



**MANAGING THE OPTIONAL RETIREMENT PROGRAM (ORP)
AND VOLUNTARY SAVINGS PLANS**

EMPLOYEE TUTORIAL



US OMNI and TSACG Compliance Services
Compliance & Administration Service Provider, Client Services
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888.796.3786 Option 5 • sraprocessing@tsacg.com

Welcome to the new platform for managing your retirement accounts! This site, powered by US Omni and TSACG Compliance Services (USOTCS), is your go-to destination for conveniently managing your ORP and voluntary retirement accounts. Here, you can easily access your retirement savings accounts, and complete new salary reduction agreements. What is a salary reduction agreement (SRA)? **A salary reduction agreement is an agreement between an employer and employee in which the employee agrees to a reduction in salary.**

We're excited to provide this user-friendly tool to help you take control of your financial future. If you have any questions or need assistance, don't hesitate to contact TSACG's support team. Welcome aboard!

All approved representatives of Austin Community College's authorized investment provider companies will be able to assist employees with this online process.

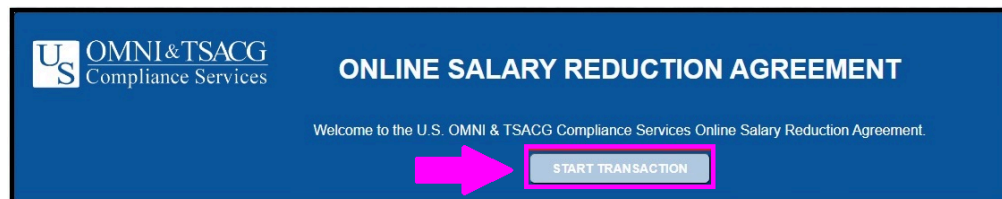
There are many benefits to the new Salary Reduction Agreement (SRA) process:

- Employees simply visit <https://sra.tsacg.com> to access the online system.
- The system can be accessed 24 hours a day, seven 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.

Employees should use the following instructions to successfully set up and access their accounts.

I. SETTING UP ACCOUNT

1. Before accessing your account(s) with the Authorized Investment Provider of your choice, you must complete the "Salary Reduction Agreement." Navigate to the secure website <https://sra.tsacg.com>. Click on "Start Transaction."



2. You must confirm a) your eligibility to participate in your employer's plan and b) have established your account under your employer's plan with one of the listed Authorized Investment Providers. In the **Part 1: Employee Certification** section, click "confirm" after you have read and acknowledged the statement in this section.

SALARY REDUCTION AGREEMENT

Part 1: Employee Certification

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.

I have read and understand the information above.* Confirm

* You must confirm you have read and understand the information above to continue with the Salary Reduction Agreement process.

- The **Part 2: Employer Information** section should appear next. Click on the drop-down menu to expose the available options. Scroll down and click on your employer's state.

Part 2: Employer Information

* Employer State

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

- In the same section (**Part 2: Employer Information**), click on the drop-down menu next to "Employer" to expose the available options. Scroll down and click on your employer's name.

Part 2: Employer Information

* Employer State

* Employer

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

- A. If you have previously entered Salary Reduction Agreement information or USOTCS has your demographic information archived in their system, most of your personal information will pre-populate when you enter your social security number/employee ID and date of birth.

In **Part 3: Participant's Information**, enter:

- Your Social Security Number and Date of Birth, or
 - Your employee ID (only the 7 numbers, not the leading letter) and Date of Birth
- Click "search" when you are done entering your information.

OPTION 1

Part 3: Participant's Information

Social Security Number **#1** **AND** Date of Birth **#2**

OR

Employee Number

#3

OR

OPTION 2

Part 3: Participant's Information

Social Security Number **AND** Date of Birth **#2**

OR

Employee Number **#1**

#3

B. If you received the error message below using your employee ID and DOB combination, click on "TRY SSN." Click "search."

Please Note:

The employee number provided was not found. You can re-enter and click RETRY, CANCEL and start again, or try searching by social security number by clicking TRY SSN.

