

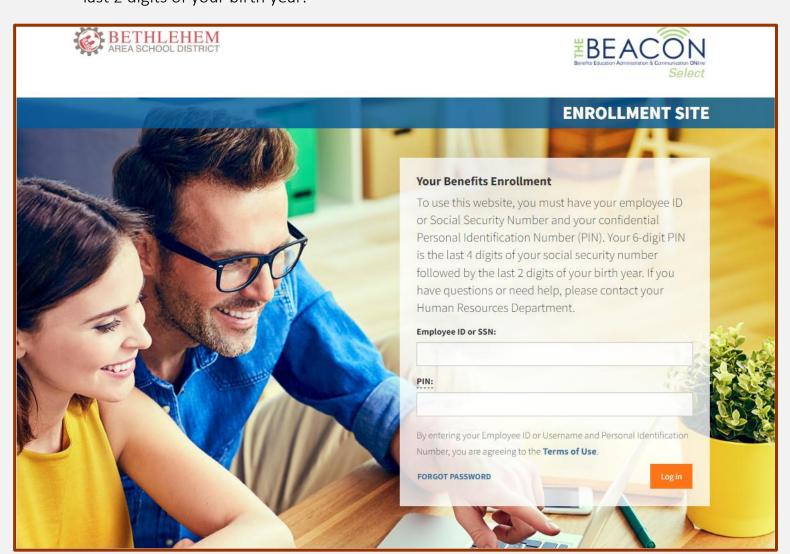
Instructions to Self-Enroll Your Benefit Elections:

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

https://usrbp.benselect.com/basd

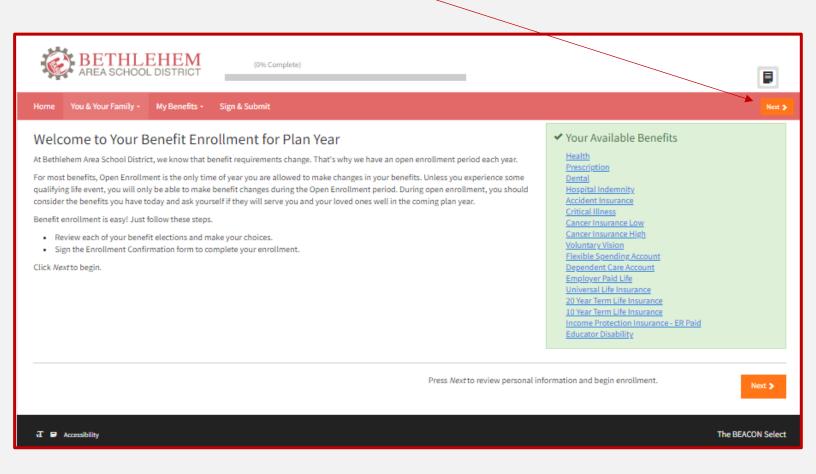
User ID: Your Social Security Number

<u>Password (PIN):</u> The Last 4 digits of your Social Security Number followed by the last 2 digits of your birth year.





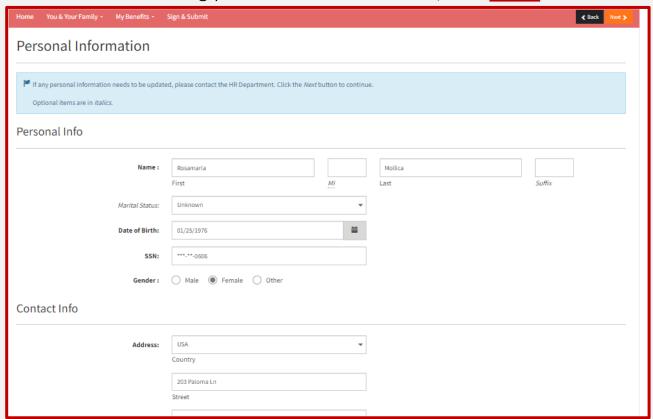
2. Click under <u>NEXT</u> to Review/ Update your personal information, including your home address and contact information.



