

## OMNI Online SRA Completion Instructions

The Omni Salary Reduction Agreement (SRA) form must be completed by the last day of the month prior to the month you wish the change to take effect. For example, there is a July 31<sup>st</sup> deadline for changes to be effective on your August paycheck. This process is only necessary for 403b, 403b Roth and 457 Tax Shelters, if you wish to contribute to the Persi Choice 401K, please complete the Persi Choice form available on the Employee Online website and submit it directly to the Payroll Department at the Boise School District Services Center. Please contact the payroll department at 208-854-4025 with any 401K questions.

Please set up your account with your preferred vendor from the 403(b) Service Provider/Vendor List prior to completing the SRA form since a valid account number will be required during this process. The Service Provider list is available on the Employee Online site under Payroll Information. You are allowed to use any Financial Advisor you wish, but contributions through your Boise School District payroll check is limited to these approved vendors.

It is best to complete the SRA form earlier than the deadline on any new contributions to allow Omni Group time to verify that your account is setup with your chosen vendor and ready to receive funds. Once the account is verified, Omni Group notifies the Boise School District Payroll department to start the contribution.

Go to the Omni403b.com website



Click on **Employees**

Click on **Start/Change Contributions.**

US OMNI > Employees > Employers > Advisors > Track Form

## Start | Change Contributions

### Salary Reduction Agreement Forms for

Select Employer State ▼ Employer Name GO

Click the arrow in the Employer State drop-down box and select **ID**, left-click to choose.

### Salary Reduction Agreement Forms for

ID ▼  × GO

Type boi in the Employer Name box.

Boise City School District will come up below the box. Click on it to select.

### Salary Reduction Agreement Forms for

ID ▼  × GO

Click on the "Go" button.

Both the 403B and 457 PDF downloadable versions of the SRA form can be printed, completed and mailed or faxed directly to Omni. The address and fax number are on the back of the form, however the Online submission method is the most efficient method. **Do not send the printed form to the Boise School District Services Center.**

The instructions are the same for the 403b and 457 contributions, just click on the 457 tab instead and follow these steps. I will include the instructions for both the New SRA Express Shortened Form for New Participants and the standard Online SRA Submission form. Since the 403b Online SRA Submission process is the most commonly used I will start with it.

## Instructions for the 403b Online SRA Submission:

Salary Reduction Agreement Forms for Boise City School District Boise, ID

403(b) 457(b)

A Tax Sheltered Annuity ("TSA") is an investment account that is set aside for your retirement (only), and is paid for with "pre-tax" dollars. A Custodial Account ("CA") is the group or individual custodial account or accounts, established for each Employee, by the Employer, or by each Employee individually, to hold assets of the Plan. Unless utilizing the catch-up provisions, your Maximum Allowable Contribution ("MAC") cannot exceed \$19,500 (\$26,000 if age 50 or over) for 2020. Both TSA & CA receive tax deferred treatment.

☐ **!!New!! 403 (b) SRA Express Shortened Online Form**  
This Salary Reduction Agreement Short Form is being offered by OMNI to streamline the process by which new participants may begin making payroll deductions into a single investment account.

☒ **403(b) Online SRA Submission**

☐ 403(b) SRA PDF Downloadable Version

Let's begin!

Click on the 403b Tab.

Click on **403B Online SRA Submission** to complete the form online.

Click on the **Let's Begin** button to start.

### 403(b) SALARY REDUCTION AGREEMENT FORM for Boise City School District [Boise, ID]

A Tax Sheltered Annuity ("TSA") is an investment account that is set aside for your retirement (only), and is paid for with "pre-tax" dollars. A Custodial Account ("CA") is the group or individual custodial account or accounts, established for each Employee, by the Employer, or by each Employee individually, to hold assets of the Plan. Unless utilizing the catch-up provisions, your Maximum Allowable Contribution ("MAC") cannot exceed \$19,500 (\$26,000 if age 50 or over) for 2020. Both TSA & CA receive tax deferred treatment.

#### Step 1 of 3: Supply Information

Step 2 of 3: Confirm Entries

Step 3 of 3: Submission Confirmation

- Please supply the information requested below.
- Read all agreements on the form before submitting.
- Fields having an asterisk notation are required.