Employee Number

Search by SSN:

Enter the social security number and click SEARCH, or click CANCEL to start again.

Social Security Number

C. If your information is prepopulated, complete any missing information. If your information still did not prepopulate, you are currently not in the USOTCS system and will be prompted to enter the following information in the sections highlighted in red:

- Employee's First and Last Name
- Employee's Complete Address
- Employee's Telephone Number
- Employee's Email

Part 3: Participant's Information

Social Security Number **OR** Employee Number

AND Date of Birth

Personal Information		Contact Information	
* First Name	<input type="text"/>	* Address	<input type="text"/>
Middle Name	<input type="text"/>	* City	<input type="text"/>
* Last Name	<input type="text"/>	* State	<input type="text"/>
Hire Date	<input type="text"/>	* Zip Code	<input type="text"/>
Employer Termination Date	<input type="text"/>	* Phone Number	<input type="text"/> Ext <input type="text"/>
		Email	<input type="text"/>
		* Alternate Email	<input type="text"/>



Part 3: Participant's Information

Social Security Number **OR** Employee Number

AND Date of Birth

Personal Information		Contact Information	
* First Name	<input type="text" value="River"/>	* Address	<input type="text" value="6101 Highland Campus Drive"/>
Middle Name	<input type="text"/>	* City	<input type="text" value="Austin"/>
* Last Name	<input type="text" value="Bat"/>	* State	<input type="text" value="TX"/>
Hire Date	<input type="text"/>	* Zip Code	<input type="text" value="78752"/>
Employer Termination Date	<input type="text"/>	* Phone Number	<input type="text" value="5120000000"/> Ext <input type="text"/>
		Email	<input type="text"/>
		* Alternate Email	<input type="text" value="rb@austinctt.edu"/>

6. In **Part 4, Salary Reduction Agreement Information**, you must choose the type of Salary Reduction Agreement you want to complete from the list of options in the drop-down menu. There are two options:
- Select your ORP Investment Provider or
 - Adding /Editing 403(b) and/or 457 (b) Contributions

Part 4: Salary Reduction Agreement Information

Salary Reduction Agreement Options

If you have questions regarding your investment provider, please contact the SRA team at 888-796-3786 option 5 or sraprocessing@tsacg.com.

Are you selecting your ORP investment provider or adding/editing your 403(b) and/or 457(b) contributions?

Please Select...

Please Select

Selecting ORP Investment Provider

Adding/Editing 403(b) and/or 457(b) Contributions

II. SALARY REDUCTION AGREEMENT OPTIONS

A. Selecting an ORP Investment Provider

7. If you choose the option to select your ORP investment provider, the following window will pop up. Choose your investment provider from the list in the dropdown menu and click “FINISHED.”

ORP Contributions

Investment Provider	Plan Type
<div style="border: 1px solid black; padding: 5px;"> <p>#1 </p> <p>Select Investment Provider </p> <p>Select Investment Provider</p> <p>Ameriprise Financial</p> <p>Corebridge Financial (formerly AIG Retirement Services-VALIC)</p> <p>Fidelity Investments</p> <p>Lincoln National Life Insurance Company</p> <p>Security Benefit Group</p> <p>TIAA</p> <p>USAA Insurance Company</p> <p>Victory Funds (formerly USAA Mutual Funds)</p> <p>VOYA Financial</p> </div>	<p>403(b) ORP </p> <p style="text-align: right;">FINISHED </p> <p style="text-align: right;">#2</p>

8. Read the Terms in **Part 5: 403(b) Salary Reduction Agreement Terms**. To continue to the next step, click the checkbox highlighted in red if you agree.

Part 5: Salary Reduction Agreement Terms

403(b) Salary Reduction Agreement Terms

This agreement shall be legally binding and irrevocable with respect to amounts earned while the Agreement is in effect, and any termination of this Agreement shall be effective only with respect to amounts not yet earned at the time of said termination. It is provided that this reduction does not exceed the Employee's statutory limits under Section 402(g) or the limitation of Section 415 of the Internal Revenue Code. This limits the total allowable salary reduction to all Companies to which salary reduction contributions can be made. It is understood that the amount specified will be forwarded to the Company listed above provided that the Employee has sufficient earnings during the immediately preceding pay period to accommodate the requested reduction.

