



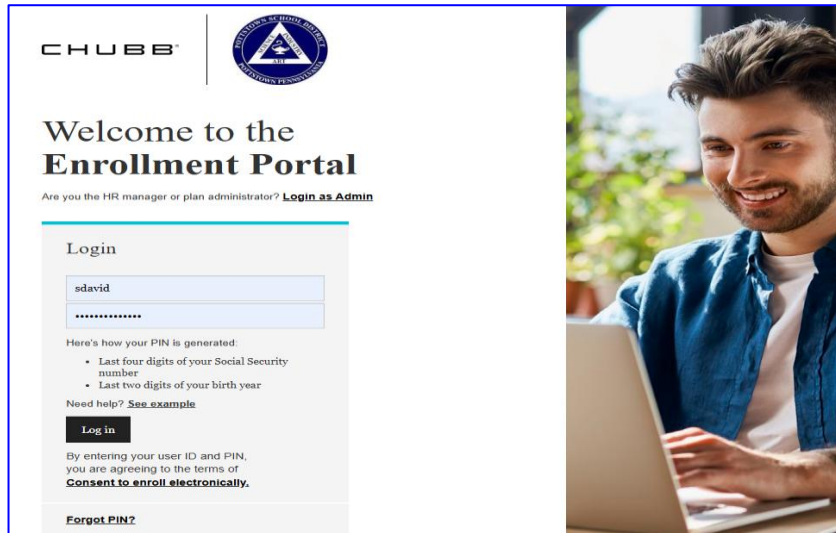
# Pottstown School District, Self-Enrollment Instructions

## The online site is open 24/7 to make your elections!

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

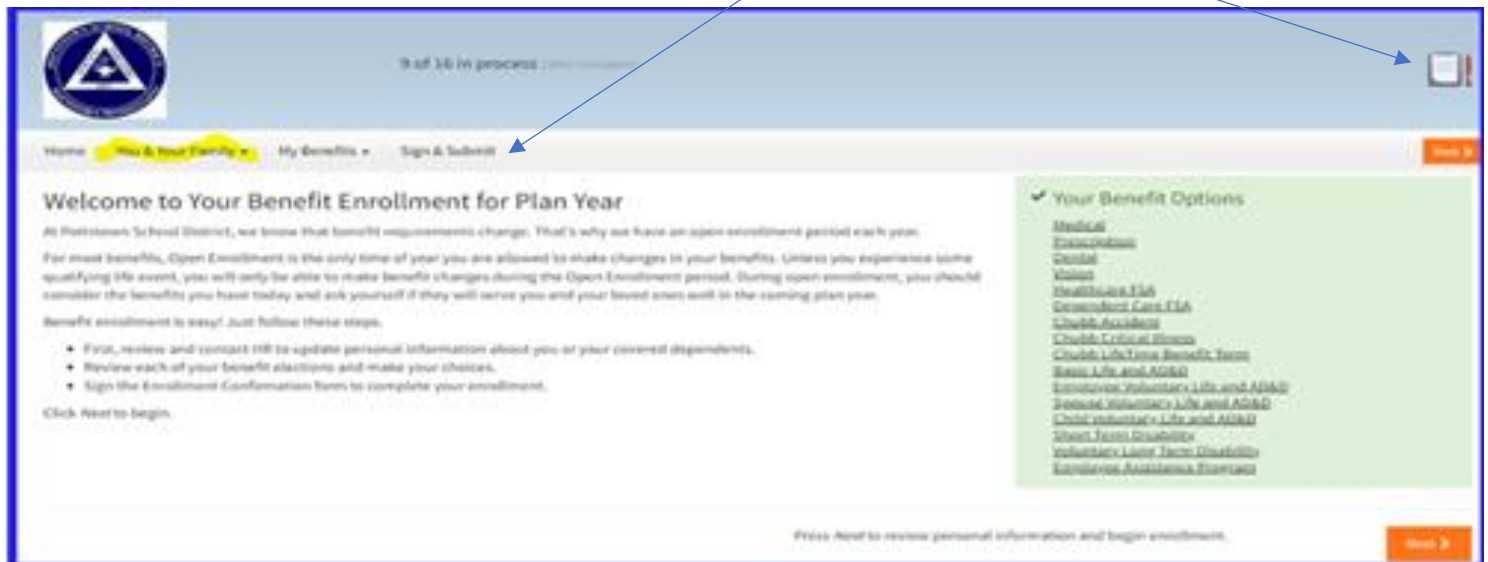
**User ID:** Your Social Security Number (no dashes)