#### Employee Information

☐ Check here if you have contributed to **another** 403(b), 401(a), or 401(k) plan offered by another employer in the last calendar year. **NOTE:** Do not check this box if you have only contributed to the 403(b) plan associated with this SRA.

First Name \* Last Name \* MI Maiden

First Name Last Name MI Maiden

#### Employee Information

☐ Check here if you have contributed to **another** 403(b), 401(a), or 401(k) plan offered by another employer in the last calendar year. **NOTE:** Do not check this box if you have only contributed to the 403(b) plan associated with this SRA.

First Name \* Last Name \* MI Maiden

First Name Last Name MI Maiden

Address \*

Address

City \* State \* Zip \* Phone Number \*

City State Zip Code (555)123-4567

Email \* Re-enter Email \*

abc@xyz.com

Social Security # \* Birth Date \* Hire Date \*

123456789 MM/DD/YYYY MM/DD/YYYY

☐ There is a financial advisor/representative associated with this transaction

Enter the required Employee information in this section.

The confirmation email will be sent to the address you provide here.

If you wish to have your Financial Advisor receive communication from Omni Regarding the SRA check this box and complete the requested information.

## Recurring Contributions:

### Contribution Information

Please indicate what type of contributions you would like to declare.

☒ **Recurring Contributions**

**WARNING!!**

Any contributions listed will supersede all current recurring contributions to your employer's 403 (b) plan administered by OMNI. If you are currently contributing to multiple service providers under your employer's 403 (b) plan, please be sure to list all contributions you wish to continue. Any active 403 (b) or ROTH 403 (b) contributions found in our records, but not listed below **WILL BE DISCONTINUED**. A contribution may be discontinued by listing it below with an amount of zero.

*Note: Investment Providers with a double asterisk notation (\*\*) are not authorized to accept new accounts under your employer's plan. Please contact OMNI with any questions.*



Click in the **Recurring Contributions** box to:

- Begin a new contribution,
- Change the amount of a current contribution, or
- Stop a Current Contribution

### Contribution Information

Please indicate what type of contributions you would like to declare.

☒ **Recurring Contributions**

**WARNING!!**

Any contributions listed will supersede all current recurring contributions to your employer's 403 (b) plan administered by OMNI. If you are currently contributing to multiple service providers under your employer's 403 (b) plan, please be sure to list all contributions you wish to continue. Any active 403 (b) or ROTH 403 (b) contributions found in our records, but not listed below **WILL BE DISCONTINUED**. A contribution may be discontinued by listing it below with an amount of zero.

*Note: Investment Providers with a double asterisk notation (\*\*) are not authorized to accept new accounts under your employer's plan. Please contact OMNI with any questions.*

Please withhold funds from my pay for the following 403 (b) contributions until further notice:

	PLAN TYPE *	INVESTMENT PROVIDER *	ACCOUNT #	EFFECTIVE DATE *	AMOUNT *
1.	--Select Plan--	--Select Plan First--			\$
2.	--Select Plan--	--Select Plan First--			\$



Be sure to include all current 403b account information as per the warning in red.

Enter the required information for either the Recurring or One-Time options:

- Plan Type
- Service Provider
- Account #
- Effective Date
- Dollar Amount

If you want to stop the contribution, enter all above data with 0.00 in the amount box.

If you are a part-time employee or substitute, you are eligible to contribute to 403b, 403b Roth or 457 accounts. Your contribution amount cannot exceed your gross pay less any required taxes such as Social Security and Medicare which is 7.65% of the gross pay combined, State and Federal taxes and there must be a net paycheck amount of at least \$10.00 to process your paycheck. If the requested amount exceeds this criteria, the contribution will be stopped for the month.

☐ Please check here if you are NOT a full-time employee

Check this box if you are a part-time employee or a Substitute.

You will be asked to complete Step 2 Confirm Entries and Step 3 Submission Confirmation and you will be given Confirmation number. You will receive an email at the address you provided with that Confirmation number but no specific information for security purposes. Your Social Security Number after each step is treated as your signature on the form.