I hereby authorize my Employer to reduce or suspend any contributions established by this agreement, if in its opinion, the total annual contributions would exceed my Maximum Allowable Contribution in any calendar year.

The Employee is responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary reduction agreement, or any other violation of the requirement of section 403(b) could result in additional taxes, interests, and penalties to the Employee.

It is the intent of the parties that the non-forfeitable retirement deferred annuity or custodial contract pursuant to this Agreement shall qualify for the Federal Income Tax benefits provided for in Section 403(b) of the Internal Revenue Code, as amended. Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of this Agreement by the Employee and Employer.

This agreement may be terminated by either the Employer or Employee upon thirty (30) days notice to the Company and to the Employer or Employee as applicable.

I acknowledge that in accordance with my Employer's Third Party Administration (TPA) fee arrangement, I may be responsible for paying an annual TPA fee. Information regarding this fee, if applicable, can be found on my Employer's page at <https://www.tsacg.com/individual/plan-sponsor/>.

I have read and agree to the terms above.

9. Read the statement in **Part 6: Disclosures**. To proceed to the next step, click the checkbox on the top left-hand corner of the pop-up box.

Part 6: Disclosures

By checking this box you agree to the following:

This SRA will supersede and replace all prior 403(b) ORP elections.

I certify that all the information provided in conjunction with this salary reduction request is true and accurate to the best of my knowledge. I understand that misrepresentations or incorrect information may delay or cause the request to be declined. TSA Consulting Group, Inc. (TSACG) understands that your personal information and privacy are important, and we make every effort to ensure that the information you submit for a salary reduction is recorded accurately, retained securely, and used only for the purpose intended. Please note that relevant information about your salary reduction request may be shared with, and between, your employer, your 403(b)/457(b)/401(a) investment provider(s), and TSACG.


10. Confirm you are not a robot by clicking the box that appears on the bottom left-hand corner. Click "SUBMIT."

Part 6: Disclosures

By checking this box you agree to the following:

This SRA will supersede and replace all prior 403(b) ORP elections.

I certify that all the information provided in conjunction with this salary reduction request is true and accurate to the best of my knowledge. I understand that misrepresentations or incorrect information may delay or cause the request to be declined. TSA Consulting Group, Inc. (TSACG) understands that your personal information and privacy are important, and we make every effort to ensure that the information you submit for a salary reduction is recorded accurately, retained securely, and used only for the purpose intended. Please note that relevant information about your salary reduction request may be shared with, and between, your employer, your 403(b)/457(b)/401(a) investment provider(s), and TSACG.

I'm not a robot  [Privacy - Terms](#)

11. You will have the opportunity to print and/or save a copy of the ORP SRA by clicking on the blue "here" link. When you are done, you can click "FINISH" to exit.

Your ORP Investment Provider selection has been received and will be sent to your employer for processing.

Click [here](#) to download your confirmation record.

B. ADDING/EDITING 403(b) AND/OR 457(b) CONTRIBUTIONS

12. If you choose the option “Adding/Editing 403(b) and/or 457(b) Contributions,” the windows below will appear.

The screenshot shows a window titled "Part 4: Salary Reduction Agreement Information". Inside, there is a sub-header "Salary Reduction Agreement Options" and a red text instruction: "If you have questions regarding your investment provider, please contact the SRA team at 888-796-3786 option 5 or srprocessing@tsacg.com." Below this is a question: "Are you selecting your ORP investment provider or adding/editing your 403(b) and/or 457(b) contributions?" and a dropdown menu currently set to "Adding/Editing 403(b) and/or 457(b) Contributions".

