



TSA  
CONSULTING GROUP

# Information

# update

April 2018

## TSA Consulting Group - NEWSLETTER

### Coming Soon: Plan Document Update

TSACG will soon begin transitioning clients to an IRS pre-approved 403(b) Plan Document. A pre-approved plan document, you may also have heard the term volume submitter plan document, has received an opinion letter issued by the IRS as to the acceptability of the form of the plan. In conjunction with their review, the IRS examines the plan, adoption agreement, administrative appendix, and vendor attachment.

In the event of an IRS audit, one of the benefits of having adopted a pre-approved document is the assurance in knowing the plan contains all the required 403(b) regulatory provisions. Under certain conditions, another benefit is the opportunity to correct prior plan document errors or omissions. Although our current plan document has successfully undergone nearly 60 IRS audits in the last 5 years, it is our recommendation that the pre-approved document be adopted due to the greater level of assurance it provides.

In preparation for this plan document activity, we suggest gathering copies of any prior 403(b) plan documents. Depending on the date you contracted with our firm we may not have all of your prior versions. When you receive your new plan document it will be accompanied by a letter which explains the process. You may direct questions regarding plan documents to your plan consultant or by emailing our team at [programservices@tsacg.com](mailto:programservices@tsacg.com).

**Non-ERISA VOLUME SUBMITTER 403(b) PLAN DOCUMENT FOR PUBLIC SCHOOLS, COMMUNITY COLLEGES, AND PUBLIC UNIVERSITIES AND COLLEGES**  
**ADOPTION AGREEMENT #04002**

The undersigned Employer hereby adopts a section 403(b) plan in the form a Volume 403(b) plan attached hereto, and agrees that the following terms, definitions, and rules be part of such 403(b) Plan, where applicable, certain items have a Default Provision below the item number that will apply if no election is made by the Employer.

**EMPLOYER INFORMATION**

1. Employer Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 2. Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 3. Employer Identification Number: \_\_\_\_\_  
 4. The Administrator shall be (select all that apply):  
 (a) The Employer  (b) The Employer Jointly with the Trustee  
 (c) A designated Administrator (specify) \_\_\_\_\_

**PLAN INFORMATION**

5. Sponsor of the 403(b) Volume Submitter Plan:  
 (a) Name of Plan: \_\_\_\_\_ (b) This Plan is a Multiple Employer Plan:  Yes  No. If Yes, name of Plan Sponsor: \_\_\_\_\_  
 6. Plan Year:  
 (1) The calendar year  
 (2) The 12-consecutive month period beginning on \_\_\_\_\_ and ending on \_\_\_\_\_  
 (3) An initial short Plan Year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ and the 12-consecutive month period beginning on \_\_\_\_\_ and ending on \_\_\_\_\_  
 (4) A short Plan Year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_  
 (5) Limitation Year:  
 (1) The Plan Year  
 (2) The calendar year  
 (3) The 12-consecutive month period beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ and the 12-consecutive month period beginning on \_\_\_\_\_ and ending on \_\_\_\_\_  
 (4) An initial short Plan Year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ and the 12-consecutive month period beginning on \_\_\_\_\_ and ending on \_\_\_\_\_  
 (5) A short Plan Year beginning on \_\_\_\_\_ and ending on \_\_\_\_\_

7. Effective date: The Employer has completed and signed this Adoption Agreement in its entirety on \_\_\_\_\_  
 (a) Establish a new 403(b) plan (not earlier than the 1st day of \_\_\_\_\_ of the current Plan Year)  
 (b) Amend a 403(b) plan previously adopted by the Employer (amendment date cannot be earlier than 1-01-2009, but not later than 1-01-2010 unless the initial effective date is after 1-01-2010)  
 (c) Amend a 403(b) plan previously adopted by the Employer (amendments made if applicable: \_\_\_\_\_)  
 (d) Plan-Tax Elective Deferrals  (e) Rollovers  (f) Plan-to-Plan Transfers  
 (g) Post-Tax Rollover Contributions  (h) Special Catch-up after 15 years of service  (i) Exchanges (as outlined in the Administrative Appendix)  
 (j) Non-Excludable Employee (After-Tax) Contributions  (k) PTO - Vacation

**ELIGIBILITY AND PARTICIPATION - ELECTIVE DEFERRALS**

13. The following Employees shall be eligible under the Plan to make Elective Deferrals (or D)s:  
 (a) All Employees of the Employer.  
 (b) All Employees of the Employer except the following category(ies):  
 (1) Employees who are not covered under section 408(a)(7)(C) of the Code, who have no earned income from the Employer which constitutes income from within the U.S.  
 (2) Employees who normally work less than 20 hours per week, an Employee normally works fewer than 20 hours per week if a month period beginning on the date the Employee's employment commences, and, for each Plan Year ending after the close of that 24-month period, the Employee worked fewer than 1,000 hours of service in the preceding 12-month period. Under this provision, an Employee who works 1,000 or more hours in the 12-month period beginning on the date the Employee's employment commences or in a Plan Year ending after the close of that 24-month period shall then be eligible to participate in the Plan. If an Employee becomes eligible to have Elective Deferrals made on his behalf under the Plan under this standard, the Employee cannot be denied the ability to have Elective Deferrals made on his or her behalf later under this standard.  
 (3) Employees who are eligible to make Elective Deferrals under section 408(a)(7)(C) of the Code.  
 (4) Employees who are students performing service described in 3121(b)(10) of the Code.