By submitting this agreement to OMNI, I hereby confirm that the information on this form is correct and complete to the best of my knowledge. I certify that I have read this complete agreement and that my requested salary reduction(s), if in excess of my base limit, represent(s) my wish to utilize any catch-up provisions for which I may be eligible. I further certify that I will notify OMNI in the event I begin contributing to another 403(b), 401(k) or 401(a) plan. I understand my responsibilities as an Employee under this Program, and I request that Employer take the action specified in this agreement. I understand that all rights under the TSA or CA established by me under the Plan are enforceable solely by my beneficiary, my authorized representative or me. I certify that I have read this complete agreement and that my requested salary reduction(s), if in excess of my base limit, represent(s) my wish to utilize any catch-up provisions for which I may be eligible. I further certify that my salary reductions do not exceed contribution limits as determined by applicable law. I understand my responsibilities as an Employee under this Program, and I request that Employer take the action specified in this agreement. I understand that all rights under the annuity or custodial account established by me under the Program are enforceable solely by my beneficiary, my authorized representative or me.

Re-enter Social Security Number

Continue

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After completing each section you will need to enter your social security number in this box and click continue to move to the next section.

### One-Time Contributions:

After completing the Employee information you can also choose the One-Time Contribution option. The One-Time Contributions option is for changes you wish to be effective for one month only and your contribution will return to the prior month's amount without having to complete an additional SRA to go back to the former amount. It can also be stopped effective the following month depending on the option selected, either Discontinued or Resumed. Discontinued will stop the contribution the month after the one-time amount is taken and Resumed will return to the prior month amount setup.

### Contribution Information

Please indicate what type of contributions you would like to declare.

☐ Recurring Contributions

☒ One-Time Contributions (Elective Contributions Only)

\* After this contribution, any recurring contributions for this service provider should be:

	PLAN TYPE *	INVESTMENT PROVIDER *	ACCOUNT #	EFFECTIVE DATE *	AMOUNT *	
1.	--Select Plan--	--Select Plan First--	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>



## Instructions for the New SRA Express Shortened Form for new participants:

Salary Reduction Agreement Forms for Boise City School District Boise, ID

403(b) 457(b)

A Tax Sheltered Annuity ("TSA") is an investment account that is set aside for your retirement (only), and is paid for with "pre-tax" dollars. A Custodial Account ("CA") is the group or individual custodial account or accounts, established for each Employee, by the Employer, or by each Employee individually, to hold assets of the Plan. Unless utilizing the catch-up provisions, your Maximum Allowable Contribution ("MAC") cannot exceed \$19500 (\$26,000 if age 50 or over) for 2020. Both TSA & CA receive tax deferred treatment.

● **!!New!! 403 (b) SRA Express Shortened Online Form**  
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☐ 403(b) Online SRA Submission

☐ 403(b) SRA PDF Downloadable Version

Select a Form Option

Select the New 403b SRA Express Shortened Online Form.

Click on Select a Form Option button.

403(b) SALARY REDUCTION AGREEMENT FORM for Boise City School District [Boise, ID]

A Tax Sheltered Annuity ("TSA") is an investment account that is set aside for your retirement (only), and is paid for with "pre-tax" dollars. A Custodial Account ("CA") is the group or individual custodial account or accounts, established for each Employee, by the Employer, or by each Employee individually, to hold assets of the Plan. Unless utilizing the catch-up provisions, your Maximum Allowable Contribution ("MAC") cannot exceed \$19500 (\$26000 if age 50 or over) for 2020. Both TSA & CA receive tax deferred treatment.

☐ Check here if you have contributed to **another** 403(b), 401(a), or 401(k) plan offered by another employer in the last calendar year. **NOTE:** Do not check this box if you have only contributed to the 403(b) plan associated with this SRA.

First Name Last Name Birth Date

First Name Last Name MM/DD/YYYY

☐ Please check here if you are NOT a full-time employee

Next

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Enter the requested information and click next.

Be sure to check the box regarding not being a full-time employee if that applies.

403(b) SALARY REDUCTION AGREEMENT FORM for Boise City School District [Boise, ID]

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**WARNING!!**  
Any contributions listed will supersede all current recurring contributions to your employer's 403 (b) plan administered by OMNI. If you are currently contributing to multiple service providers under your employer's 403 (b) plan, please be sure to list all contributions you wish to continue. Any active 403 (b) or ROTH 403 (b) contributions found in our records, but not listed below WILL BE DISCONTINUED.  
A contribution may be discontinued by listing it below with an amount of zero.

