

CRIDER INSURANCE SERVICES, INC.

THIRD PARTY ADMINISTRATORS

P.O. Box 34507 Fort Worth, TX 76162

817-735-8304 817-735-8301 (FAX) 1-800-466-2324 (TOLL FREE) email: criderins@aol.com

To: Yorktown ISD Employees, 403(b) and 403(b)(7) agents/representatives

Re: Procedures and Forms

With the new 403(b) regulations are new requirements for establishing, stopping, or changing a 403(b), 403(b)(7) contribution. Forms required for transactions are as follows:

- Salary Reduction Agreement,
- Maximum Annual Contribution worksheet, and
- Uniform Disclosure form (annuities only). Investments other than annuities do not require the Uniform Disclosure form.
- **Vendor companies must have a signed Investment Service Provider form on file with Crider Insurance Services, Inc. for the district to enter into a Salary Reduction Agreement with the vendor company.** Companies that are not listed as participating companies (see last page) must complete this form before the District will process the Salary Reduction Agreement. A copy is available at www.cridersins.com, click on forms, then Investment Service Provider agreement.

These forms and a copy of the application/enrollment form are required items in order to process the request. Forms can be obtained from our website, www.cridersins.com. Click on forms, then Yorktown ISD.

Only products that are approved and appear on the Teacher Retirement System of Texas (TRS) list of vendor companies or companies which were grandfathered in June 2002 are eligible to receive employee contributions. A complete list of approved vendor companies is on the TRS web site, www.trs.state.tx.us.

The completed forms need to be mailed, faxed, or scanned and emailed to:

Crider Insurance Services, Inc.

P.O. Box 34507

Fort Worth, TX 76162

800-466-2324 FAX: 817-735-8301

criderins@aol.com

If faxing copies to Crider Insurance Services, Inc., the originals are to be sent to:

Ms. Tiffany Burt

Yorktown ISD

331 West Main

Yorktown, TX 78164

IMPORTANT Yorktown ISD does not allow 403(b) Roth or transfers. Under the new IRS regulations for loans, hardship withdrawals, exchanges, or any distribution of assets, a transaction form must be completed and approved by the district before any action on the request can take place. The form is available at www.cridersins.com

Contact Andy Crider at Crider Insurance Services, Inc., 800-466-2324 if you have any questions.

**YORKTOWN ISD
403(b) VENDOR STATUS AS OF MARCH 1, 2018**

<u>COMPANY NAME</u>	<u>STATUS</u>
Life of the Southwest Insurance Company	1
Lincoln National Life Insurance Company (Lincoln Financial)	1
ING/Reliastar Life Insurance Company	1
Variable Annuity Life Insurance Company (VALIC)	1

(1) Designates companies which have signed Information Sharing Agreements, accept new participants and continuing contributions from current participants under the 403(b) plan.

**COMPANIES EXITING 403(b) MARKET OR NON-RESPONSIVE
TO INFORMATION SHARING REQUEST**

American Fidelity Assurance Company	2 Current participants may continue deposits, no new accounts after 12/31/2008.
AVIVA Life Insurance Company	2 Exiting 403(b) market, continue to accept deposits for current participants, no new accounts after 12/31/2008
CUNA Mutual Insurance Society	2

(2) Designates companies that will be eligible for exchanges only after 01/01/09. Employees who are currently contributing to these companies must consider other alternatives from the list above or from TRS certified companies which meet the new 403(b) regulations and complete an Information Sharing Agreement.

NOTES:

1. American Fidelity Assurance Company is a grandfathered company, only current participants may continue monthly contribution, closed to new participants.
2. AVIVA Life Insurance Company – Exiting market, will continue to accept monthly contributions from current participants, closed to new participants.
3. Non-Responsive companies will be considered for exchanges only. No new contributions may be made to these accounts after 12/31/08.

