



**BETHLEHEM**  
AREA SCHOOL DISTRICT

## Instructions to View/Print 24/7 Your Benefits Confirmation:

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

User ID: Your Social Security Number (no dashes)

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

**BETHLEHEM**  
AREA SCHOOL DISTRICT

**THE BEACON**  
Benefits Education Administration & Communication Online  
*Select*

**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). Your 6-digit PIN is the last 4 digits of your social security number followed by the last 2 digits of your birth year. 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](#)

This site is available 24/7 for you to update beneficiaries and download your enrollment confirmation statement throughout the year. Remember, you can modify your benefit elections only during **active** enrollment or if you experience a QLE.



1. Click under [Sign & Submit](#) or [Review Forms that I signed](#), and a new window should display with the benefit plans. Just scroll down the page.

A screenshot of the Bethlehem Area School District (BASD) benefits portal. The header shows the BASD logo and a progress bar at 100% Complete. The navigation bar includes links for Home, You & Your Family, My Benefits, and Sign & Submit. A 'Next' button is visible. The main content area welcomes the user back and provides information about Open Enrollment. A sidebar on the right lists options: Change my beneficiary, Review forms that I signed, Find a document or form, and Change my PIN. The main content area displays a table of current benefit elections. At the bottom, there is a 'Next' button and a footer with accessibility and 'The BEACON Select' information.

**BETHLEHEM AREA SCHOOL DISTRICT** 100% Complete)

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

**Welcome Back,**

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 annual Open Enrollment period.

Here is a summary of your current benefit elections:

✓ Your Benefits Plan	Benefit	Cost per Paycheck	Coverage Termination Date
<a href="#">Health</a>	PPOSZ275, Employee Only	\$26.00 pre-tax	
<a href="#">Prescription</a>	RX PPOSZ275	\$0.00 pre-tax	
<a href="#">Dental</a>	Employee Only	\$0.00 pre-tax	
<a href="#">Hospital Indemnity</a>	Hospital High Plan, Family	\$25.80 pre-tax	
<a href="#">Accident Insurance</a>	Accident High Plan, Family	\$17.37 pre-tax	
<a href="#">Critical Illness</a>	Family - \$25,000	\$16.39 after-tax	
<a href="#">Employer Paid Life</a>	2x annual salary - \$35,000	\$0.00 after-tax	
<a href="#">Educator Disability</a>	\$1,100	\$17.82 after-tax	
		\$103.38 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 >

Accessibility The BEACON Select

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2. Below is a recap of your elections. Scroll down to the bottom of this page to the completed forms and click under **Enrollment Confirmation**. You may save the form as a **PDF** or **print it!**



(100% Complete)


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

## 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



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**Important:**

- You cannot make any changes to your elections in this system after your enrollment window expires.

**Additionally:**

- You can view/print the Benefits Confirmation sheet and email Kelly Burkholder in HR 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) to find additional plan documents and additional enrollment instructions.
- 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.

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