



**Employee Instructions:**

1. Complete the Employee sections regarding "Name", "Email Address", "Mailing Address" and "Work Location". Select the number of payrolls \* that you, the employee, receive during a calendar year.
2. Enter your "I.D. Number" and/or "Social Security Number" in the boxes provided.
3. Mark the box that corresponds with the type of SRA you are submitting: "Original Agreement" or "Amendment to a Previous Agreement".
4. (a) Enter the information for ALL your new and/or existing accounts (you may have only one account or multiple accounts).  
NOTICE: any SRA accounts not listed will be automatically terminated.  
(b) In addition to entering the company name, the employee and/or agent MUST fill in the correct corresponding Assigned Payroll Slot Code (if applicable) on the SRA list available with this SRA or online at [https://www.tsacg.com/employee\\_site/districts](https://www.tsacg.com/employee_site/districts)  
(c) Enter the salary deduction amount (dollar amount) you wish to be withheld from your payroll.  
(d) Enter the month or payroll date that you wish your elections (new account or amendment) to be effective.  
(i) If effective payroll date is blank, changes will take effect the next processing period after date of receipt of this form by TSACG.  
(e) If this SRA is being submitted to terminate a current salary deduction, please list the company name to be terminated and indicate "Terminate Deduction" in the space provided (check box).  
(f) Total the dollar amount for all contributions and enter the total in the box provided.
5. Complete this section for unused sick leave payout ONLY.
6. Provide agent name and telephone number, if applicable.
7. Sign and date the agreement. Please provide a telephone number where you can be reached during business hours.
8. Mail the completed original signed agreement to:  
TSA Administration Services, Attn: SRA Processing Department, P.O. Box 4037, Fort Walton Beach, FL 32549  
or fax the completed form to 1-866-908-7582.