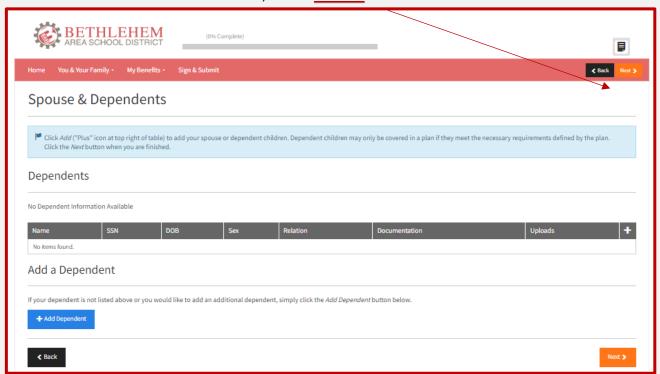
This site is available 24/7 to make changes on your benefits during active enrollment. However, after Open Enrollment ends, you cannot modify your elections; you can only update beneficiaries and download your enrollment confirmation statement.



3. After reviewing your Personal Information, click NEXT.

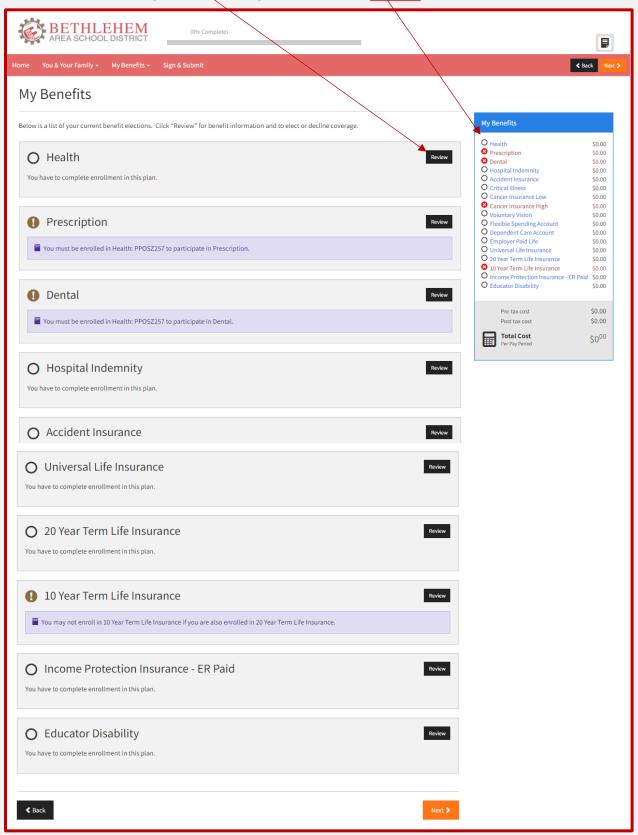


4. (If applicable) Add the **dependents' information**, including the SSN and Date of Birth. Then, click <u>NEXT.</u>





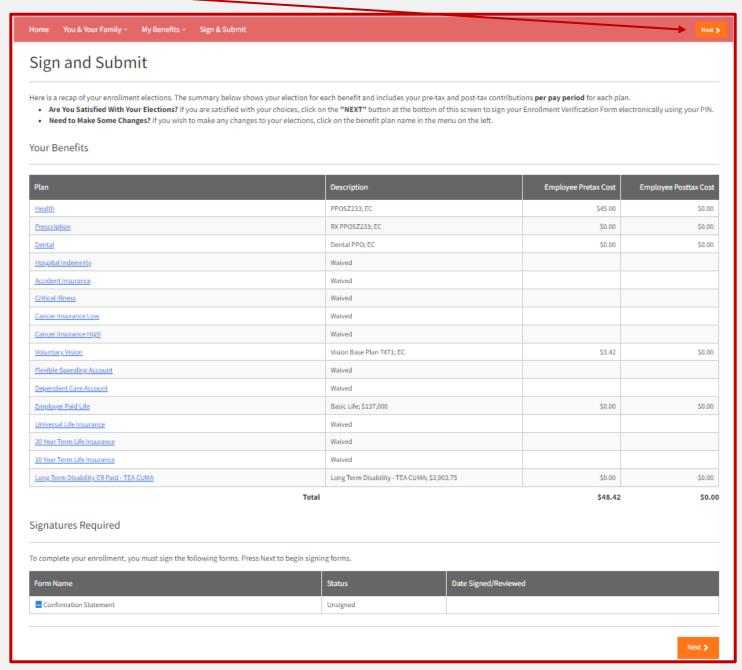
5. Click under <u>Review</u> or the <u>Plan's name</u> to see your benefit options for enrolling or declining. Then, click <u>NEXT.</u>





6. Below is a recap of your elections, including deduction amounts.

Then <u>NEXT_to</u> sign the benefit confirmation sheet utilizing your PIN.



