard | Whole Life Questions

Call: 800-521-3535 | Visit: standard.com

Member Portal: mybenefits.standard.com/#/login



UnitedHealthcare Dental | Dental Claim Questions

Call: 877-905-0659 | Visit: myuhc.com

Write to: UnitedHealthcare Dental, Attn: Claims Unit | PO Box 30567 | Salt Lake City, UT 84130



UnitedHealthcare Vision | Vision Claim and Provider Network Questions

Call: 800-980-2965 | Fax: 248-733-6060 | Visit: myuhcvision.com

Write to: UnitedHealthcare Vision | PO Box 30978 | Salt Lake City, UT 84130



Norton LifeLock Identity Theft Protection, Member Services

Membership questions / Profile Updates / Alert Responses / Identity Theft Incidences

Call: 877-349-2966 | Fax: 1-888-244-9823 (Attn: Document Dept.)

Write to: NortonLifeLock Inc., Attn: Member Services | 60 E. Rio Salado Pkwy, Suite 1000 | Tempe, AZ 85281



Detailed FAQ can be found at: ncretiree.com/frequently-asked-questions/

MyBenefits Website & App

Access Your Benefits Anytime, Anywhere

Your personalized MyBenefits website and mobile app make it easy to review your coverage, enroll, and find the information you need - all in one place.

What You Can Do

-  View Benefit Plans
-  Enroll in Coverage
-  Watch Educational Videos
-  Access Benefit Resources
-  Find Answers to common Questions
-  Access ORBIT to change address



Scan to download
your MyBenefits app



or visit:

ncretiree.com/apps

Your MyBenefits website:

ncretiree.com



Your
OPEN ENROLLMENT
Begins: September 15, 2026
Ends: October 30, 2026



- **WHOLE LIFE**
- **DENTAL INSURANCE**
- **IDENTITY THEFT PROTECTION**
- **VISION INSURANCE**



Ask Questions & Enroll:



(855) 627-3847



ncretiree.com