Note: Investment Providers with a double asterisk notation (\*\*) are not authorized to accept new accounts under your employer's plan. Please contact OMNI with any questions.

PLAN TYPE \* INVESTMENT PROVIDER \* AMOUNT \*

403 Roth ROTH - AIG Retirement Services (formerly VALIC) \$100.00

Next

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Enter the Plan type, Investment Provider and amount.

Click Next

## 403(b) SALARY REDUCTION AGREEMENT FORM for Boise City School District [Boise, ID]

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Email

Social Security Number

user@test.com

123456789

Enter your email address and Social Security number in the boxes.

The above named Employee where applicable, agrees as follows:

1. To modify his/her salary reduction(s) as indicated above.
2. That his/her Employer transfers the above stated funds on Employee's behalf to OMNI for remittance to the selected Service Provider(s).
3. This SRA is legally binding and irrevocable with respect to amounts paid.
4. This SRA may be changed with respect to amounts not yet paid.
5. This SRA may be terminated at any time for amounts not yet paid or available, and that a termination request is permanent and remains in effect until a new SRA

- i. OMNI shall not have any liability whatsoever for any and all losses suffered by Employee with regard to his/her selection of the TSA and/or CA, its terms, the selection of any service provider, the financial condition, operation of or benefits provided by said service provider, or his/her selection and purchase of shares by any service provider. Nothing herein shall affect the terms of employment between Employer and Employee.
  - ii. Employee acknowledges that Employer has made no representation to Employee regarding the advisability, appropriateness, or tax consequences of the purchase of the annuity and/or custodial account described herein.
  - iii. The Employer shall not have any liability for any and all losses suffered by an Employee with regard to the selection(s) of any TSA and/or CA, any related terms and conditions, the selection of any service provider, the financial condition, operation of or benefits provided by any service provider or the selection and purchase of shares by any service provider.
7. To be responsible for setting up and signing the legal documents necessary to establish a TSA or CA.
  8. To be responsible for naming a death beneficiary under their TSA or CA. This is normally done at the time the contract or account is established. Beneficiary designations should be reviewed periodically.
  9. When provided all required information in a timely manner, OMNI is responsible for determining that salary reductions do not exceed the allowable contribution limits under applicable law, and will complete MAC calculations as required by law.
  10. To contact OMNI and complete the appropriate OMNI forms for any requests for distributions, loans, hardship withdrawals, account exchanges plan-to-plan transfers or rollover contributions. Processing fees for the foregoing transactions may apply.
  11. This SRA is subject to the terms of the Services Agreement between OMNI and Employer, and to the Information Sharing Agreement between OMNI and the Service Providers, copies of which may be obtained from Employer.
  12. This agreement supersedes all prior salary reduction agreements and shall automatically terminate if Employee's employment is terminated.

Click the "Submit to Omni" button on the bottom.

Follow any further verification or confirmation processes that may follow this section.

By submitting this agreement to OMNI, I hereby confirm that the information on this form is correct and complete to the best of my knowledge. I certify that I have read this complete agreement and that my requested salary reduction(s), if in excess of my base limit, represent(s) my wish to utilize any catch-up provisions for which I may be eligible. I further certify that I will notify OMNI in the event I begin contributing to another 403(b), 401(k) or 401(a) plan. I understand my responsibilities as an Employee under this Program, and I request that Employer take the action specified in this agreement. I understand that all rights under the TSA or CA established by me under the Plan are enforceable solely by my beneficiary, my authorized representative or me. I certify that I have read this complete agreement and that my requested salary reduction(s), if in excess of my base limit, represent(s) my wish to utilize any catch-up provisions for which I may be eligible. I further certify that my salary reductions do not exceed contribution limits as determined by applicable law. I understand my responsibilities as an Employee under this Program, and I request that Employer take the action specified in this agreement. I understand that all rights under the annuity or custodial account established by me under the Program are enforceable solely by my beneficiary, my authorized representative or me.

Submit to OMNI

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Contact Lisa Graf at 208-854-4049 or [lisa.graf@boiseschools.org](mailto:lisa.graf@boiseschools.org) if you need further assistance with this process.