

Gateway Regional School District 403(b) Plan

Plan Highlights

Introduction: Gateway Regional School District is pleased to offer the 403(b) Plan to eligible employees in order to help save for retirement. The plan allows you to save on a tax deferred basis. Plan oversight and administration is provided by MidAmerica.

This brochure outlines the key provisions of the plan as well as who to contact to sign up, for plan or investment related questions, or other information. We encourage you to seriously consider taking advantage of this valuable benefit to help enhance your financial future.

Eligibility:

- **Employee Contributions:** All Employees are eligible to contribute to the 403(b) plan.

Entry Date: Employees are able to enroll in the Plan on the first day of the first payroll period after meeting eligibility requirements.

Contribution Types:

- **Employee Contributions:** Generally, you can contribute up to 100% of your income up to the maximum allowable contribution limits as adjusted annually by the Internal Revenue Service. You may be eligible to contribute an additional amount if you have 15 or more years of service. Plus, if you will be age 50 or older by the end of the year, you may qualify to contribute an additional amount.

Withdrawal Options: (Subject to each vendor's policies. Check with your vendor for availability.)

- **In-Service Withdrawal:** If age 59 ½ or older.
- **Separation of Service:** Possible 10% penalty if under the age of 59½. Various payment options are available.
- **Loans:** Tax-free loans enable you to access your account without permanently reducing your account. You may have only one outstanding loan, with a minimum loan amount of \$1,000. Loans not repaid in accordance with the repayment schedule will result in taxation of the outstanding loan amount and a possible 10% penalty.
- **Hardships:** You may take a withdrawal for financial hardships. Hardships withdrawals are limited to the amount you have contributed to the plan and are only permitted for limited financial circumstances that must be substantiated.

Fees: An annual administration fee will be deducted from contributions on a pro rata basis.

Investments: A list of approved vendors is provided at www.spokeskids.com/GatewayRSD.

Please Contact:

- **Vendor:** For forms such as distribution, loans, or hardships, account balances and to transfer funds.
- **MidAmerica Administrative & Retirement Solutions, Inc.:** For any plan related questions, to start or stop a contribution, or change your deduction please call 866-873-4240 or visit www.SpokesKids.com/GatewayRSD.

Please fax or mail all forms to: MidAmerica Administrative & Retirement Solutions, Inc.
Attn: 403(b) TPA
402 South Kentzucky Avenue, Suite 500
Lakeland, FL 33801
Fax: 863-688-4466

*Please refer to the Plan Document for more information on the Plan.
In the event of a discrepancy, the Plan Document will prevail.*



MidAmerica

Administrative & Retirement Solutions, Inc.
402 South Kentucky Avenue, Suite 500, Lakeland, FL 33801
Toll-free 866.873.4240 ♦ Fax 863.688.4466 ♦ www.midamerica.biz

Administrative Procedures for Plan Participants

To Enroll in the 403(b) Plan –

1. Go to the webpage for your plan (instructions below).
2. Choose an Investment Provider from the approved list for your plan.
3. Contact the Investment Provider directly to establish your 403(b) account.
4. Once you have established your account, complete and sign the Salary Reduction Agreement provided on your plan's webpage.
5. Fax the Salary Reduction Agreement to MidAmerica for processing (Fax: 863-688-4466).

All participant transaction requests and Salary Reduction Agreements (SRA) must be submitted to MidAmerica for validation prior to being processed by your payroll department or your Investment Provider. This includes all distributions, rollovers, transfers/exchanges, loans, hardships, or Salary Reduction Agreements.

Contact your Investment Provider for all transaction forms such as distribution requests, loan requests, hardship distributions, transfers and exchanges. After completing the transaction request form, submit the paperwork to MidAmerica for compliance review and authorization.

Go to www.MidAmerica.biz to access plan information and obtain forms such as Salary Reduction Agreements and Plan Highlights.

- Click on Participants
- 403(b) TPA Services from the right menu
- Click Here To Go To Your Plan
- Start typing in your Employer Name until the link appears for your Plan
- Click on your Plan link to go to your Employer's customized web page

If you only need to download forms, they are available on this page. Or you can click on your Plan's customized Spokeskids link for additional information such as:

- A complete list of the Investment Providers approved on your plan
- Videos and FAQs with general information about 403(b)
- Retirement Calculator
- Forms for your plan

Customer Service: 866-873-4240

MidAmerica's Customer Service Representatives for English and Spanish speaking participants are available:

Monday – Thursday	8:30 a.m. – 8:00 p.m. EST
Friday	8:30 a.m. – 6:00 p.m. EST

TPA Fax: 863-688-4466

Transactions secure upload website link:

<https://www.midamerica.biz/forms/file-upload-pages/403b-transactions/?ssl>

SRA secure upload website link:

<https://www.midamerica.biz/forms/file-upload-pages/403b-sra/?ssl>



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402 South Kentucky Ave., Suite 500, Lakeland, FL 33801
866.873.4240 ♦ Fax 863.688.4466 ♦ www.midamerica.biz

403(b) Retirement Savings Plan

Questions? Call our Service Center at 1-866-873-4240

Salary Reduction Agreement

Use this form to set up or change contributions to your 403(b) Account. Please type or print your information and fax to (863) 688-4466.