**ELIGIBILITY AND PARTICIPATION - EMPLOYEE CONTRIBUTIONS**

14. In computing a Participant's Compensation (as defined under Section 214 of the Code) the following shall be excluded:  
 (a) No exclusions, all compensation will be included.  
 (b) Overtime  
 (c) Bonuses  
 (d) Other (describe another exclusion, for example, \_\_\_\_\_)

15. Compensation shall be determined over the following Determination period:  
 (a) Plan Year or  (b) a consecutive 12-month period ending with or within the Plan Year and the month the period begins \_\_\_\_\_ (day) \_\_\_\_\_ (month), for Employees whose date of hire is less than 12 months before the end of the 12-month period designated, compensation will be determined over the Plan Year. For purposes of allocating Employer Contributions, Compensation (1) shall not include amounts paid prior to a Participant's Entry Date.

16. Allocation Periods for Contributions (This will determine if additional contributions be made for a given year):  
 (a) Weekly  (b) Bi-Weekly  (c) Quarterly  (d) Annual  (e) Pay-Per-View  (f) Other (specify) \_\_\_\_\_

17. The Eligible Automatic Contribution Arrangement (EACA) provisions of Article 3.03 of the Plan shall not apply:  
 (a) Elective Deferrals of up to the maximum amount permitted under sections 403(b) and 415 of the Code are permitted.  
 (b) Elective Deferrals of up to \_\_\_\_\_ % (not to exceed 100%) of a Participant's Compensation are permitted.

18. If both 403(b) Elective Deferrals are permitted under the Plan then Excess Deferrals will first be corrected from the:  
 (a) regular Pre-Tax Elective Deferral Accounts or  
 (b) Rollover Elective Account  
 (c) N/A.  
**Default Provision (a)**

**ROLL-OVER/TRANSFER AND OTHER EMPLOYEE CONTRIBUTION PROVISIONS**

(c) If 13(b)(2) is elected above, then the following rule will apply for subsequent years in determining whether the Employee is eligible for the Plan. The initial computation period shall begin on the date of hire and end on the anniversary thereof. Subsequent eligibility computation periods shall commence with:  
 (1) the anniversary of the Employee's employment commencement date; or  
 (2) the Plan Year which commences prior to the employee's first anniversary of his employment commencement date.  
**Default Provision - (c)(2)**

(d) (1) The Employer elects to reduce the required Hours of Service per year in 13(b)(2) to \_\_\_\_\_ (not to exceed 1000) hours;  
 (2) N/A.  
**Default Provision (d)(2)**

14. The Entry Date of a Participant with respect to Elective Deferrals shall be:  
 (a) On the first day of the month following date of employment;  
 (b) After the completion of \_\_\_\_\_ days (may be 30 or 60 days, if Employee receives information on the Plan within the first 30 days of employment)  
 (c) Entry Date shall mean the Employee's employment commencement date and deferrals elections shall be effective in the next pay period.  
 (d) Other (Specify, May not exceed 60 days from satisfaction of eligibility requirements).  
**Default Provision (a)**

15. Employees are permitted to make Pre-Tax Elective Deferrals to the Plan as follows:  
 (a) Elective Deferrals of up to the maximum amount permitted under sections 403(b) and 415 of the Code are permitted.  
 (b) Elective Deferrals of up to \_\_\_\_\_ % (not to exceed 100%) of a Participant's Compensation are permitted.

16. If both 403(b) Elective Deferrals are permitted under the Plan then Excess Deferrals will first be corrected from the:  
 (a) regular Pre-Tax Elective Deferral Accounts or  
 (b) Rollover Elective Account  
 (c) N/A.  
**Default Provision (a)**

**AUTOMATIC ENROLLMENT**

In consideration of the following provisions, an Employer should determine whether automatic enrollment is permitted under the applicable State law prior to adopting this provision.

