



**OMNI & TSACG**  
**Compliance Services**

## **Salary Reduction Agreement Processing Service**

### **Employee Online SRA Tutorial**

**US OMNI and TSACG Compliance Services**

**Compliance & Administration Service Provider**

**Client Services**

**73 Eglin Parkway NE • Fort Walton Beach, FL 32548**

**888.796.3786 Option 5 • [sraprocessing@tsacg.com](mailto:sraprocessing@tsacg.com)**

Dear Employee,

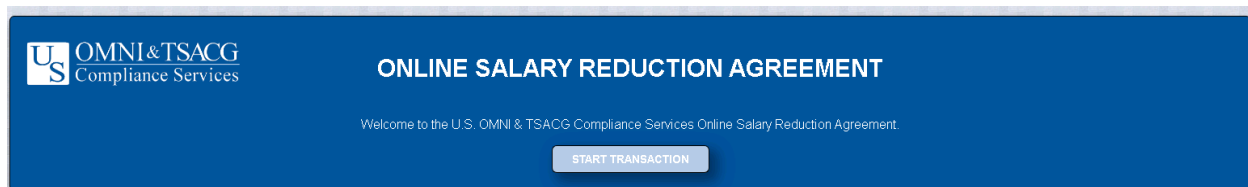
Wenatchee School District 246 is pleased to announce that enhancements are coming to the 403(b) Salary Reduction and 457(b) Participant Agreement (SRA) process. Effective 07-15-2022 election requests will be submitted through an online system. This system is provided by our 403(b) and 457(b) Plan Administrator, US OMNI and TSACG Compliance Services. (USOTCS). The online process eliminates the need for paper SRAs and allows 24-hour access for employees. All approved representatives of the District's authorized investment provider companies will be able to assist employees with this online process.

There are many benefits to the new SRA process:

- Employees simply visit <https://sra.tsacg.com> to access the online system.
- The system can be accessed 24 hours a day, 7 days a week.
- Employees can start, change, or stop a 403(b) and/or 457(b) SRA at their convenience.
- Employees receive immediate online confirmation that their request has been submitted.
- Authorized Investment Provider Agents/Representatives can assist employees.
- A list of authorized Investment Providers is available at [www.tsacg.com](http://www.tsacg.com).

Employees should utilize the below instructions to successfully utilize the online Salary Reduction Agreement process:

1. Before completing the online Salary Reduction Agreement process, you **MUST** have an account established with the authorized Investment Provider of your choice.
2. Navigate to the secure website <https://sra.tsacg.com>.



3. **Note that the SRA information entered via the online system will supersede and replace all prior 403(b) and/or 457(b) elections including the amounts, investment providers, and effective dates. Any election(s) you want to continue must be reflected or the election will be stopped.**
4. Employee Certification – You must confirm that you are eligible to participate in your employer's plan. You will also be confirming that you have established your account under your employer's plan with one of the Authorized Investment Providers. Click "Confirm" and then click "Submit".

A screenshot of a web form titled "Part 1: Employee Certification". The form contains a paragraph of text: "I certify that I am an eligible participant in my employer's plan and the information provided in conjunction with this salary reduction request is true and accurate to the best of my knowledge. Further, I certify that I have an open account with the investment provider(s) referenced herein and that it was established while working for my current employer. I understand if the account was not established while working for my current employer that my contribution (s) may not be accepted by my investment provider(s). I understand questions regarding the employer associated with my account should be directed to my financial advisor or my investment provider." Below this text is a line with "I have read and understand the information above.\*" followed by a radio button and the word "Confirm". At the bottom of the form is a small asterisked note: "\* You must confirm you have read and understand the information above to continue with the Salary Reduction Agreement process." Below the form are three buttons: "SUBMIT", "RESTART", and "CANCEL".

Employer and Participant Information – If you have previously entered SRA information or USOTCS has your demographic information archived in their system, most of your personal information will pre-populate. If your information is not currently in USOTCS’s system, you will be able to add your record. Depending on the information displayed, be prepared to enter the following information:

- Employer’s State
- Employer’s Name
- Employee’s Social Security Number
- Employee’s Date of Birth
- Employee’s Name, Address, and Telephone Number

**Part 2: Employer Information**

\* Employer State

Florida

\* Employer

Alachua County Public Schools, Gainesville

If you cannot find the employer's state or employer's name above, please contact the SRA Processing department at 888-796-3786 option 5 to determine if the employer allows online Salary Reduction Agreements.