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



### 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!



**Note: Follow steps A, B, and C if you need to update information in the system:**

- A. Verify your address is correct in the system to receive your ID Cards by mail, and click **NEXT**

## Personal Information

**i** 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

Date of Birth:

SSN:

Gender :  Male  Female  Other

### Contact Info

Address:    
Country

Street

Street (cont.)

City State Zip

Home Phone:

Work Phone:

Mobile Phone:

E-Mail:

Personal E-Mail:

[← Back](#)

[Next >](#)

**B.** Add/change **the Dependents'** information and click **NEXT**.

## Dependents


- i** 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

Name	SSN	DOB	Sex	Relation	Uploads	+
TEST A	***_**_ -----	01/01/01	M	Spouse	0	 
TEST B	***_**_ -----	02/02/02	M	Child	0	 

## Add a Dependent [To Add a new one Click here](#)

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 

- C. Add/change **Beneficiaries** information: For Life Insurance benefit, the system will not let you continue unless you add beneficiary information if there was previously none listed. If you wish to make changes, press the **Unlock** button, add/edit a beneficiary, and click **NEXT**.

**Basic Life and AD&D**

Here is a summary of your current Basic Life and AD&D election.

**i** If you wish to make a change, click the *Unlock* button.

**Enrollment Details**


Benefit Amount	Cost
\$50,000.00	\$0.00

**Beneficiary Information**

Name	Relationship	Address	Phone	Percent	Type
<b>Test Spouse</b>	Spouse			100.00	Primary
<b>Test Child</b>	Child			100.00	Contingent

**< Back**      Basic Life and AD&D is now locked. If you wish to make changes, press the *Unlock* button.      **Unlock**      **Next >**

**NOTE:** If your selected amount shows in **red**, you MUST submit **Evidence of Insurability (EOI)** to the carrier directly or contact HR within 30 days after you complete your enrollment, then click **NEXT**. ([Click Here to download the One America EOI form](#)) / ([Click Here to download the CHUBB EOI form](#))

 2 of 16 in process (81% Complete)


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

**Employee Voluntary Life and AD&D**

**i** Please select the desired benefit amount and then click Next.

**▶ View Existing Coverage**

Please select the desired amount of coverage.

**Benefit Amount :**  \$252,000

**Cost per pay period:** \$65.13

**You have elected an amount that will be subject to underwriting.**

I wish to apply for this coverage  
 I wish to CANCEL this coverage

**< Back**      **Next >**

**NOTE: The following benefits DO NOT roll over, and it is essential to remember that both the Flexible Spending Account and the Dependent Care Account require annual re-election, and each must be elected individually. FSA & DCA are available ONLY during Open Enrollment.**

- IF ALL YOUR INFORMATION IS UP TO DATE, click **NEXT** or any **Benefit Options** to start the enrollment process. If you're not making any changes, just click **Next** until the end of the benefit options and click on **waive all pending elections** before signing the benefit confirmation

- The system will start showing the benefit options, select the coverage you wish to participate in, and click **Enroll** or **Decline**. After your election, the system will take you to the next plan.

Plan	Your Cost: Per Pay Period
DPOS KEYSTONE C1F101	\$46.40
PPO C2F202	\$53.68
PPO 10/20/70	\$54.78

Benefit	Cost
Medical	\$0.00
Prescription	\$0.00
Dental	\$0.00
Vision	\$0.00
Healthcare FSA	\$0.00
Dependent Care FSA	\$0.00
Chubb Accident	\$0.00
Chubb Critical Illness	\$0.00
Chubb LifeTime Benefit Term	\$0.00
Basic Life and AD&D	\$0.00
Employee Voluntary Life and AD&D	\$0.00
Spouse Voluntary Life and AD&D	\$0.00
Child Voluntary Life and AD&D	\$0.00
Short Term Disability	\$0.00
Voluntary Long Term Disability	\$21.75
Employee Assistance Program	\$0.00
<b>Total Cost</b>	<b>\$21.75</b>

**Note: Follow step A if you need to find a primary care provider in the system:**

- A. If you need to add a Primary Care Physician (PCP) to the plan, click under **Find** to get the PCP number. After you receive your ID card, if you wish, you may contact the carrier to update this information and click **NEXT** to make elections in the next plan.