13. In the Salary Reduction Agreement Information window, you can start, change, or stop contributions. If you want to maintain an existing contribution(s), you must enter the information for that contribution and any other changes you are making. Begin by entering:

- The Effective Date of the Contribution(s)
- The Dollar amounts
- The Total Per Pay Period Dollar Amount for all contributions (must match the totals in the **SRA Total** box)

The screenshot shows the "Salary Reduction Agreement Information" window with several fields highlighted in pink and arrows pointing to them. The "Effective Date" field contains "02/12/2024". The "Dollars" radio button is selected. The "Total Per Pay Dollar Amount" field is empty. To the right, there are two numbered instructions in red text. At the bottom, a note states: "Total Per Pay Amount above must match SRA Total below."

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.

14. In the section below, you can update your 403(b) and/or 457(b) Contributions. Be prepared to enter the following information:

- The Investment Provider(s) to whom you would like to contribute. (The **Add** button to include multiple providers will appear once the first row is completed).

- The Plan Type

- The Previous Amount, if any – ***is not required to submit***

This information can be found on your paycheck stub. You can also call USOTCS Consulting Group (contact information provided at the bottom of this communication) or check with your investment provider directly

- The New Amount of your contribution

403(b) Contributions			
Investment Provider	Plan Type	Previous Amount	New Amount
Select Investment Provider	Select Plan Type	\$ 0.00	\$ 0.00
Remove			
Add			
403(b) Contributions Total \$ 0.00			

AND/OR

457(b) Contributions			
Investment Provider	Plan Type	Previous Amount	New Amount
Select Investment Provider	Select Plan Type	\$ 0.00	\$ 0.00
Remove			
Add			
457(b) Contributions Total \$ 0.00			
			* SRA Total \$ NaN
* Must Equal Total Per Pay Amount			
FINISHED			

15. When you are done entering your contribution information, click “FINISHED” to proceed to the next step.

		* SRA Total \$ 20.00
* Must Equal Total Per Pay Amount		
		FINISHED
		RESET
SUBMIT	RESTART	CANCEL

16. Read the Terms in **Part 5: 403(b) Salary Reduction Agreement Terms** and/or **457(b) Salary Reduction Agreement Terms**. To continue to the next step, click the checkbox(es) highlighted in red if you agree.

Part 5: Salary Reduction Agreement Terms

403(b) Salary Reduction Agreement Terms

This agreement shall be legally binding and irrevocable with respect to amounts earned while the Agreement is in effect, and any termination of this Agreement shall be effective only with respect to amounts not yet earned at the time of said termination. It is provided that this reduction does not exceed the Employee's statutory limits under Section 402(g) or the limitation of Section 415 of the Internal Revenue Code. This limits the total allowable salary reduction to all Companies to which salary reduction contributions can be made. It is understood that the amount specified will be forwarded to the Company listed above provided that the Employee has sufficient earnings during the immediately preceding pay period to accommodate the requested reduction.

I hereby authorize my Employer to reduce or suspend any contributions established by this agreement, if in its opinion, the total annual contributions would exceed my Maximum Allowable Contribution in any calendar year.

The Employee is responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary reduction agreement, or any other violation of the requirement of section 403(b) could result in additional taxes, interests, and penalties to the Employee.

It is the intent of the parties that the non-forfeitable retirement deferred annuity or custodial contract pursuant to this Agreement shall qualify for the Federal Income Tax benefits provided for in Section 403(b) of the Internal Revenue Code, as amended. Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of this Agreement by the Employee and Employer.

This agreement may be terminated by either the Employer or Employee upon thirty (30) days notice to the Company and to the Employer or Employee as applicable.

I acknowledge that in accordance with my Employer's Third Party Administration (TPA) fee arrangement, I may be responsible for paying an annual TPA fee. Information regarding this fee, if applicable, can be found on my Employer's page at <https://www.tsacg.com/individual/plan-sponsor/>.

I have read and agree to the terms above.

AND/OR

Part 5: Salary Reduction Agreement Terms

457(b) Salary Reduction Agreement Terms

The undersigned hereby agrees to the terms and conditions of the Austin Community College District Deferred Compensation Plan ("Plan") as such Plan now exists or is hereinafter amended and a copy of the Plan has been made available to them. This election shall continue until the undersigned makes a subsequent election as provided by the Plan. The employer hereby authorizes the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan.