To add a new vendor company:

- The company must be a TRS certified company
- The company must complete an Investment Service Provider or Information Sharing Agreement prior to being added to the plan.
- See instructions at www.cridersins.com, forms – click on YORKTOWN ISD

**ADMINISTRATION AND SOLICITATION RULES
FOR
YORKTOWN INDEPENDENT SCHOOL DISTRICT
403(b) PLANS**

Listed below are the rules that **YORKTOWN Independent School District** (the "District") has approved which apply to Annuity or Investment Products ["403(b) Plans"] which qualify under the Internal Revenue Code (IRC) 403(b) in the District. Sales Representatives must agree to these rules.

IT IS VERY IMPORTANT THAT EACH COMPANY AND SALES REPRESENTATIVE READ ALL OF THESE RULES AND UNDERSTANDS THEM. FAILURE TO ABIDE BY THESE RULES WILL RESULT IN A DELAY IN SETTING UP YOUR CUSTOMERS' PAYROLL CONTRIBUTIONS, DELAYS IN PROCESSING YOUR COMPANY'S ONGOING PREMIUMS, AND/OR LIABILITY FOR YOUR COMPANY.

These rules are to protect the District from any activity which creates any liability for the District or the employees and to provide uniformity of administration of the 403(b) Plans at the lowest possible cost and least interruption of instructional programs while providing important benefits to as many employees as possible.

1. **Product Approval** -- 403(b) and 403(b)(7) products must be approved by the Teacher Retirement System of Texas which are automatically approved for presentation to the district.
2. **Compliance** -- Each approved Insurance and Investment Company is expected to be familiar with all applicable federal and state laws and regulations that apply to the 403(b) Plans. If the Company is offering products its Agents are expected to be knowledgeable with the Internal Revenue regulations applicable to the Plan and further that all activities related to the sale of products do not cause a compliance problem for the District.
3. **Sales Representatives** -- Each approved Company is responsible for the activities of its Sales Representatives and any compliance problems that these Representatives may cause for the District or its Employees. If there is evidence of activities by a Company or its Representatives that could result in compliance problems, the Company will be notified in writing. Failure to take substantive measures to correct such problems will result in suspension of the Company's right to market products and, ultimately, permanent revocation of the Company's authorization to market its products within the District.
4. **Agreements** -- Each Sales Representatives must sign ALL required agreements with the District and Crider Insurance Services, Inc. (CIS). These will be enforced if liability develops for the District, any of its employees or CIS. Such liabilities include activities of Sales Representatives (Agents), whether committed with or without the knowledge of the Company, and whether or not the Representative is employed or contracted with the Company when the activity is discovered.
5. **Brochures and Literature** -- All literature presented to Employees must be accurate and complete. The Sales Representative and Company are responsible for the content, errors of omission, incomplete or incorrect statements, and/or misleading statements. Incomplete, inaccurate, or misleading information presented to an Employee will be considered a Compliance violation.
6. **Processing Applications/Enrollment Forms** -- Each approved Company's application must be submitted directly to the Company by its Sales Representative (Agent). A copy of the application, Salary Reduction Agreement, Maximum Annual Contribution worksheet and Uniform Disclosure form must be provided to CIS prior to or at the same time as the application is submitted to the Company.
7. **Payroll Deduction Deadline** -- All application forms, payroll authorization forms, additions or deletions coverage change forms must be submitted at least four weeks prior to the payroll date for the first deduction from the Employee's paycheck.

**ADMINISTRATION AND SOLICITATION RULES
FOR
YORKTOWN INDEPENDENT SCHOOL DISTRICT
403(b) PLANS**

8. **Processing of Employee Payments/Contributions** – List billings from the Company shall be directed to YORKTOWN ISD, unless otherwise directed.

9. **Solicitation** -- Sales Representatives (Agents) may not contact District employees during the working hours unless provided prior written permission by the District. No sales literature, material or sales information may be distributed to Employees at District facilities or via inter-school mail, except by prior written authorization from the District. Any contact with Employees at District facilities or distribution of materials without prior approval will be considered a violation of the Administration and Solicitation Rules.

