



Step by Step instructions to view your Benefits Confirmation

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

<https://chubb.benselect.com/PTOWNSD>

User ID: Your Social Security Number

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

CHUBB®

Enrollment Site

To enroll, you need your Employee ID or Social Security Number and your confidential Personal Identification Number (PIN).

If you have any questions, contact your Human Resources Department.

Employee ID or SSN

PIN [Forgot PIN?](#)

By entering your user ID and Personal Identification Number, you are agreeing to the terms of the Consent to Enroll Electronically.

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2. Click on [Review Forms that I signed](#) and a new window should display with the benefit plans. Scroll down the page.



Active / Complete (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 |
|--|---------------------------------|-------------------|---------------------------|
| Medical | PPO 10/20/70, Family | \$192.52 pre-tax | |
| Prescription | Capital Rx 10/35/50, Family | \$8.52 pre-tax | |
| Dental | Dental United Concordia, Family | Employer-paid | |
| Vision | Davis Vision, Family | Employer-paid | |
| Healthcare FSA | \$500 | \$22.73 pre-tax | 8/31/2025 |
| Basic Life and AD&D-Teachers | 1x salary - \$98,000 | Employer-paid | |
| Short Term Disability | 50% of weekly salary - \$462 | Employer-paid | |
| Employee Assistance Program | | \$0.00 pre-tax | |
| | | \$223.77 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 information about your dependents and named beneficiaries. Scroll down to the bottom of this screen to the completed forms and click on **Confirmation Statement**. You may save it as a PDF or print it!

Active / Complete (100% Complete)

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

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.**

Medical
Enrollment Details

Product Name: PPO 10/20/70
Coverage Level: Employee + Family

| First Name | MI | Last Name | DOB | Sex | Relationship |
|------------|----|-----------|-----|-----|--------------|
| WILLIAM | F | | | M | Employee |
| Elisabeth | A | | | F | Spouse |
| Kayla | M | | | F | Child |

Prescription
Enrollment Details

Product Name: Capital Rx 10/35/50
Coverage Level: Employee + Family

| First Name | MI | Last Name | DOB | Sex | Relationship |
|------------|----|-----------|-----|-----|--------------|
| WILLIAM | F | | | M | Employee |
| Elisabeth | A | | | F | Spouse |
| Kayla | M | | | F | Child |

Voluntary Long Term Disability
You have elected to WAIVE coverage under this plan.

Employee Assistance Program
Enrollment Details

| Person Name | Relationship | Description | Policy # | Cost |
|-------------|--------------|-------------|----------|--------|
| V | | | | \$0.00 |

403(b) Survey
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 |
|--------------------------------|----------------------|
| Enrollment Confirmation | 05/09/2024 |



You cannot change your Benefit Elections in the system after submitting your elections/waivers with the PIN.

- You can view/print the Benefits Confirmation sheet and email **Susan Davis**, Benefits Coordinator, at sdavis@pottstownk12.org with any changes, questions, or discrepancies you see.
- You can request the Carriers' contact information from the Benefits Coordinator or visit the Benefits Portal, pottstown.mybenefitsinfo.com, under **Additional Resources** to find the list and contact them directly if you have additional questions about ID Cards or if the member ID # is needed to start making doctor appointments.