I (the Employee) understand and agree to the following:

I am responsible for the accuracy of the excludable amounts stated in this Agreement. Any overstatement of the amounts excludable as a salary reduction in this agreement, or any other violation of the requirement of IRS Code Section 457 could result in additional taxes, interest, and penalties to the Employee.

I hereby authorize my Employer to reduce or suspend any deferrals established by this agreement, if in its opinion, the total annual deferral would exceed the maximum allowable limit in any calendar year. Should my deferral exceed the maximum limit, I authorize my Employer to disallow deferral of the excess amount and direct these amounts to be refunded to me.

Release of Liability - The Employee agrees that the Employer and its agents shall have no liability whatsoever for any and all losses suffered by me with regard to my selection of the annuity and/or custodial account, its terms, the selection of the insurance company, custodian, or regulated investment company, the financial condition, operation of or benefits provided by said insurance company, custodian, or regulated investment company, or my selection and purchase of shares of regulated investment companies.

The employer hereby authorizes on the provider company to issue an annuity contract or custodial arrangement for the benefit of the participant without the signature of the employer provided that the owner of the annuity contract or custodial arrangement is designated as the employer's 457 Deferred Compensation Plan.

Earnings, if any, will be applied to my accumulated deferrals in accordance with the Company and product I have selected. Neither the Employer, nor Trustees, nor agencies of the Employer shall be liable for the performance of the Companies or products selected by the Employee.

Any change to this Agreement must be in writing to the Employer and becomes effective upon the execution of this Agreement by Employee and Employer.

This Agreement may be terminated by either the Employer or Employee upon thirty (30) days notice to the Company and to the Employer or Employee as applicable.

Designation of Beneficiary - The beneficiary for each annuity contract or certified account to which contributions are allocated shall be determined in accordance with the terms of that specific contract or account.

I acknowledge that in accordance with my Employer's Third Party Administration (TPA) fee arrangement, I may be responsible for paying an annual TPA fee. Information regarding this fee, if applicable, can be found on my Employer's page at <https://www.tsacg.com/individual/plan-sponsor/>.

I have read and agree to the terms above.

17. Read the statement in **Part 6: Disclosures**. To proceed to the next step, click the check box on the top left-hand corner of the pop-up box.

Part 6: Disclosures

By checking this box you agree to the following:

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.

I certify that all the information provided in conjunction with this salary reduction request is true and accurate to the best of my knowledge. I understand that misrepresentations or incorrect information may delay or cause the request to be declined. TSA Consulting Group, Inc. (TSACG) understands that your personal information and privacy are important, and we make every effort to ensure that the information you submit for a salary reduction is recorded accurately, retained securely, and used only for the purpose intended. Please note that relevant information about your salary reduction request may be shared with, and between, your employer, your 403(b)/457(b)/401(a) investment provider(s), and TSACG.


18. Confirm you are not a robot by clicking the box in the bottom left-hand corner. Click “SUBMIT.”


Part 6: Disclosures


By checking this box you agree to the following:

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.

I certify that all the information provided in conjunction with this salary reduction request is true and accurate to the best of my knowledge. I understand that misrepresentations or incorrect information may delay or cause the request to be declined. TSA Consulting Group, Inc. (TSACG) understands that your personal information and privacy are important, and we make every effort to ensure that the information you submit for a salary reduction is recorded accurately, retained securely, and used only for the purpose intended. Please note that relevant information about your salary reduction request may be shared with, and between, your employer, your 403(b)/457(b)/401(a) investment provider(s), and TSACG.


 #1

I'm not a robot 


 #2

19. You will have the opportunity to print and/or save a copy of the Salary Reduction Agreement (SRA) by clicking on the blue “here” link. When you are done, click “FINISH” to exit out.

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.



**For questions or information regarding this process,
please reach out to your new TSACG Support Team:**

(888) 796-3786 Option 5
<https://www.tsacg.com/contact-us/>