(The last 4 digits of your Social Security Number followed by the last 2 digits of your birth year.)



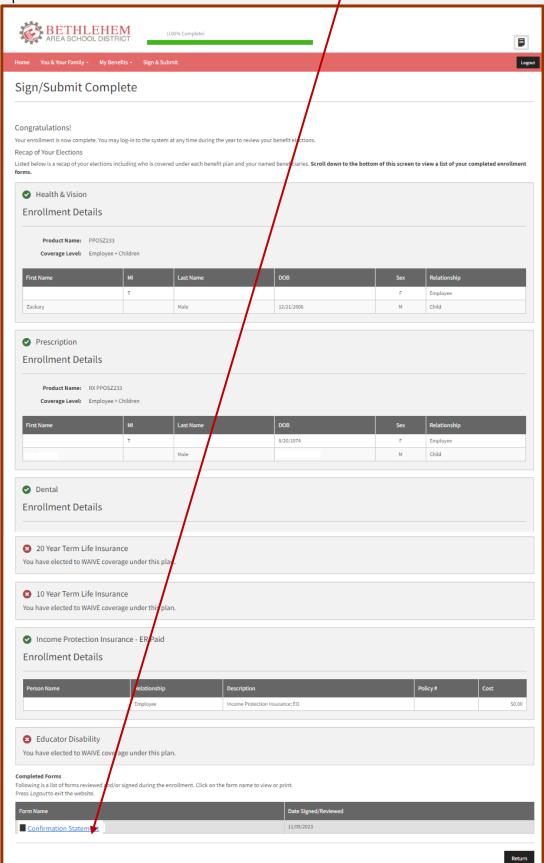
7. Enter your <u>PIN</u> and click under <u>Sign Form</u> to complete the enrollment elections and receive the final 2024-25 benefit confirmation.

Benefit Confirm	nation / Ded	uction	n Au	thori	zation						ition Center
Name	Name Date of Bit		th Home Phone		ne	Work Phone		Address			
John Doe		02/08/1						Bethlehem, PA 180182918			
		Gender F		mail Add	iress			Betnienem, PA 160162916			
0	8/20/2024 F										
Location			Depart	ment				Reason fo	r Completing	g Form	
Education Center			Nitschmann Middle School								
Job Class			Title								
Teacher			Teach	er							
				Ded	Effective	Benefit	Requ	ested	Employe	e Cost	Employer
Benefit Plan	Option		Cvg	Cycle	Date	Amount	Benefit	Cost	Pre-tax	After-tax	Cost
Health	PPOSZ233		EC	26	08/20/2024				45.00	0.00	0.00
Prescription	RX PPOSZ233		EC	26	08/20/2024				0.00	0.00	0.00
Dental	Dental PPO		EC	26	08/20/2024				0.00	0.00	0.00
Hospital Indemnity	Waived										
Accident Insurance	Waived										
Critical Illness	Waived										
Cancer Insurance Low	Waived										
Cancer Insurance High											
Voluntary Vision Vision Base Plan 7471		171	EC	26	08/20/2024				3.42	0.00	0.00
Flexible Spending Account											
Dependent Care Account	Waived										
Employer Paid Life	Basic Life		EO	26	08/20/2024	137,000			0.00	0.00	0.00
Universal Life Insurance	Waived										
20 Year Term Life Insurance 10 Year Term Life Insurance											
Long Term Disability ER Pa		TEACH	EO	26	08/20/2024	3,904			0.00	0.00	0.00
Long Term Disability ER P	a Long Term Disability	y - TEA CO	EO	20	00/20/2024	3,874			0.00	0.00	0.00
								Total:	48.42	0.00	0.00
Page 1 of 2						. ↓				rev. 08	8-19-2021
						•					
							Page 1		▼ Down		

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



8. After entering your <u>PIN</u>, save the <u>benefit confirmation</u> as PDF or print it!





Important:

➤ You cannot make any changes to your elections in this system after Open Enrollment ends.

Additionally:

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

This site is available 24/7 to make changes to your benefits during active enrollment. However, after Open Enrollment ends, you cannot modify your elections; you can only update beneficiaries and download your enrollment confirmation statement.