



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

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



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

BETHLEHEM
AREA SCHOOL DISTRICT

(0% Complete)

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

Welcome to Your Benefit Enrollment for Plan Year

At Bethlehem Area School District, we know that benefit requirements change. That's why we have an open enrollment period each year.

For most benefits, Open Enrollment is the only time of year you are allowed to make changes in your benefits. Unless you experience some qualifying life event, you will only be able to make benefit changes during the Open Enrollment period. During open enrollment, you should consider the benefits you have today and ask yourself if they will serve you and your loved ones well in the coming plan year.

Benefit enrollment is easy! Just follow these steps.

- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

Click *Next* to begin.

✓ **Your Available Benefits**

- [Health](#)
- [Prescription](#)
- [Dental](#)
- [Hospital Indemnity](#)
- [Accident Insurance](#)
- [Critical Illness](#)
- [Cancer Insurance Low](#)
- [Cancer Insurance High](#)
- [Voluntary Vision](#)
- [Flexible Spending Account](#)
- [Dependent Care Account](#)
- [Employer Paid Life](#)
- [Universal Life Insurance](#)
- [20 Year Term Life Insurance](#)
- [10 Year Term Life Insurance](#)
- [Income Protection Insurance - ER Paid](#)
- [Educator Disability](#)

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

Next >

Accessibility

The BEACON Select

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](#).

Home You & Your Family My Benefits Sign & Submit Back Next

Personal Information

If any personal information needs to be updated, please contact the HR Department. Click the *Next* button to continue.
Optional items are in *italics*.

Personal Info

Name :

First MI Last Suffix

Marital Status:

Date of Birth:

SSN:

Gender: ☐ Male ☒ Female ☐ Other

Contact Info

Address:

Country

Street

4. (If applicable) Add the **dependents'** information, including the SSN and Date of Birth. Then, click [NEXT](#).

BETHLEHEM AREA SCHOOL DISTRICT (0% Complete)

Home You & Your Family My Benefits Sign & Submit Back Next

Spouse & Dependents

Click Add ("Plus" icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan. Click the *Next* button when you are finished.

Dependents

No Dependent Information Available

| Name | SSN | DOB | Sex | Relation | Documentation | Uploads | + |
|-----------------|-----|-----|-----|----------|---------------|---------|---|
| No items found. | | | | | | | |

Add a Dependent


If your dependent is not listed above or you would like to add an additional dependent, simply click the *Add Dependent* button below.

[+ Add Dependent](#)

Back Next




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



BETHLEHEM
AREA SCHOOL DISTRICT

(0% Complete)



HomeYou & Your FamilyMy BenefitsSign & Submit

My Benefits

Below is a list of your current benefit elections. Click "Review" for benefit information and to elect or decline coverage.

Health

You have to complete enrollment in this plan.

Review

Prescription

You must be enrolled in Health: PPOSZ257 to participate in Prescription.

Review

Dental

You must be enrolled in Health: PPOSZ257 to participate in Dental.

Review

Hospital Indemnity

You have to complete enrollment in this plan.

Review

Accident Insurance

Review

Universal Life Insurance

You have to complete enrollment in this plan.

Review

20 Year Term Life Insurance

You have to complete enrollment in this plan.

Review

10 Year Term Life Insurance

You may not enroll in 10 Year Term Life Insurance if you are also enrolled in 20 Year Term Life Insurance.

Review

Income Protection Insurance - ER Paid

You have to complete enrollment in this plan.

Review

Educator Disability

You have to complete enrollment in this plan.

Review

My Benefits

☐ Health

\$0.00

☒ Prescription

\$0.00

☒ Dental

\$0.00

☐ Hospital Indemnity

\$0.00

☐ Accident Insurance

\$0.00

☐ Critical Illness

\$0.00

☐ Cancer Insurance Low

\$0.00

☒ Cancer Insurance High

\$0.00

☐ Voluntary Vision

\$0.00

☐ Flexible Spending Account

\$0.00

☐ Dependent Care Account

\$0.00

☐ Employer Paid Life

\$0.00

☐ Universal Life Insurance

\$0.00

☐ 20 Year Term Life Insurance

\$0.00

☒ 10 Year Term Life Insurance

\$0.00

☐ Income Protection Insurance - ER Paid

\$0.00

☐ Educator Disability


\$0.00

Pre-tax cost

\$0.00

Post-tax cost

\$0.00

 **Total Cost**

Per Pay Period

\$0.00

Back

Next



6. Below is a recap of your elections, including deduction amounts.
Then NEXT to sign the benefit confirmation sheet utilizing your PIN.

