

MAKING CHANGES TO YOUR 403(b) OR 457(b) ACCOUNTS ONLINE – NO PAPERWORK NEEDED

This procedure will allow you to start, stop, or resume contribution to your 403(b), ROTH 403(b) or 457(b) Accounts. **YOU MUST ALREADY HAVE CREATED SUCH AN ACCOUNT AS AN FUHSD EMPLOYEE.**

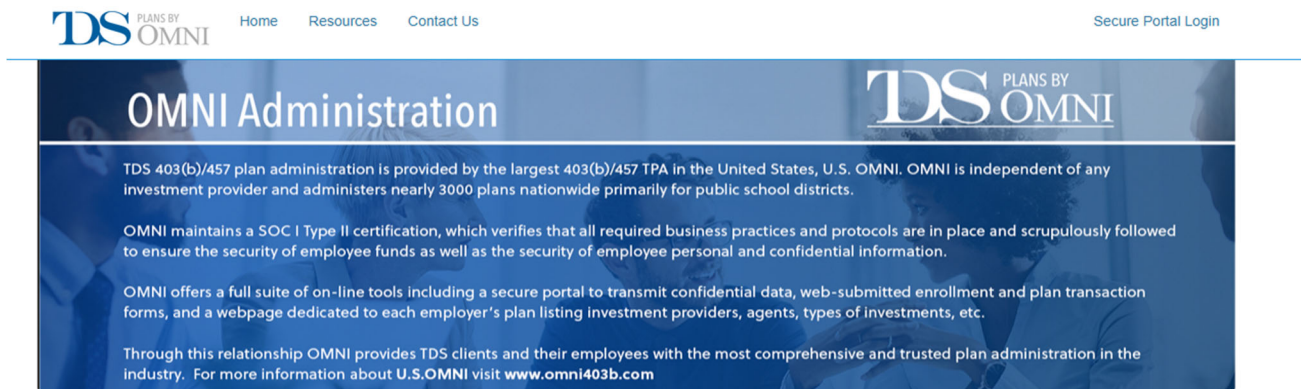
The enhanced functionality with the TDS online systems allows you to go to their website and complete online forms to initiate any change to your TSA (403b, ROTH 403b, or 457b). Once the online form is submitted, it is uploaded directly into TDS’s approval system, where they will check to see if the account is valid, open for contributions, or if the change will keep you in compliance with legal requirements.

You no longer have to download forms, complete them and submit them to Payroll or Benefits to make changes to your contribution amount. You can now make use of the online functionality to save time and reduce mistakes.

To access TDS’s online system, simply copy/paste the following web address into your browser:

<https://www.tdsplans.org>.

NOTE: You cannot contribute from your FUHSD check to any account that you had previously set up with a former employer. You can only contribute from your FUHSD paycheck to TSA accounts that you created while you were already an FUHSD employee.



TDS PLANS BY **OMNI** Home Resources Contact Us Secure Portal Login

OMNI Administration

TDS 403(b)/457 plan administration is provided by the largest 403(b)/457 TPA in the United States, U.S. OMNI. OMNI is independent of any investment provider and administers nearly 3000 plans nationwide primarily for public school districts.

OMNI maintains a SOC I Type II certification, which verifies that all required business practices and protocols are in place and scrupulously followed to ensure the security of employee funds as well as the security of employee personal and confidential information.

OMNI offers a full suite of on-line tools including a secure portal to transmit confidential data, web-submitted enrollment and plan transaction forms, and a webpage dedicated to each employer’s plan listing investment providers, agents, types of investments, etc.

Through this relationship OMNI provides TDS clients and their employees with the most comprehensive and trusted plan administration in the industry. For more information about U.S.OMNI visit www.omni403b.com

Getting Started

To view forms and other plan information specific to your organization, select your state then begin typing the name of your employer into the Employer Name field. When the name of your employer appears in the options area, click on its name to select it.

EMPLOYER STATE: EMPLOYER NAME:

California

From this page, above, select the state of CA from the drop-down menu. Type in “Fremont Union High School District” in the EMPLOYER NAME field, and then click on “Show Details.”

A new page will load:

403(b) Plan

457(b) Plan

Current Status: Active

[View Plan Summary](#)

Salary Reduction Agreement Forms (SRA)

[403\(b\) Online SRA](#)

[403\(b\) Downloadable PDF SRA](#)

PLEASE NOTE: Return this form as instructed within. To utilize the full functionality available within this PDF form, Adobe Acrobat is recommended. If using Chrome as your web browser, you will need to save the form and open in Adobe Acrobat prior to completing it electronically.

