



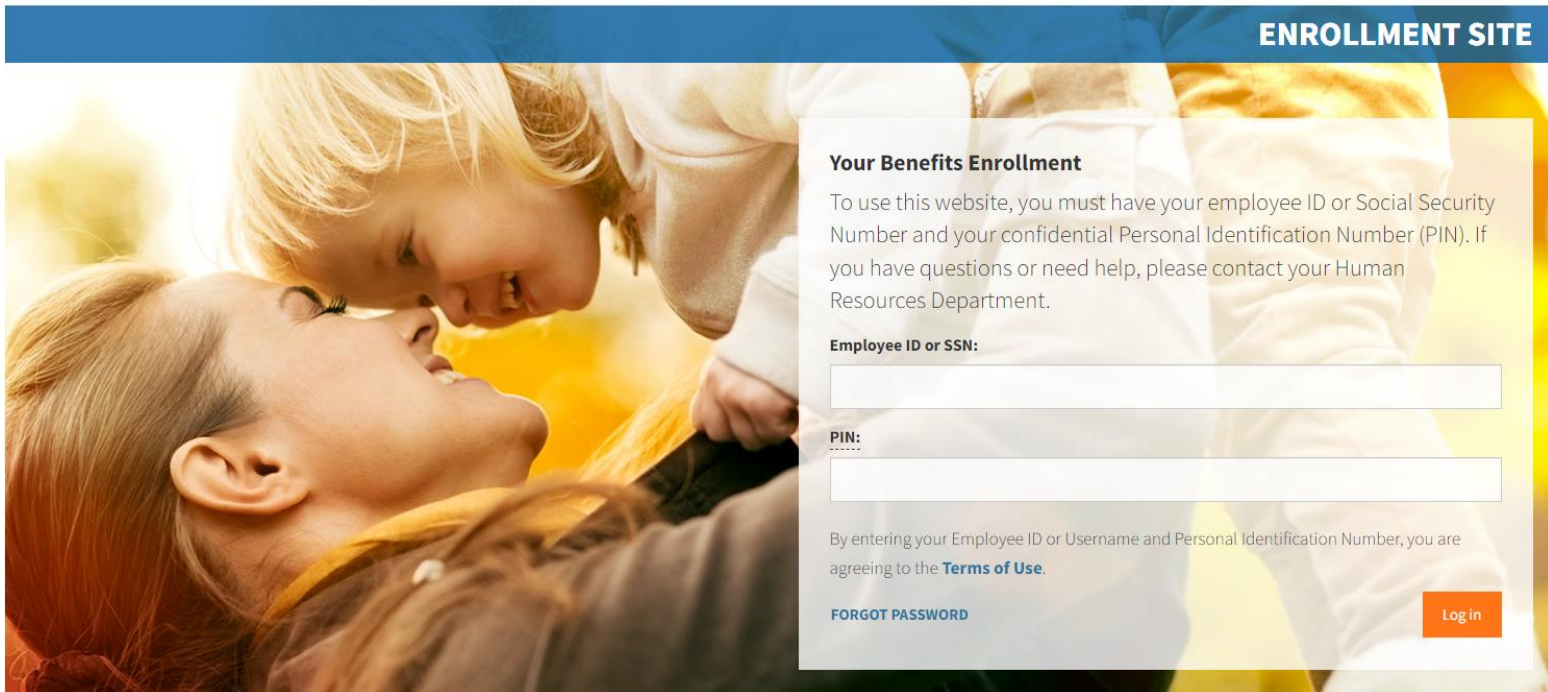
## Step by Step Instructions to View/Print your 2024 Benefit Confirmation

1. Click on the following link (or copy and paste it into your internet browser):

**<https://usrbp.benselect.com/basd>**

**User ID:** Your Social Security Number

**Password (PIN):** Last 4 digits of your Social Security Number followed by the last 2 digits of your birth year.

A background image showing a woman with long brown hair smiling up at a young child with blonde hair who is leaning over her.

**ENROLLMENT SITE**

**Your Benefits Enrollment**

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Human Resources Department.

**Employee ID or SSN:**

**PIN:**

By entering your Employee ID or Username and Personal Identification Number, you are agreeing to the [Terms of Use](#).

[FORGOT PASSWORD](#) [Log in](#)

2. Click under **Sign & Submit** or **Review Forms that I signed**, and a new window should display with the benefit plans; scroll down the page.



