



Bensalem Township School District Self-Enrollment Instructions

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

Just follow these steps to enroll in the benefits that best suit you and your family:

1. Click to visit Symetra.benselect.com/BTSD 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



The screenshot shows the Symetra enrollment website. At the top left is the SYMETRA logo with the tagline "RETIREMENT | BENEFITS | LIFE". At the top right is a large blue letter B logo. Below the logo is a blue banner with the text "ENROLLMENT SITE". The main content area features a background image of a smiling woman with two children (a girl and a boy) sitting on the grass and blowing bubbles. Overlaid on the right side of the image is a white login form titled "Your Benefits Enrollment". The form contains the following text: "To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). If you have questions or need help, please contact your Human Resources Department." Below this text are two input fields: "Employee ID or SSN:" followed by a field with asterisks, and "PIN:" followed by an empty field. At the bottom of the form, there is a link for "FORGOT PASSWORD" and a blue "Log in" button. A small disclaimer at the bottom of the form reads: "By entering your Employee ID or Username and Personal Identification Number, you are agreeing to the Terms of Use."

2. Click under **NEXT** to go to the next screen for you to review/update your personal information.

B Status (0% Complete)

All benefit plans and documents here!

FORMS

Home You & Your Family My Benefits Sign & Submit Next

Welcome to Your Benefit Enrollment for Plan Year

At Bensalem Township 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.

- First, review and contact HR to update personal information about you or your covered dependents.
- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

Click *Next* to begin.

✓ Your Benefit Options

- [Medical](#)
- [Prescription](#)
- [Vision](#)
- [Dental](#)
- [Health Care FSA](#)
- [Dependent Care FSA](#)
- [Symetra Accident](#)
- [Symetra Critical Illness](#)
- [Symetra Hospital Indemnity](#)
- [Employer Paid Life and AD&D](#)
- [Voluntary Supplemental Life](#)
- [Long-Term Disability](#)
- [EAP 1-877-474-1200](#)

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

Next

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Helpful Tips to self-enroll through Symetra-Benselect:

- 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”** or scan the **QR code** to visit **[BTSD.mybenefitsinfo.com!](https://BTSD.mybenefitsinfo.com)**
- To access your **benefit confirmation**, click on **Sign & Submit** > scroll down the page and click under **Benefit Confirmation Form** to review or print!



3. Review your Personal Information, then click **NEXT**. (If you need to update your address, date of birth, or have a name change, contact Jocelyn Torres at jtorres@bensalemsd.org.)

B Status (0% Complete)

Home You & Your Family My Benefits Sign & Submit

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: **Steph** M **Davis**
First M Last Suffix

Marital Status: Unknown

Date of Birth: 07/03/1991

SSN: 1234

Gender: Male Female Other

Contact Info

Address: USA

All benefit plans and documents here!

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

B Status (0% Complete)

Home You & Your Family My Benefits Sign & Submit

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	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

- Click under **Review** or the **Plan's name** to see your benefit options for enrolling or declining. Click **Next** after electing/waiving each benefit election.

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

My Benefits

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

✓ Medical
Review

Enrollment Details

Product Name: BMCS Open Choice-1
Coverage Level: Employee Only

First Name	MI	Last Name	DOB	Sex	Relationship
	V			F	Employee

✓ You have completed enrollment in this plan. Your cost per pay period will be \$0.00

✓ Prescription
Review

Enrollment Details

Product Name: BMCS Open Choice-1 \$5/\$20/\$35
Coverage Level: Employee Only

First Name	MI	Last Name	DOB	Sex	Relationship
	V			F	Employee

✓ You have completed enrollment in this plan. Your cost per pay period will be \$0.00

✓ Vision
Review

Enrollment Details

Product Name: Vision
Coverage Level: Employee Only

First Name	MI	Last Name	DOB	Sex	Relationship
	V			F	Employee

✓ You have completed enrollment in this plan. Your cost per pay period will be \$0.00

✓ Dental
Review

Enrollment Details

Product Name: Dental
Coverage Level: Employee Only

First Name	MI	Last Name	DOB	Sex	Relationship
	V			F	Employee

✓ You have completed enrollment in this plan. Your cost per pay period will be \$0.00

My Benefits

- ✓ Medical \$0.00
- ✓ Prescription \$0.00
- ✓ Vision \$0.00
- ✓ Dental \$0.00
- Health Care FSA \$0.00
- Dependent Care FSA \$0.00
- Symetra Accident \$0.00
- Symetra Critical Illness \$0.00
- Symetra Hospital Indemnity \$0.00
- Employee Paid Life and AD&D \$0.00
- Voluntary Supplemental Life \$0.00
- Long-Term Disability \$0.00
- EAP 1-877-474-1200 \$0.00

Total Cost
\$0.00

Per Pay Period

6. If you wish to make a change, click on the **UNLOCK** button and review your existing coverage; if you're NOT making changes, click **NEXT**.

Medical

Here is a summary of your current Medical election.

Enrollment Details

Product Name: BMCS Open Choice-1

Coverage Level: Employee Only

First Name	MI	Last Name	DOB	Sex	Relationship
				F	Employee

Medical is now locked. If you wish to make changes, press the *Unlock* button.