Plan Transaction Forms

[403\(b\) Transaction Overview | Upload Supporting Files](#)

[403\(b\) Online Hardship Form](#)

[403\(b\) Online Loan Form](#)

[403\(b\) Online Other Disbursement Form](#)

403(b) Service Based Catch-Up

[Online Request Form](#)

[Downloadable PDF Version](#)

403(b) Providers

- American Century Services LLC
- American Fidelity Assurance Co.
- American Funds Service Company
- American United Life Ins Co 1
- Americo Financial Life/Annuity
- Ameriprise Financial/RiverSource
- Aspire - IPX
- Brighthouse Life Ins (MetLife CT/Travelers)
- California Teachers Association (CTA)
- CalSTRS Pension 2 (VOYA)
- Corebridge Financial (formerly AIG/VALIC)
- Equitable (formerly AXA)
- Fidelity Management Trust
- Fiduciary Trust Co. of New Hampshire (Formerly Waddell & Reed)
- Fiduciary Trust Intl-Franklin Templeton
- Global Atlantic Financial Group
- GLP & Associates
- Great American Insurance Group **
- GWN/Employee Deposit Acct
- Horace Mann Life Ins. Co.
- Industrial Alliance Ins & Fin. Serv. Inc
- Invesco OppenheimerFunds
- Jackson National Life III
- Lincoln Investment Planning
- Lincoln National
- MetLife
- Midland National Life Insurance
- Modern Woodmen of America

From this page, look at the top-left corner and spot two tabs: “403(b) Plan” and “457(b) Plan. Make sure you are on the correct tab for the type of plan that you’re about to update. If you are attempting to update a 403(b) contribution or a ROTH 403(b) contribution, you should make sure the “403(b) Plan” tab is selected, which it should be by default. If you’re trying to update a 457(b) account, then you would click on the tab labeled “457(b) Plan.”

Look on the left side of the screen for a link that’s labeled “403(b) Online SRA” if you’re on the 403(b) side, or “457(b) Online SRA” if you’re on the 457(b) side. Click that link, and a new page will load.

403(b) SALARY REDUCTION AGREEMENT FORM

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 this form before submitting.
- Fields having a red asterisk notation are required.

IMPORTANT NOTICE: Before You Sign, Read All Information on this form:

The Salary Reduction Agreement is used to establish, change, or cancel elective deferrals withheld from your paycheck either before tax or after tax and contributed to an account within the employer-sponsored 403(b) Plan on your behalf. Unless utilizing the catch-up provisions, your Maximum Allowable Contribution ("MAC") cannot exceed \$23500 (\$31000 if age 50 or over) for 2025.

Please supply the information requested below. All fields marked with a red asterisk are required.

Part 1: Employer Information

*Employer Name: Date of Hire: (MM/DD/YYYY)

BEFORE CONTINUING: Please verify that you have selected the correct Employer. If the Employer shown is not correct, please return to the main page and select your correct Employer.

Part 2: Employee Information

Please check here if you have contributed to another 403(b), 401(k) or 401(a) plan this calendar year.

* Social Security Number: (9 digits, no dashes or spaces)

* First Name: MI: * Last Name: Maiden or Former Name:

* Address:

* City: * State: * Zip (5 digits or 5-4 digits):

* Date of Birth: (MM/DD/YYYY) * Phone: * Email address: * Re-enter Email address:

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

PART 1: EMPLOYER INFORMATION: Enter your Date of Hire. If you do not know it, you can contact Payroll, Benefits, or HR to get this information.

PART 2: EMPLOYEE INFORMATION: This part is pretty self-explanatory and you shouldn't have any trouble with it. Enter your personal information as requested, and remember to provide a good email address where your confirmations will be sent. It's VITALLY IMPORTANT that you get your information, especially your SSN, entered correctly.

PART 3: CONTRIBUTION INFORMATION: Check the box next to "Begin or Change Contributions to a 403(b) Account" (It will say "457(b) Account" if you're on the 457(b) side).

Part 3: Contribution Information

Begin or Change Contributions to a 403(b) Account

One Time Contributions to a 403(b) Account

Cancel all contributions to my 403(b) account. I understand that I may participate in the future by filling out a new Salary Reduction Agreement form.

When you click that box, the selection will expand to offer you more fields to fill in.

Part 3: Contribution Information

Begin or Change Contributions to a 403(b) Account

WARNING!!

Any contributions listed will supersede all current recurring contributions to your employer's 403(b) plan administered by Tax Deferred Solutions. 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.