[Home](#) [You & Your Family](#) [My Benefits](#) [Sign & Submit](#) [Next >](#)

Sign and Submit

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions **per pay period** for each plan.

- **Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- **Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.

Your Benefits

| Plan | Description | Employee Pretax Cost | Employee Posttax Cost |
|---|---|----------------------|-----------------------|
| Health | PPOS2233; EC | \$45.00 | \$0.00 |
| Prescription | RX PPOS2233; EC | \$0.00 | \$0.00 |
| Dental | Dental PPO; EC | \$0.00 | \$0.00 |
| Hospital Indemnity | Waived | | |
| Accident Insurance | Waived | | |
| Critical Illness | Waived | | |
| Cancer Insurance Low | Waived | | |
| Cancer Insurance High | Waived | | |
| Voluntary Vision | Vision Base Plan 7471; EC | \$3.42 | \$0.00 |
| Flexible Spending Account | Waived | | |
| Dependent Care Account | Waived | | |
| Employer Paid Life | Basic Life; \$137,000 | \$0.00 | \$0.00 |
| Universal Life Insurance | Waived | | |
| 20 Year Term Life Insurance | Waived | | |
| 10 Year Term Life Insurance | Waived | | |
| Long Term Disability ER Paid - TEA CUMA | Long Term Disability - TEA CUMA; \$3,903.75 | \$0.00 | \$0.00 |
| Total | | \$48.42 | \$0.00 |

Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

| Form Name | Status | Date Signed/Reviewed |
|--|----------|----------------------|
| <input checked="" type="checkbox"/> Confirmation Statement | Unsigned | |

[Next >](#)

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



BETHLEHEM AREA SCHOOL DISTRICT

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

Review / Sign Forms

ConfirmationStatement SIGNFORMPAGE PLANINSTRUCTIONS

Bethlehem Area School District

Education Center

Benefit Confirmation / Deduction Authorization

| | | | | | |
|--------------------|-----------------------|--------------------------|-----------------------|-------------------|-----------------------------------|
| Name | | Date of Birth | Home Phone | Work Phone | Address |
| John Doe | | 02/08/1 | | | |
| Employee ID | Hire/Elig Date | Gender | E-mail Address | | Bethlehem, PA 180182918 |
| | 08/20/2024 | F | | | |
| Location | | Department | | | Reason for Completing Form |
| Education Center | | Nitschmann Middle School | | | |
| Job Class | | Title | | | |
| Teacher | | Teacher | | | |

| Benefit Plan | Option | Cvg | Ded Cycle | Effective Date | Benefit Amount | Requested Benefit | Cost | Employee Cost Pre-tax | After-tax | Employer 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 | Waived | | | | | | | | | |
| Voluntary Vision | Vision Base Plan 7471 | EC | 26 | 08/20/2024 | | | | 3.42 | 0.00 | 0.00 |
| Flexible Spending Account | Waived | | | | | | | | | |
| 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 | Waived | | | | | | | | | |
| 10 Year Term Life Insurance | Waived | | | | | | | | | |
| Long Term Disability ER Pa | Long Term Disability - TEA CU | EO | 26 | 08/20/2024 | 3,904 | | | 0.00 | 0.00 | 0.00 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total: | | | | | | | | 48.42 | 0.00 | 0.00 |

Page 1 of 2

rev. 08-19-2021

Page 1 [Download Form](#)

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction Confirmation Form** above. Please review it carefully before entering your PIN.


PIN:

Sign Form


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



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

**BETHLEHEM**
AREA SCHOOL DISTRICT

(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: PPOSZ233
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 PPOSZ233
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 |
|--|----------------------|
| Confirmation Statement | 11/09/2023 |

Return



BETHLEHEM

AREA SCHOOL DISTRICT

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 Basd.mybenefitsinfo.com 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.