**Part 3: Participant's Information**

Social Security Number

XXXX-3333

Employee Number

999999123

OR

Date of Birth

01/01/1991

SEARCH

RESET

**Personal Information**

\* First Name

Sample

Middle Name

A

\* Last Name

Participant

Hire Date

05/22/2018

Employer Termination Date

**Contact Information**

\* Address

15 Yacht Club Dr NE

\* City

Fort Walton Beach

\* State

FL

\* Zip Code

32548

\* Phone Number

(850)244-7306

Ext

Email

Sample@Email.Com

Alternate Email

\* Has the participant terminated employment with this employer?

No

Yes

FINISH

RESTART

CANCEL

5. Salary Reduction Agreement Information – You have the ability to start, change, or stop contributions. If you want to maintain an existing contribution(s), you will need to enter the information for that contribution in addition to any other changes you are making. Be prepared to enter the following information:

- Effective Date of the contribution(s)
- The total dollar amount per pay period for all contributions
- The investment provider(s) to whom you would like to contribute
- The Plan type
- The amount of a previous contribution, if any – not required to submit
  - This information can be found on your pay check stub, you can also call USOTCS Consulting Group (contact information provided at the bottom of this communication), or by checking with your investment provider directly
- The new amount of your contribution

**Salary Reduction Agreement Information**

Effective Date 
  
☐ Dollars
  
Total Per Pay Dollar Amount \$

1. This SRA will supersede and replace all prior 403(b) and/or 457(b) elections including the amounts, investment providers, and effective date. Any contributions you want to continue must be re-entered or the deduction will be stopped.

2. If you are contributing to multiple accounts with the same investment provider please reflect that provider only once in the grid below and indicate the total of all contributions. You will then need to ensure your provider receives instructions from you/your advisor detailing how the contributions should be allocated.

Total Per Pay Amount above must match SRA Total below

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**403(b) Contributions**

| Investment Provider                                                                    | Plan Type | Previous Amount | New Amount |                                                                     |
|----------------------------------------------------------------------------------------|-----------|-----------------|------------|---------------------------------------------------------------------|
| <input type="text" value="Select Investment Provider"/>                                |           | \$ 0.00         | \$ 0.00    | <a href="#" style="color: white; text-decoration: none;">Remove</a> |
| <a href="#" style="background-color: #005596; color: white; padding: 2px 5px;">Add</a> |           |                 |            |                                                                     |
| <b>403(b) Contributions Total</b>                                                      |           |                 |            | \$ 0.00                                                             |

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**457(b) Contributions**

| Investment Provider                                                                    | Plan Type | Previous Amount | New Amount |                                                                     |
|----------------------------------------------------------------------------------------|-----------|-----------------|------------|---------------------------------------------------------------------|
| <input type="text" value="Select Investment Provider"/>                                |           | \$ 0.00         | \$ 0.00    | <a href="#" style="color: white; text-decoration: none;">Remove</a> |
| <a href="#" style="background-color: #005596; color: white; padding: 2px 5px;">Add</a> |           |                 |            |                                                                     |
| <b>457(b) Contributions Total</b>                                                      |           |                 |            | \$ 0.00                                                             |

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**\* SRA Total** \$ 0.00

\* Must Equal Total Per Pay Amount

[FINISHED](#)

6. Salary Reduction Agreement Terms and Disclosures – Once you have clicked *Finished*, you will be asked to read and confirm that you have read the SRA terms. You will also be asked to acknowledge the SRA disclosures.
  
7. Submitting your SRA – After completing the terms and disclosures sections, you will be asked to confirm that you are not a robot, and then you can submit your SRA. USOTCS will forward your contribution information to us, and you can print a copy of the SRA for your records. Providing your account(s) is established with your investment provider, no further action is required.

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**OMNI&TSACG**  
Compliance Services

## ONLINE SALARY REDUCTION AGREEMENT

Welcome to the U.S. OMNI & TSACG Compliance Services Online Salary Reduction Agreement.

START TRANSACTION

Your Salary Reduction Agreement (SRA) request has been received. Your SRA will be processed as soon as administratively possible based on your Employer's payroll processing schedule and verification that your account has been established and is ready to receive funds with your investment provider.

Click [here](#) to download your SRA forms.

FINISH

Should you have any questions regarding the process, please contact USOTCS's SRA Department at 888.796.3786, option 5.