### Medical

**Selecting a Primary Care Physician (PCP)**

- This plan requires each person to be covered to select a Primary Care Physician (PCP) if you are enrolling in this plan for the **FIRST TIME**.
- If you do not choose a PCP, one will be assigned to you by the insurance carrier.
- If you are currently enrolled in this plan, you **DO NOT** need to complete the PCP information requested. To change your PCP, you should contact the Member Services Department at the carrier.

To find a PCP, click on the **"FIND"** button below to link to the carrier's website. Once you identify your PCP on the carrier's website, you can copy and paste the PCP name and number from the carrier's website to this screen for each individual to be covered. When you are finished, click on the **"NEXT"** button to continue.

**Plan Name:** Medical  
**Coverage Level:** Employee Only

Name	Age	PCP Number	PCP Name	Existing Patient
<b>Test</b>	52	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

**Look up PCP:** Find

4. Continue making elections, either **Enroll** or **Decline**, and the next plan will populate.

### Prescription

Listed below are the options and coverage choices available to you.

- To enroll or continue your current coverage, click the option that represents your election.
- You can edit which dependents will be covered by using the pencil icon next to the list of Covered People when available.
- When you are finished, click on the **Enroll** button to continue.

<p><b>EXPRESS SCRIPTS 10/35/50</b></p> <p>Your Cost: <span style="float: right;">Per Pay Period</span></p> <p><input checked="" type="radio"/> Employee Only: <span style="float: right;">\$2.82</span></p> <p><input type="radio"/> Employee + Spouse: <span style="float: right;">\$7.27</span></p> <p><input type="radio"/> Employee + Child: <span style="float: right;">\$7.27</span></p> <p><input type="radio"/> Employee + Children: <span style="float: right;">\$7.27</span></p> <p><input type="radio"/> Employee+Family: <span style="float: right;">\$7.27</span></p> <p>Covered People:</p> <p><b>Test employee name</b></p> <p><input type="button" value="Enroll"/></p>	<p><b>DECLINE COVERAGE</b></p> <p>You should only decline coverage if you are covered elsewhere. Declining coverage may require you to answer questions about your reasons for declining.</p> <p>Your Cost: <span style="float: right;">\$0.00</span></p> <p><input type="button" value="Decline"/></p>
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**Existing Benefits:** If you currently have the Voluntary benefits through CHUBB, Trustmark, or One America-LIFE/LTD & Lincoln LTD, **DO NOT unlock or re-elect** them unless you want to make a change or cancel. However, **your current Voluntary Benefits will carry over to the new plan year.**

- Continue making elections, select coverage for *Employee Only* or *Employee + Spouse*, etc.; either **Apply** or **Decline** the plan, and the next plan will populate. The **highlighted** options will provide you with further information and specific details about the plan and click **NEXT**.

**Chubb Accident**

**Benefits** | Basics | Additional Benefits | Features

You do everything you can to stay active and healthy, but accidents happen every day, including sports-related accidents. An injury that hurts an arm or leg can hurt your finances too. That's where Accident Insurance can help.


Coverage:  Employee Only  Employee + Spouse  Employee + Children  Employee+Family

Are you actively at work at least 17.5 hours each week?

Cost per Pay Period: \$6.94

I wish to APPLY for this coverage.  
 I wish to DECLINE this coverage

[Back](#) [Next](#)









- Update beneficiaries for the Accident plan as well, click on the **pen**  to edit existing information or click on the **+** icon to add a new one and click **NEXT**.

**Chubb Accident**

Choose Beneficiaries

A beneficiary is a person, trust, or organization to whom benefits will be paid. A contingent beneficiary will receive benefits if your primary beneficiary is no longer living at the time of your death.