10. **Enrollment Dates** -- The District allows eligible employees to enroll 403(b) and/or 403(b)(7) plans continuously during the year. Deductions will begin on the first payroll date following the enrollment date for Employees whose forms are submitted in compliance with these rules.

Any violation of these administration and solicitation rules may result in forfeiture of the Sales Representative/Agent and/or or the Company opportunity to offer 403(b) Plans. Additionally, violation of these rules may result in liability for the Sales Representative and/or the Company.

FOR MORE INFORMATION CONTACT:
Crider Insurance Services, Inc.
800-466-2324 FAX: 817-735-8301

FIRST, IDENTIFY VENDOR COMPANIES APPROVED BY YOUR EMPLOYER

Some Districts do not allow all types of transactions call to confirm.

Exchange is moving plan assets from one Vendor Company to another vendor company within the current employer's plan.

Transfer is moving plan assets from a former employer's plan to your current employer's plan.

Rollover is moving plan assets from an employer 403(b) plan to an IRA (must be retired, no longer working for the employer, disabled or have attained age 59 1/2).

HOW TO COMPLETE A 403(b) EXCHANGE, LOAN, TRANSFER, ROLLOVER and/or DISTRIBUTION TRANSACTION



HERE IS HOW TO GET STARTED!

1. To initiate an Exchange, Rollover or Transfer determine the approved vendor companies in the employer's 403b plan.
2. Contact the desired investment provider (or representative) to get the forms you will need to complete in order to move your assets.
3. Contact your current vendor company (or representative) to get the forms you will need from your current provider.
4. Complete the 403b Transaction form found on our web site, www.criderins.com.
5. For other transactions, distributions, hardship withdrawals or any other transaction contact your representative and complete the 403b Transaction form.

See column 3 for instructions for sending forms.

Once you have completed the 403b Transaction form,

- distribution request from your current provider and exchange form for your new provider, and a new
- Salary Reduction Agreement for your new provider, (your representative or provider company can assist with these forms), all items are to be sent to Crider Insurance Services, Inc. for review and approval at the address below.

To initiate contributions:

1. Select approved Vendor Company from list for your district.
2. Open an account by contacting your representative or vendor company.
3. Submit Salary Reduction agreement: (download & complete form from web site).
4. Salary reductions for contributions begin the month specified if received prior to employer's cutoff date.

CIS is an independent company for administrative services. CIS does not market 403(b) products and is not affiliated with any vendor company.

Crider Insurance Services, Inc.

P.O. Box 34507

Fort Worth, TX 76162

800-466-2324 email: criderins@aol.com



Crider Insurance Services, Inc.

- EXCHANGES** (Change of insurance/investment selection within the current employer's 403(b) plan.

Transfer assets from: _____
(name of insurance/investment company)

Transfer assets to: _____
(name of insurance/investment company)

Transfer assets as follows:

- Full Balance
 Partial Balance Amount \$ _____

LOANS

Amount of loan request \$ _____

Current balance in account _____

IMPORTANT: Loan amount may not exceed (A) the lesser of \$50,000 reduced by (1) the highest outstanding balance of loans from the plan during the one year period ending on the day before the date on which loan was made or (2) the outstanding balance of loans from the plan on the date on which such loan was made with this employer or any related employer) or (2) the greater of 50% of present value of the nonforfeitable accrued benefit (surrender value) under the plan, or \$10,000.

Insurance/investment company where current 403(b) and/or 457 accounts are with this employer:

Have you ever take out a 403(b) or 457 loan with current employer?

Yes No

If yes, what is the name(s) of the company(ies)?

Is there a balance still due on loans with current employer? Yes No

If yes, what is the current balance due on the loan? _____

Is there a balance still due on loans with former employers? Yes No

If yes, what is the current balance due on the loan? _____

Have you ever defaulted on a 403(b) or 457 loan? Yes No

If yes, what is the name of the company? _____

I have outstanding loans from other retirement plans. Yes No

If yes, please list below:

WITHDRAWALS/DISTRIBUTIONS

- Financial Hardship -- Documentation, including receipts to verify the hardship need and amount requested must be submitted. By completing this request, I certify that I have exhausted all other financial resources available to me.