Employee Data – ALL FIELDS REQUIRED

Employer Name:	
Name:	Social Security #:
Address:	City/State/Zip:
Daytime Phone #:	Date of Birth:
Evening Phone #:	Date of Hire:
Email Address:	# of Salary Reductions:

Contribution Specifications

Complete this section to set up or change contributions to your 403(b) Account. Please note that the contribution amount may not exceed the maximum allowable limits as determined by the Internal Revenue Code. Review your Plan Highlights for the availability of Age 50 or 15 Years of Service Catch-Up Contributions. Click to view the [Maximum Amount Contributable \(MAC\)](#) limits for the current tax year.

- ☐ Start new payroll deductions (Account must be established under your current employer's plan prior to submitting SRA, fill in Account Number below).
- ☐ Increase existing payroll deductions. ☐ Decrease existing payroll deductions.
- ☐ One-time payroll deduction then stop deductions. ☐ One-time payroll deduction then revert to existing deductions.
- ☐ Change investment providers. Stop contribution to _____ and start contributions to _____.
- ☐ Please stop my contributions to _____.

Make changes effective with payroll date _____.

You are responsible for establishing any annuity contract or custodial account with the Investment Provider(s) indicated below prior to submitting your Salary Reduction Agreement. Please provide your account # to avoid delay in processing your changes.

	Investment Provider(s)	Account #	Annual Salary Reduction		Salary Reduction Per Pay Period	
1.			\$	%	\$	%
2.			\$	%	\$	%
3.			\$	%	\$	%
4.			\$	%	\$	%

Total deduction each pay period \$ _____

After the initial SRA is submitted and approved by MidAmerica, subsequent changes can be made online at: <https://fe2.midamerica.biz/login.aspx>.

Approval Signature

- Any changes to 403(b) deferrals can occur no earlier than the first pay period following the date the agreement is received.
- This Salary Reduction Agreement is irrevocable with respect to amounts earned while it is in effect and applies only to amounts earned after the agreement becomes effective.
- This Salary Reduction Agreement will continue until amended or terminated. This agreement shall automatically terminate with severance from employment.
- The Employee agrees that the Employer shall have no liability whatsoever for any loss suffered by the Employee with regard to his/her selection of an investment provider, or the solvency of the operation of, or benefits provided by, said investment provider.

Signature of Employee

Date (Please Note: Above date must be within last 90 days to be valid)



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402 S. Kentucky Ave., Suite 500, Lakeland, FL 33801
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www.midamerica.biz

403(b) Retirement Savings Plan

DATE STAMP

Questions? Call our Service Center at 1-866-873-4240

TRANSACTION ROUTING FORM

To facilitate your request, this form must accompany any contract exchange, rollover, distribution, or loan request paperwork provided by your 403(b) or 457(b) investment provider.

☐ I am returning additional information for a previously submitted request.

Employee Data – ALL FIELDS REQUIRED

Employer Name: _____
Name: _____ Social Security #: _____ Date of Birth: _____
(First, MI, Last)
Address: _____
(Street / PO Box) (Apt. #) (City, State Zip)
Daytime Phone #: _____ Evening Phone #: _____ Email: _____
Agent Name: _____ Agent Phone Number: _____

Transaction Information – Please select transaction type

☐ **403(b) Contract Exchange** You must be employed with the employer listed above and the receiving investment provider must be approved on your employer's 403(b) Plan.

I am transferring my 403(b) account from _____ to _____
(Current Investment Provider) (New Investment Provider)

☐ **Loan Request** Loans must be permitted on your employer's 403(b) Plan and by your investment provider. The investment provider must be approved on your employer's 403(b) Plan.

Account Type: 403(b) ☐ Investment Provider: _____

Loan Amount Requested: \$ _____ Repayment Time: _____ Years

Do you currently have any 403(b) or 457(b) loans outstanding? Yes ☐ No ☐ If Yes, provide the name(s) of investment providers for each loan. Loan 1: _____ Loan 2: _____

Have you ever defaulted on a 403(b) or 457(b) loan? Yes ☐ No ☐ If yes, you are no longer eligible to take a loan.

☐ **Distribution Request** Indicate distribution type below.

Account Type: 403(b) ☐ Investment Provider: _____

☐ Financial Hardship – Substantiation documentation must accompany this request for approval.

☐ Required Minimum Distribution (RMD)

☐ Qualified Domestic Relations Order (QDRO)

☐ Cash Distribution or Rollover

☐ Separation from service – Date of separation _____

☐ Age 59 ½ – Date of birth _____

☐ Disability – Must be eligible to collect a pension from the state to qualify.

☐ Purchase Service Credit from my State Retirement System

Please forward all paperwork regarding this transaction to:

☐ According to instructions on investment provider forms

☐ Special Instructions – Attn: _____ Address: _____ Fax: _____

Signature of Employee _____

Date (mm/dd/yyyy) _____

Submit completed form along with all investment provider paperwork pertaining to this request to:

MidAmerica Administrative & Retirement Solutions, Inc.

DEPT: 403bTPA

402 South Kentucky Avenue, Suite 500, Lakeland, FL 33801

Fax: 863-688-4466