(100% Complete)

Home You & Your Family ▾ My Benefits ▾ Sign & Submit

Next >

Welcome Back,

Here is a summary of your current benefit elections:

✓ **Your Benefits**


| Plan  | Benefit                       | Cost per Paycheck | Coverage Termination Date |
|---|-------------------------------|-------------------|---------------------------|
| <a href="#">Health &amp; Vision</a>                   | PPOSZ233, Emp + Child(ren)    | \$38.00 pre-tax   |                           |
| <a href="#">Prescription</a>                          | RX PPOSZ233, Emp + Child(ren) | \$0.00 pre-tax    |                           |
| <a href="#">Dental</a>                                | Emp + Child(ren)              | \$0.00 pre-tax    |                           |
| <a href="#">Flexible Spending Account</a>             | \$500                         | \$19.23 pre-tax   |                           |
| <a href="#">Employer Paid Life</a>                    | \$200,000                     | \$0.00 after-tax  |                           |
| <a href="#">Universal Life Insurance</a>              | \$150,000                     | \$84.29 after-tax |                           |
| <a href="#">Income Protection Insurance - ER Paid</a> |                               | \$0.00 after-tax  |                           |
| <a href="#">Life - American Fidelity</a>              |                               | \$80.22 after-tax | 12/31/2023                |
|   |                               | \$221.74 total    |                           |

- What would you like to do?
- Change my beneficiary
  - Review forms that I signed
  - Find a document or form
  - Change my PIN

Press *Next* to review personal information and begin enrollment.

Next >

3. Below is a recap of your elections, including dependents info and your named beneficiaries. Scroll down to the bottom of this screen to completed forms and click under Enrollment Confirmation. You may save it as PDF or print it!



(100% Complete)

HomeYou & Your FamilyMy BenefitsSign & SubmitLogout

## Sign/Submit Complete

**Congratulations!**  
Your enrollment is now complete. You may log in to the system at any time during the year to review your benefit elections.

### Recap of Your Elections

Listed below is a recap of your elections including who is covered under each benefit plan and your named beneficiaries. **Scroll down to the bottom of this screen to view a list of your completed enrollment forms.**

✓ Health & Vision

#### Enrollment Details

Product Name: PPOS2233  
Coverage Level: Employee + Children

| First Name | MI | Last Name | DOB        | Sex | Relationship |
|------------|----|-----------|------------|-----|--------------|
|            | T  |           |            | F   | Employee     |
| Zackary    |    | Male      | 12/21/2006 | M   | Child        |

✓ Prescription

#### Enrollment Details

Product Name: RX PPOS2233  
Coverage Level: Employee + Children

| First Name | MI | Last Name | DOB       | Sex | Relationship |
|------------|----|-----------|-----------|-----|--------------|
|            | T  |           | 8/20/1974 | F   | Employee     |
|            |    | Male      |           | M   | Child        |

✓ Dental

#### Enrollment Details

✗ 20 Year Term Life Insurance

You have elected to WAIVE coverage under this plan.

✗ 10 Year Term Life Insurance

You have elected to WAIVE coverage under this plan.

✓ Income Protection Insurance - ER Paid

#### Enrollment Details

| Person Name | Relationship | Description                     | Policy # | Cost   |
|-------------|--------------|---------------------------------|----------|--------|
|             | Employee     | Income Protection Insurance; EO |          | \$0.00 |

✗ Educator Disability

You have elected to WAIVE coverage under this plan.

#### Completed Forms

Following is a list of forms reviewed and/or signed during the enrollment. Click on the form name to view or print.  
Press Logout to exit the website.

| Form Name                              | Date Signed/Reviewed |
|--|----------------------|
| <a href="#">Confirmation Statement</a> | 11/09/2023           |

Return



**Important:**

- You cannot make any changes to your elections in this system.

**Additionally:**

- You can view/print the Benefits Confirmation sheet and contact Kelly Burkholder in HR via email at [kburkholder@basdschools.org](mailto:kburkholder@basdschools.org) with any changes, questions, or discrepancies you see.
- You can visit [Basd.mybenefitsinfo.com](http://Basd.mybenefitsinfo.com) or request the Carriers' contact information from HR and contact them directly if you have additional questions about ID Cards or if the member ID # is needed to start making doctor's appointments.