You must take the maximum loan available to you before taking a Hardship Withdrawal if loans are allowed by your employer's Plan and your vendor company.

Reason for hardship:

- Deductible Medical Expense in excess of 7.5% of gross income
- Casualty loss of principal residence
- Purchase of principal residence
- Funeral expense for immediate family
- Prevent eviction from principal residence
- Post secondary education, tuition, room and board or related fees

If hardship withdrawal is taken, IRS regulations prohibit contributions to this Plan or any other plan your employer sponsors for six months following the Hardship withdrawal

- Disability – Permanent disability as defined in IRC Section 72(m)(7) – Physician verification required
- Required Minimum Distribution (RMD)
- Normal Distribution – Please circle the appropriate item
Severance from employment
Attained age 59 ½ or older or
Other reason not listed (please explain _____).

ROLLOVER CONTRIBUTION

Reason for rollover distribution: (check all that apply)

- Age 59 ½ or more
- Disabled
- Severance from employer on _____ (retirement, change of
date
employment, termination)

Rollover assets from: _____
(name of insurance/investment company)

Rollover assets to: _____
(name of insurance/investment company)

Transfer assets as follows:

- Full Balance
- Partial Balance Amount \$ _____

QUALIFIED SERVICE CREDIT

Moving funds from a 403(b) account to purchase years of service from an approved governmental pension plan.

Move assets from: _____
(name of insurance/investment company)

Move assets to: _____
(name of governmental pension plan)

Move assets as follows:

- Full Balance
 Partial Balance Amount \$ _____

I understand, acknowledge and certify that:

- ◆ _____ Independent School District and/or Crider Insurance Services, Inc. acting in the capacity of Third Party Administrator for 403(b) administration is authorized to review this transaction request.
- ◆ I further have attached documents necessary for the insurance/investment company to process the transaction.
- ◆ I have met the applicable requirements under my prior plan to request a rollover distribution (if applicable).
- ◆ _____ Independent School District and/or Crider Insurance Services, Inc. acting in the capacity of Third Party Administrator for 403(b) administration will determine if the loan feature is available to me (if applicable).
- ◆ I have provided full, accurate and complete information.

_____ Employee (participant) Signature	_____ Date
_____ Authorized Signature _____ Independent School District	_____ Date
_____ Authorized Signature Crider Insurance Services, Inc.	_____ Date

Only one authorizing signature is required for approval. The date signed by the District or by its Third Party Administrator for 403(b) administration shall be the date the transaction is approved.

FAX or email a copy to:
Crider Insurance Services, Inc.
P.O. Box 34507
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800-466-2324 FAX: 817-735-8301
Email: criderins@aol.com

SALARY REDUCTION AGREEMENT

This salary reduction agreement is executed between _____ Independent School District hereinafter referred to as "Employer"

Employee Name: _____	SSN _____	Date of Birth _____	Date of Hire _____
Address: _____		City _____	State _____
		Work Phone _____	Home Phone _____

WHEREAS the Employee wishes to obtain the benefits of (**PLEASE CHECK ONE OF THE ITEMS BELOW**):

Section 403(b) Pre-Tax Roth 403(b) After Tax _____ 457 Deferred Compensation
 403(b)(7) or Pre-Tax Roth 403(b) After Tax

of the Internal Revenue Codes of 1954 and 1974 by participating in either an annuity or custodial account purchase program of the Employer, and WHEREAS the Employer wished to have the Employee receive those benefits.

NOW THEREFORE, in consideration of the mutual promises and conditions appearing below, it is agreed:

1. That as of _____, 20__ (a date following the execution of this agreement) the annual rate of salary otherwise payable to the Employee shall be reduced by \$ _____ (annual election) according to the following schedule at the rate of \$ _____ per month beginning _____, 20__ (or as soon as possible) and thereafter, notwithstanding anything to the contrary contracted by the parties to the agreement.