- Place a checkmark next to each desired primary and contingent beneficiary. The percentage allocations will automatically calculate.
- Click Add if you do not see the desired person or trust in the list.
- You may change the percentages, as long as they add up to 100%.
- Clicking *All living children* will clear any children already selected.
- Beneficiaries may not be both primary and contingent at the same time.

Beneficiary	Relationship	Primary	Contingent	+
Test Child 1	Spouse	<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	 
Test Chil 1	Child	<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	 
Test Mother	Child	<input type="checkbox"/> 0.00%	<input checked="" type="checkbox"/> 100.00%	 
All Living Children		<input type="checkbox"/> 0.00%	<input type="checkbox"/> 0.00%	 

[Back](#) [Next](#)

6. Sign and submit, and recap all the benefits you wish to enroll, if no plan shows **PENDING** under **Description**, click **NEXT** to complete your enrollment elections.

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	Pretax Cost	Posttax Cost	Employer Paid
<a href="#">Medical</a>	DPOS KEYSTONE C1F101; EO	\$46.40	\$0.00	\$185.61
<a href="#">Prescription</a>	Express Scripts 10/35/50; EO	\$2.82	\$0.00	\$53.57
<a href="#">Dental</a>	Dental United Concordia; FA	\$0.00	\$0.00	\$20.61
<a href="#">Vision</a>	Davis Vision; FA	\$0.00	\$0.00	\$3.26
<a href="#">Healthcare FSA</a>	Waived			
<a href="#">Dependent Care FSA</a>	\$120.12	\$4.62	\$0.00	\$0.00
<a href="#">Chubb Accident</a>	ACE Accident; EO	\$0.00	\$6.94	\$0.00
<a href="#">Chubb Critical Illness</a>	Waived			
<a href="#">Chubb LifeTime Benefit Term</a>	Waived			
<a href="#">Basic Life and AD&amp;D</a>	\$50,000	\$0.00	\$0.00	\$3.12
<a href="#">Employee Voluntary Life and AD&amp;D</a>	Waived			
<a href="#">Spouse Voluntary Life and AD&amp;D</a>	Waived			
<a href="#">Child Voluntary Life and AD&amp;D</a>	Waived			
<a href="#">Short Term Disability</a>	Short Term Disability; \$462	\$0.00	\$0.00	\$4.69
<a href="#">Voluntary Long Term Disability</a>	Voluntary Long Term Disability; \$4,350	\$0.00	\$21.75	\$0.00
<a href="#">Employee Assistance Program</a>	Employee Assistance Program; EO	\$0.00	\$0.00	\$0.00
<a href="#">403(b)</a>	403B; EO	\$0.00	\$0.00	\$0.00
<b>Total</b>		<b>\$53.84</b>	<b>\$28.69</b>	<b>\$270.86</b>

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 type="checkbox"/> Enrollment Confirmation	Unsigned	

Next >

Click on **Enrollment Confirmation** to print a copy of your benefit confirmation right away!

- The last step should be the **Benefit Confirmation**. For you to have coverage, you MUST use your **Password (PIN)** and click **Sign Form** to finalize the enrollment process so that the carriers can receive your elections.

Home You & Your Family My Benefits Sign & Submit

## Review / Sign Forms

BenefitVerification\_SIGNFORMPAGE\_PLANNINSTRUCTIONS

**School District**  
 MIDDLE SCHOOL

### Benefit Confirmation / Deduction Authorization

<b>Name</b>	<b>Date of Birth</b>	<b>Home Phone</b>	<b>Work Phone</b>	<b>Address</b>
<b>Employee ID</b>	<b>Hire/Elig Date</b>	<b>Gender</b>	<b>E-mail Address</b>	PA 19404
<b>Location</b>	<b>Department</b>		<b>Reason for Completing Form</b>	
MIDDLE SCHOOL	TEACHERS		Open Enrollment	
<b>Job Class</b>	<b>Title</b>			
PROFESSIONAL - 26 PAYS	ELEMENTARY TEACHER			