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

	*Plan Type	*Investment Provider Name	403bCompare Number	*Effective Date	*Amount Per Pay	Account Number
1.	<input type="text"/>	<input type="text" value="Please select a Service Provider"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text" value="Please select a Service Provider"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text" value="Please select a Service Provider"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text" value="Please select a Service Provider"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text" value="Please select a Service Provider"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

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

*New 403(b) accounts must have a 403bcompare.com number listed

** 403(b) account must be established PRIOR to submitting a Salary Reduction Agreement

In the steps that follow, you'll be filling in at least the first row of that table.

PLAN TYPE = Set to the type of account you are trying to change, either 403(b), or ROTH 403(b), or 457(b).

INVESTMENT PROVIDER NAME = Select the name of your Investment Provider (Vanguard, Fidelity, National Life Group, etc) from the drop-down list.

403bCOMPARE NUMBER = This field may auto-fill when you select your Investment Provider Name, but if it does not, then leave it blank.

EFFECTIVE DATE = You must have this entire procedure completed by the 15th of the month to have the best chance of your change being reflected on the next payroll check. If you are completing this procedure between the 1st and 15th of the month, use the current date as your "EFFECTIVE DATE." If you are filling out this form between the 16th and last day of the month, then it's too late to make that month's payroll, and you should use the FIRST DAY OF THE NEXT MONTH as your "EFFECTIVE DATE."

AMOUNT PER PAY = How much money would you like deducted from each paycheck? You must enter a dollar amount, not a percentage.

ACCOUNT NUMBER = If you know the account number for your 403(b), ROTH 403(b), or 457(b) account, enter it here. If you do not know it or cannot find it, enter you SSN here instead.

A SPECIAL NOTE TO THOSE WHO HAVE MORE THAN ONE ACTIVE ACCOUNT:

If you have MORE THAN ONE ACTIVE 403(b) account, including any ROTH accounts, then you must include ALL of your accounts and contribution amounts for all those accounts on subsequent rows of the table above, even if you are not changing them all. The notes in red above the table, indicate that every SRA form you submit will completely supersede all previous SRA forms that you filled out before it. So any account that you fail to mention in the table above will have its contributions STOPPED.

For example, if you have a Fidelity 403(b) and a Vanguard 403(b), and you are contributing to both of them but you want to change the amount of ONLY the Fidelity 403(b), you still must include the Vanguard 403(b) account information on your online form along with your desired contribution to that account (even if it's not changing), or your Vanguard contributions will be stopped. ANY 403(b) account you created as an employee of FUHSD will have its contributions stopped if an SRA is submitted without providing that account's information, including the desired contribution amount.

If you have more than one 457(b) account, the same restrictions apply.

PART 4: EMPLOYEE AGREEMENT AND IMPORTANT INFORMATION

Part 4: Employee Agreement and Important Information

By signing this Agreement, Employee agrees to modify his/her salary as indicated and Employer agrees to contribute this amount on Employee's behalf into the 403(b) annuity(s) or custodial account(s) selected by Employee and authorized by Employer under the Employer's 403(b) Plan. Employer agrees to properly identify pre-tax 403(b) contributions and after-tax Roth contributions for proper allocation to segregated accounts by the investment providers. It is intended that the requirements of all applicable state and federal tax rules and regulations (Applicable Law) will be met. Employee understands and agrees that this Agreement:

- Is legally binding and irrevocable with respect to amounts paid or available while it is in effect and is effective only for amounts not yet earned or made available.
- 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 salary reduction agreement is submitted.
- Supersedes all prior 403(b) salary reduction/amendment agreements and shall automatically terminate if employment with the Employer is terminated.

Employee further understands and agrees that Employee:

- Is responsible for notifying TDS if the Employee is currently contributing to another 403(b), 401(k) or 401(a) at the time this salary reduction agreement is signed. Furthermore, the Employee agrees to notify TDS in the event the Employee begins to contribute to another 403(b), 401(k) or 401(a) plan.
- Is responsible for determining that annual salary reduction contributions to all elective deferral plans do not exceed the limits of the Applicable Law.
- Is responsible for identifying that portion of his/her contribution which is a Roth 403(b) contributions and which portion is a pre-tax 403(b) contribution so that investment providers can properly segregate contributions or apply separate accounting to independently track and monitor each type of contribution.
- Is responsible for the accuracy of the information provided by Employee, which may be used in determining Employee's maximum annual contribution limit.
- Is solely responsible for any losses suffered by Employee that result from his/her participation in the 403(b) plan and that Employer has no liability for investment performance of

Read the important information, then scroll down to the bottom. Re-enter your SSN, and click CONTINUE.

That's it! You're done. If your changes are approved, the Benefits desk will receive confirmation around the 20th of the month.