



Salary Reduction Agreement Processing Service

Employee Online SRA Tutorial

TSA Consulting Group, Inc.

Compliance & Administration Service Provider

Client Services

73 Eglin Parkway NE • Fort Walton Beach, FL 32548

888.796.3786 Option 5 • sraprocessing@tsacg.com

Dear Employee,

City Colleges of Chicago is pleased to announce that enhancements have been made to the 403(b) Salary Reduction and 457(b) Participant Agreement (SRA) process. Effective 03-01-2021 election requests will be submitted through an online system. This system is provided by our 403(b) and 457(b) Plan Administrator, TSA Consulting Group, Inc. (TSACG). 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.

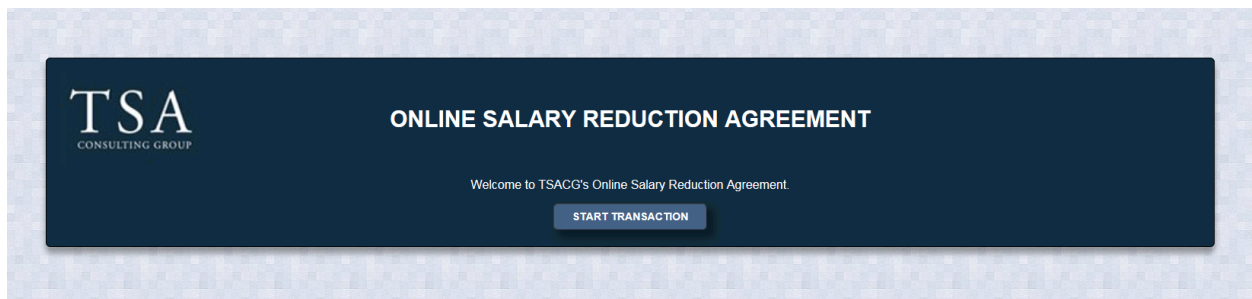
There are many benefits to the new enrollment process:

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.

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 the "Part 1: Employee Certification" form. The form contains a certification statement: "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 the text is a radio button labeled "Confirm". A footnote at the bottom states: "* You must confirm you have read and understand the information above to continue with the Salary Reduction Agreement process." At the bottom of the form are three buttons: "SUBMIT", "RESTART", and "CANCEL".

Employer and Participant Information – If you have previously entered SRA information or TSACG has your demographic information archived in their system, most of your personal information will pre-populate. If your information is not currently in TSACG’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 * Employer

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 we are the TPA for the employer.

Part 3: Participant's Information

Social Security Number AND Date of Birth

<p>Personal Information</p> <p>* First Name <input type="text" value="Walt"/></p> <p>Middle Name <input type="text"/></p> <p>* Last Name <input type="text" value="Disney"/></p> <p>Hire Date <input type="text"/></p> <p>Employer Termination Date <input type="text"/></p>	<p>Contact Information</p> <p>* Address <input type="text" value="1 Mainstreet USA"/></p> <p>* City <input type="text" value="Anaheim"/></p> <p>* State <input type="text" value="CA"/></p> <p>* Zip Code <input type="text" value="92802"/></p> <p>* Phone Number <input type="text" value="1111111111"/> Ext <input type="text"/></p> <p>Email <input type="text"/></p> <p>* Alternate Email <input type="text" value="programservices@tsacg.com"/></p>
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* Has the participant terminated employment with this employer? No Yes

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 TSA 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

Part 4: Salary Reduction Agreement Information

Salary Reduction Agreement Information

Effective Date

@ Dollars

Total Per Pay Dollar Amount \$

Total Per Pay Amount above must match SRA Total below.

403(b) Contributions

Investment Provider	Contract/ Account Number	Plan Type	Previous Amount	New Amount	
Select Investment Provider		403(b)	\$ 0.00	\$ 200.00	Remove

SRA Total \$ 0.00

* Must Equal Total Per Pay Amount

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. TSACG 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.

ONLINE SALARY REDUCTION AGREEMENT

Welcome to TSACG's Online Salary Reduction Agreement.

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.

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

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