Benefit Plan	Option	Cvg	Ded Cycle	Effective Date	Benefit Amount	Requested		Employee Cost		Employer Cost
						Benefit	Cost	Pre-tax	After-tax	
Medical	DPOS KEYSTONE C1F101	EO	26	07/01/2022				46.40	0.00	185.61
Prescription	Express Scripts 10/35/50	EO	26	07/01/2022				2.82	0.00	53.57
Dental	Dental United Concordia	FA	26	07/01/2022				0.00	0.00	20.61
Vision	Delta Vision	FA	26	07/01/2022				0.00	0.00	3.26
Healthcare FSA	Waived									
Dependent Care FSA	Dependent Care FSA	EO	26	07/01/2022	120			4.62	0.00	0.00
Chubb Accident	ACE Accident	EO	26	07/01/2022				0.00	6.94	0.00
Chubb Critical Illness	Waived									
Chubb LifeTime Benefit Ter	Waived									
Basic Life and AD&D	Basic Life and AD&D	EO	26	07/01/2022	50,000			0.00	0.00	3.12
Employee Voluntary Life an	Waived									
Short Term Disability	Short Term Disability	EO	26	07/01/2022	462			0.00	0.00	4.69
Voluntary Long Term Disabi	Voluntary Long Term Disability	EO	26	07/01/2022	4,350			0.00	21.75	0.00
Employee Assistance Prog	Employee Assistance Program	EO	26	07/01/2022				0.00	0.00	0.00
403(b)	403B	EO	26	07/01/2021				0.00	0.00	0.00
<b>Total:</b>								53.84	28.69	270.86

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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.

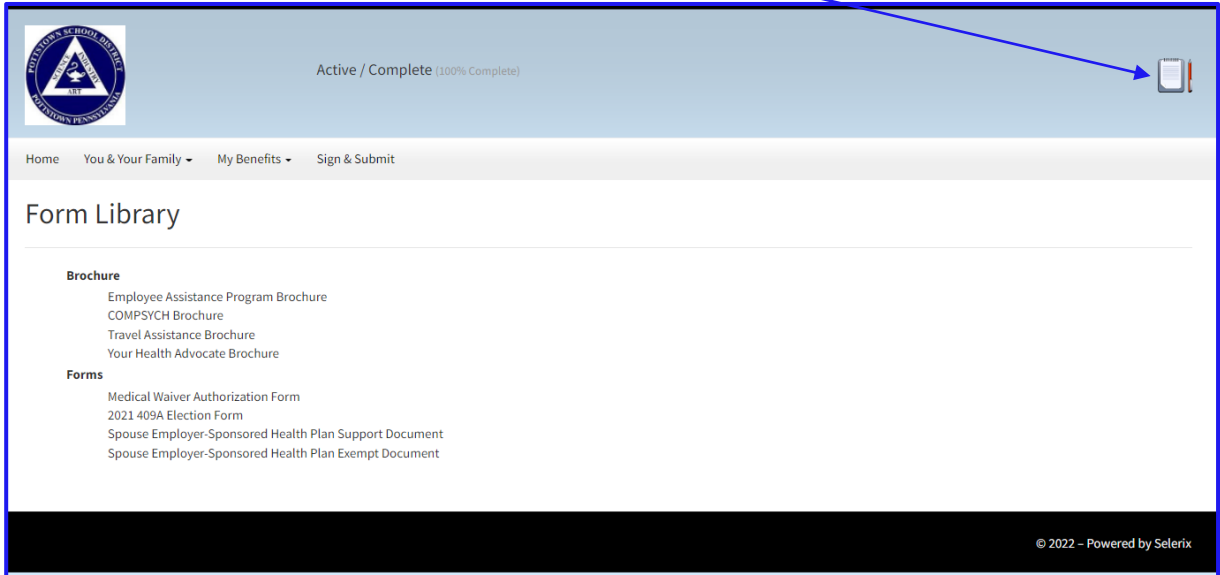
Your default PIN is the last 4 digits of your SSN and the last 2 numbers of your birth year.

PIN:  [Sign Form](#)

Click on the **Download Form** to print a copy of your benefit confirmation right away!

## For your Information:

If you need a form, please click on the  library forms icon and select. A new window should open, displaying the desired document.