Present Contribution \$ _____ Increase or New \$ _____ Decrease <\$ _____> = \$ _____
 If none enter "0" MONTHLY CONTRIBUTION

2. That the Employer will apply the amount of the salary reduction described in #1 to the purchase of a nonforfeitable contract for the Employee from:

_____	_____	_____	Circle One: New Increase Decrease Stop Restart
Company Name	Monthly Contribution	TRS Product Type/ID# & Investment Option	
_____	_____	_____	Circle One: New Increase Decrease Stop Restart
Company Name	Monthly Contribution	TRS Product Type/ID# & Investment Option	

3. That it is understood and agreed between the Employer and the Employee that such contract is to be purchased at the request of the Employee under a program adopted by the Employer and that the Employee hereby accepts the provisions of that program, and that the Employer neither guarantees such contract nor warrants adopted payroll procedures respecting same.

4. That this agreement is legally binding and irrevocable with respects to the amounts earned while it is in effect, and shall terminate upon the surrender of such contract by the Employee. That the employee is responsible for the accuracy of the excludable amounts stated in the agreement. Any overstatement may result in additional taxes, interests and penalties to the Employee.

5. That no provision of this agreement shall affect the Employer's right to discharge the Employee, with or without cause, and each party to the agreement expressly reserves the right to terminate said agreement upon giving 30 days written notice to the other party.

_____	_____	_____	_____
Agent Name Printed	Agent Signature	Date	Agent Telephone Number
_____	_____	_____	
Employee's Name Printed	Employee's Signature	Date	

CIS041509R

Employer Use Only
Approved by _____
Date _____

403(b), 403(b)(7) or 457 PLAN MAXIMUM ANNUAL CONTRIBUTION WORKSHEET

EMPLOYER NAME _____ Work Location _____

To determine the **Annual 403(b), 403(b), and/or 457 Maximum Contribution** enter the appropriate information below:

1. Enter your gross annual salary\$ _____

2. **Basic Limit (lesser of Line 1 or basic maximum limit below)**

	<u>Year</u>	<u>Basic Maximum Limit</u>	<u>Educators with 15+ Years With Current Employer (402g limit)</u>
A.	2016	\$18,000	\$21,000
B.	2017	\$18,000	\$21,000
C.	2018	\$18,500	\$21,500

3. **Catch up provision for persons Age 50 and older**

	<u>Year</u>	<u>Basic Limit</u>	<u>Additional Amount</u>	<u>Total Annual Maximum Age 50 and Over</u>	<u>Educators Age 50+ with 15+ years Current Employer (402g Limit)</u>
A.	2016	\$18,000	\$5,500	\$23,000	\$26,000
B.	2017	\$18,000	\$6,000	\$24,000	\$27,000
C.	2018	\$18,500	\$6,000	\$24,500	\$27,500

4. **Maximum Annual Contribution must be lesser of Line 1, Line 2 or Line 3 (age 50 and over). The lifetime maximum 402g limit is \$15,000. Excess contributions may incur tax penalties.**

<u>Year</u>	<u>Annual Maximum Contribution</u>	<u>Monthly Contribution</u>
2016 (Enter amount you qualify for from Line 1, 2A or 3A)	_____	_____
2017 (Enter amount you qualify for from Line 1, 2B or 3B)	_____	_____
2018 (Enter amount you qualify for from Line 1, 2C or 3C)	_____	_____

Employee Name (Printed or Typed) Age Date of Birth

Signature Date

Agent/Representative Signature Company Date

All calculations on this worksheet constitute the maximum that may be contributed to the aggregate of all 403(b) plans as of 01/01/12. Current amounts reflected may be subject to future legislative change and/or IRS interpretations. All calculations on this worksheet are based on the information provided by you, the Client. This form should not be construed as legal or tax advice. You should consult your tax professional or tax attorney if you have any questions. Maximum Annual Contribution limits 01/01/15 – 12/31/15.