17. The Eligible Automatic Contribution Arrangement (EACA) provisions of Article 3.03 of the Plan shall not apply:  
 (a) Elective Deferrals of up to the maximum amount permitted under sections 403(b) and 415 of the Code are permitted.  
 (b) Elective Deferrals of up to \_\_\_\_\_ % (not to exceed 100%) of a Participant's Compensation are permitted.  
**Default Provision (a)**

18. (A) Covered Employee For Purposes of Eligible Automatic Contribution Arrangement (EACA): Employees covered under the EACA are (Check one of the options below):  
 (1) All Participants  
 (2) All Participants who do not have an affirmative election in effect regarding Elective Deferrals  
 (3) All Participants who become Participants on or after the effective date of the EACA and who do not have an affirmative election in effect regarding Elective Deferrals  
**Default Provision (a)(1)**

(b) Default Percentage (Check one of the options below and insert a percentage or percentages and, if applicable, a date):  
 (1) The Default Percentage is \_\_\_\_\_ % (a uniform percentage of each Covered Employee's Compensation for the applicable pay period)  
 (2) The initial Default Percentage is \_\_\_\_\_ % (a uniform percentage of each Covered Employee's Compensation for the applicable pay period) and will increase by one percentage point as described in Section 3.03 of the Plan until the Default Percentage is \_\_\_\_\_ % (Does the highest default percentage that will apply). Each increase will be effective with the first pay period of the Plan Year or the first pay period after the date inserted here.  
**Default Provision: If Item 27(b) is selected, then 18(b)(1) shall apply at the rate of 3%**

# Helpful Website Resources Updated Annually

## CONTACT US

Please contact the appropriate department listed below for assistance:



**Participant Transactions Team:**  
Contact the Participant Transactions Team regarding the approval of loans, rollovers, hardships, distributions, exchanges; transaction paperwork submission assistance; Transaction Routing Request form assistance; ART log-in assistance; etc.:

Toll-Free Phone: 1-888-796-3786, Option 4  
Local Phone: (850) 362-6840

Transaction Document Submission:  
Fax Numbers: 1-866-741-0645  
or 1-866-814-0622

Email for the Transaction Status Inquiries and ART Assistance:  
recordkeeping@tsacg.com

**Remittance Services Team:**

Toll-Free Phone: 1-888-796-3786, Option 6  
Local Phone: (850) 362-6840  
Fax: 1-866-483-3143

Email for Remittance Assistance:  
epars@tsacg.com

P. O. Box 4037  
Fort Walton Beach, FL 32549

**Data Department and Publications Team:**

Toll-Free Phone: 1-866-569-9967  
Fax: 1-866-553-1075

Email for the Data Department:  
data@tsacg.com

Email for the Publications Team:  
publications@tsacg.com

**Executive/Administration Offices:**  
Program Consultants and Program Services Teams

Toll-Free Phone: 1-888-777-5827  
Fax: 1-800-889-9736  
Email: programservices@tsacg.com

**Business Operations Team:**  
Toll-Free Phone: 1-888-777-5827 Ext. 3200  
Email: finance@tsacg.com

### 2018 Meaningful Notice

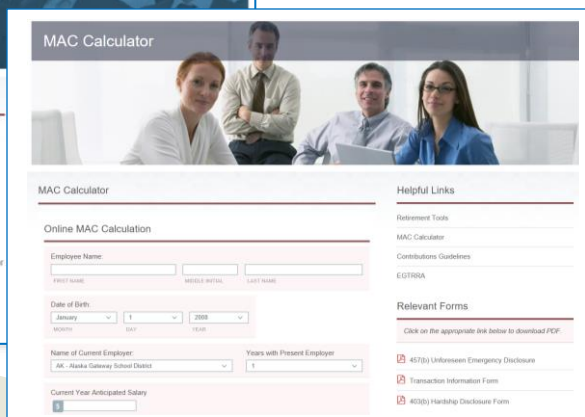
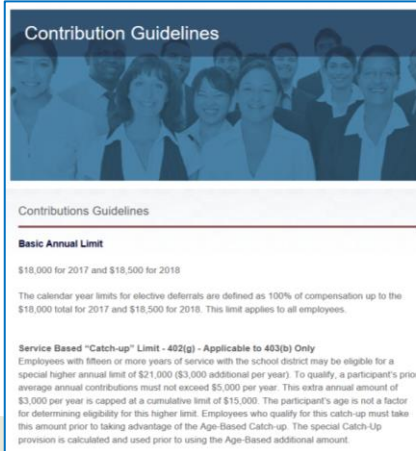
TSACG provides numerous resources for both Employers and Plan Participants on our website. On January 1<sup>st</sup> of each year, several materials are updated for the new year including all PDF copies of the employer specific Meaningful Notice. This PDF can be found on your Employer specific page hosted on [www.tsacg.com](http://www.tsacg.com) in the "Forms" section at the bottom of each page.



### Contribution Information

Plan Sponsors can direct their employees to the Contribution Guidelines page for the most up-to-date 403(b) and 457(b) limits information. This page is updated each Fall as soon as the IRS releases the upcoming year's new limit information. The MAC Calculator is updated on January 1 of each year to reflect these new limits. By utilizing the MAC Calculator, users can obtain an estimated limit for the year as it applies to their voluntary 403(b) contributions.

<https://www.tsacg.com/calculations/contributions-guidelines/>



<https://www.tsacg.com/calculations/mac-calculator/>