Active / Complete (100% Complete)

Home You & Your Family My Benefits Sign & Submit

### Form Library

**Brochure**

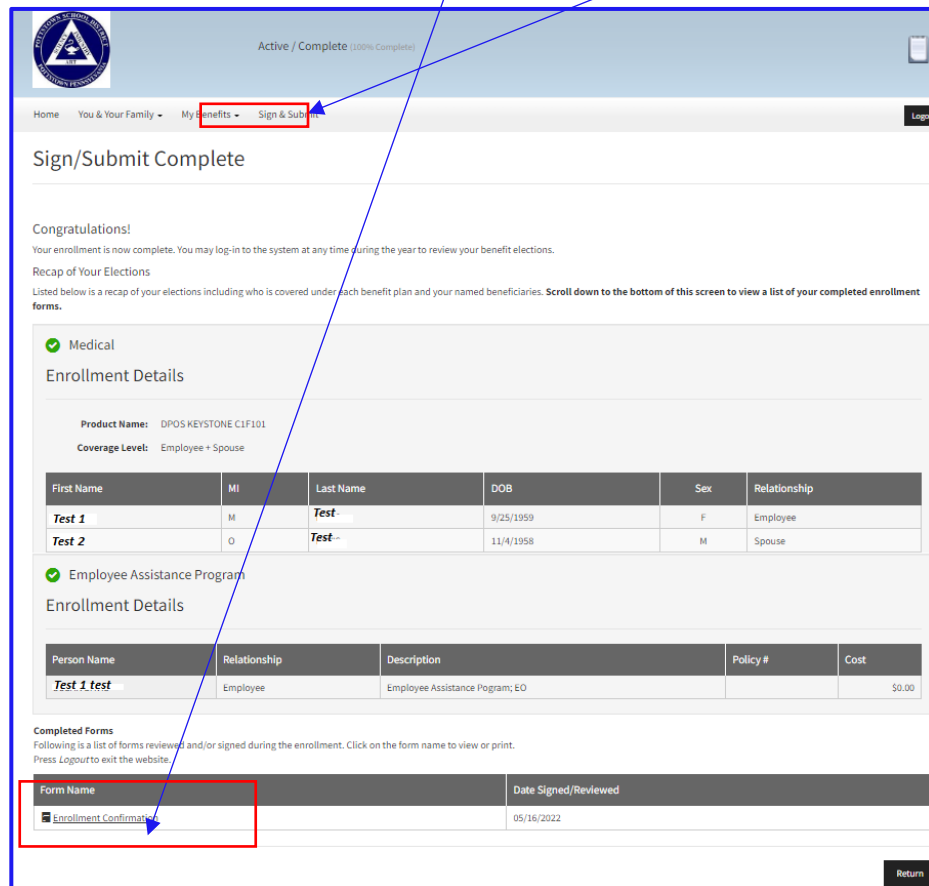
- Employee Assistance Program Brochure
- COMPSYCH Brochure
- Travel Assistance Brochure
- Your Health Advocate Brochure

**Forms**

- Medical Waiver Authorization Form
- 2021 409A Election Form
- Spouse Employer-Sponsored Health Plan Support Document
- Spouse Employer-Sponsored Health Plan Exempt Document

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- If you missed downloading a copy of your benefit confirmation once you finished making your elections, please go back into the portal, click under **Sign & Submit**, scroll down to **Completed Forms**, and select **Enrollment Confirmation**. A new window should open displaying the document.



Active / Complete (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.**

**Medical**

#### Enrollment Details

Product Name: DPOS KEYSTONE C1F101  
Coverage Level: Employee + Spouse

First Name	MI	Last Name	DOB	Sex	Relationship
Test 1	M	Test	9/25/1959	F	Employee
Test 2	O	Test	11/4/1958	M	Spouse

**Employee Assistance Program**

#### Enrollment Details

Person Name	Relationship	Description	Policy #	Cost
Test 1 test	Employee	Employee Assistance Program; EO		\$0.00

**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	05/16/2022

Return



## Important Items to Note for Your Enrollment:

**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, Court orders requiring coverage, Birth certificate for child(ren), and Social Security cards for all new dependents. (*Domestic partners are ineligible.*)
- Both the Flexible Spending Account and the Dependent Care Account require annual re-election, and each must be elected individually, ONLY during the Open Enrollment Period.**
- 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.**
- 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](#)

