



# Pottstown School District

## Instructions to Review and Print Your Benefits Confirmation

1. Click to visit <https://chubb.benselect.com/PTOWNSD> or scan the **QR Code!**

**User ID:** Your Social Security Number ( no dashes)

**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](#).

© Selent Systems, Inc. All rights reserved.



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:

Plan	Benefit	Cost per Paycheck	Coverage Termination Date
<a href="#">Medical Prescription</a>	PPO 10/20/70, Family Capital Rx 10/35/50, Family	\$192.52 pre-tax \$8.52 pre-tax	
<a href="#">Dental</a>	Dental United Concordia, Family	Employer-paid	
<a href="#">Vision</a>	Davis Vision, Family	Employer-paid	
<a href="#">Healthcare FSA</a>	\$500	\$22.73 pre-tax	8/31/2025
<a href="#">Basic Life and AD&amp;D-Teachers</a>	1x salary - \$98,000	Employer-paid	
<a href="#">Short Term Disability</a>	50% of weekly salary - \$462	Employer-paid	
<a href="#">Employee Assistance Program</a>		\$0.00 pre-tax \$223.77 total	

Press Next to review personal information and begin enrollment. Next

### Helpful Tips to navigate the system and self-enroll:

- You can navigate through the enrollment system by using the tabs (**Home, You & Your Family, My Benefits, and/or Sign & Submit**) at the top or by clicking on the **"Next"** tab.
- Verify all your information under **You & Your Family** > select Personal Information, Dependent, and/or Employment sections.
- All benefit plans and documents are located under **"Form Library"**.
- To access your benefit confirmation, click on **Sign & Submit** > **scroll down** the page and click under **Benefit Confirmation Form** to review or print!



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 10/24/70  
**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
<b>Enrollment Confirmation</b>	05/09/2024



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

**Be mindful when making elections! Please review your benefit confirmations to ensure you have made your intended benefit elections or waivers for the upcoming year, since you can modify your benefit elections only during Open Enrollment or if you experience a Life Event within 30 days of the event.**

- You can view/print the **Benefits Confirmation sheet**, visit your source of benefits at **Pottstown.mybenefitsinfo.com** for instructions, and email **Sue Davis**, Benefits Coordinator at **sdavis@pottstownk12.org** with any changes, questions, or discrepancies you see. **Click here to review the instructions!**
- If you add **NEW dependents**, proof must be sent to HR at **sdavis@pottstownk12.org** to keep the elected coverage: Marriage Certificate or Divorce Decree, Birth certificate for child(ren), and Social Security cards for all new dependents. (*Domestic partners are ineligible.*) **within 30 days** of enrollment.
- Name changes must be sent to HR at jarndt@pottstownk12.org** with your updated Social Security Card.
- If you need to update your **Beneficiary information**, complete and provide **the Change of Beneficiary Form** at **sdavis@pottstownk12.org**. **Click here to download the form!**
- If you opt out of medical**, a copy of your insurance card must be submitted annually to HR at **sdavis@pottstownk12.org** **within 30 days** of enrollment.
- You can request the Carriers' contact information from the Benefits Coordinator. Visit the Benefits Portal, **Pottstown.mybenefitsinfo.com**, or scan the **QR CODE** 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.
- The Evidence of Insurability Forms (EOI)** must be submitted to the carrier directly **within 30 days** of enrollment; otherwise, coverage will not be issued.
  - ✓ **Click here to download the One America EOI form**
  - ✓ **Click here to download the CHUBB EOI form**
  - ✓ **Click here to download the Lincoln EOI form**



**If you need further assistance, contact the benefits team at:  
484.750.2052 / 9 AM – 8 PM EST / M-F.**