← Back

Unlock

Next >

My Benefits

<input checked="" type="checkbox"/> Medical	\$0.00
<input checked="" type="checkbox"/> Prescription	\$0.00
<input checked="" type="checkbox"/> Vision	\$0.00
<input checked="" type="checkbox"/> Dental	\$0.00
<input type="checkbox"/> Health Care FSA	\$0.00
<input type="checkbox"/> Dependent Care FSA	\$0.00
<input type="checkbox"/> Symetra Accident	\$0.00
<input type="checkbox"/> Symetra Critical Illness	\$0.00
<input type="checkbox"/> Symetra Hospital Indemnity	\$0.00
<input type="checkbox"/> Employer Paid Life and AD&D	\$0.00
<input type="checkbox"/> Voluntary Supplemental Life	\$0.00
<input type="checkbox"/> Long-Term Disability	\$0.00
<input type="checkbox"/> EAP 1-877-474-1200	\$0.00

Total Cost
Per Pay Period

\$0⁰⁰

7. If you are making benefit changes, **View Existing Coverage**, then make a new benefit election. *(If you're waiving, choose the appropriate option: Waive medical **WITH OR WITHOUT** district-employed spouse)* and/or click **NEXT** to review the next benefit.

Medical

- Listed below are the options and coverage choices available to you.
 - To enroll or continue your current coverage, click on the option next to the cost which represents your election.
 - When you are finished, click on the **Next** button to continue.

View Existing Coverage

Product: BMCS Open Choice-1 **Benefit Amount:** N/A **Cost:** \$0.00/SemiMonthly Pre-Tax

First Name	MI	Last Name	DOB	Sex	Relationship
				F	Employee

	Employee Only	Employee + Spouse	Employee + Child	Employee + Children	Employee + Family
BMCS Open Choice-3	<input type="radio"/> \$32.52	<input type="radio"/> \$74.05	<input type="radio"/> \$45.49	<input type="radio"/> \$71.52	<input type="radio"/> \$96.14
BMCS POS	<input type="radio"/> \$62.75	<input type="radio"/> \$142.89	<input type="radio"/> \$87.77	<input type="radio"/> \$138.00	<input type="radio"/> \$185.51
BMCS Open Choice-2	<input type="radio"/> \$66.75	<input type="radio"/> \$185.51	<input type="radio"/> \$93.37	<input type="radio"/> \$146.62	<input type="radio"/> \$197.35
BMCS Open Choice-1	<input checked="" type="radio"/> \$72.48	<input type="radio"/> \$201.42	<input type="radio"/> \$101.38	<input type="radio"/> \$159.20	<input type="radio"/> \$214.27
Waive medical WITHOUT district employed spouse	<input type="radio"/> \$0.00				<input type="radio"/> \$0.00
Waive medical WITH district employed spouse	<input type="radio"/> \$0.00				

← Back

Next >

My Benefits

<input checked="" type="checkbox"/> Medical	\$0.00
<input checked="" type="checkbox"/> Prescription	\$0.00
<input checked="" type="checkbox"/> Vision	\$0.00
<input checked="" type="checkbox"/> Dental	\$0.00
<input type="checkbox"/> Health Care FSA	\$0.00
<input type="checkbox"/> Dependent Care FSA	\$0.00
<input type="checkbox"/> Symetra Accident	\$0.00
<input type="checkbox"/> Symetra Critical Illness	\$0.00
<input type="checkbox"/> Symetra Hospital Indemnity	\$0.00
<input type="checkbox"/> Employer Paid Life and AD&D	\$0.00
<input type="checkbox"/> Voluntary Supplemental Life	\$0.00
<input type="checkbox"/> Long-Term Disability	\$0.00
<input type="checkbox"/> EAP 1-877-474-1200	\$0.00

Total Cost
Per Pay Period

\$0⁰⁰

8. Below is a recap of your elections, including information on your deduction amount per pay period. Then click **NEXT** to sign the benefit verification form utilizing your **PIN** — *The last 4 digits of your Social Security Number followed by the last 2 digits of your birth year.*

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
Medical	BMCS Open Choice-1; EO	\$0.00	\$0.00
Prescription	BMCS Open Choice-1 \$5/\$20/\$35; EO	\$0.00	\$0.00
Vision	Vision; EO	\$0.00	\$0.00
Dental	Dental; EO	\$0.00	\$0.00
Health Care FSA	N/A		
Dependent Care FSA	N/A		
Symetra Accident	N/A		
Symetra Critical Illness	N/A		
Symetra Hospital Indemnity	N/A		
Employer Paid Life and AD&D	N/A		
Voluntary Supplemental Life	N/A		
Long-Term Disability	N/A		
EAP 1-877-474-1200	N/A		
Total		\$0.00	\$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"/> Benefit Verification	Unsigned	

Important Items to Note for Your Mandatory Enrollment:

- ✓ You can modify your benefit elections **only during Open Enrollment** unless you experience a Qualifying Life Event.
- ✓ For **NEW dependents**, you must provide their Social Security Numbers and dates of birth during your enrollment call.
- ✓ **Documentation**, such as a copy of a birth certificate, social security cards, and/or marriage certificate, must be emailed to **Jocelyn Torres** at jtorres@bensalemsd.org after completing your enrollment elections.

Deadlines:

- **Open Enrollment:** submit proof documentation by Friday, June 5th.
- **New Hires:** You have 30 days from your new hire or Qualified Life Event (QLE) enrollment to submit documentation.
- ✓ During your enrollment, **review and update your current beneficiary information**.
- ✓ **Medical FSA & Dependent Care FSA DO NOT roll over** and **must be re-elected** every year individually.
- ✓ **Evidence of Insurability (EOI):** If you choose to enroll in coverage requiring an EOI form for Voluntary Life Insurance for the first time, you must submit it directly to the carrier; otherwise, coverage will not be issued. **Visit your benefits portal at BTSD.mybenefitsinfo.com to find additional instructions!** Submit the form (medical questionnaire) within **30** days of enrollment.
 - ✓ **Madison National Life – Evidence of Insurability Form**
 - ✓ **SunLife Financial – Evidence of Insurability Form**

