



Bensalem Township School District

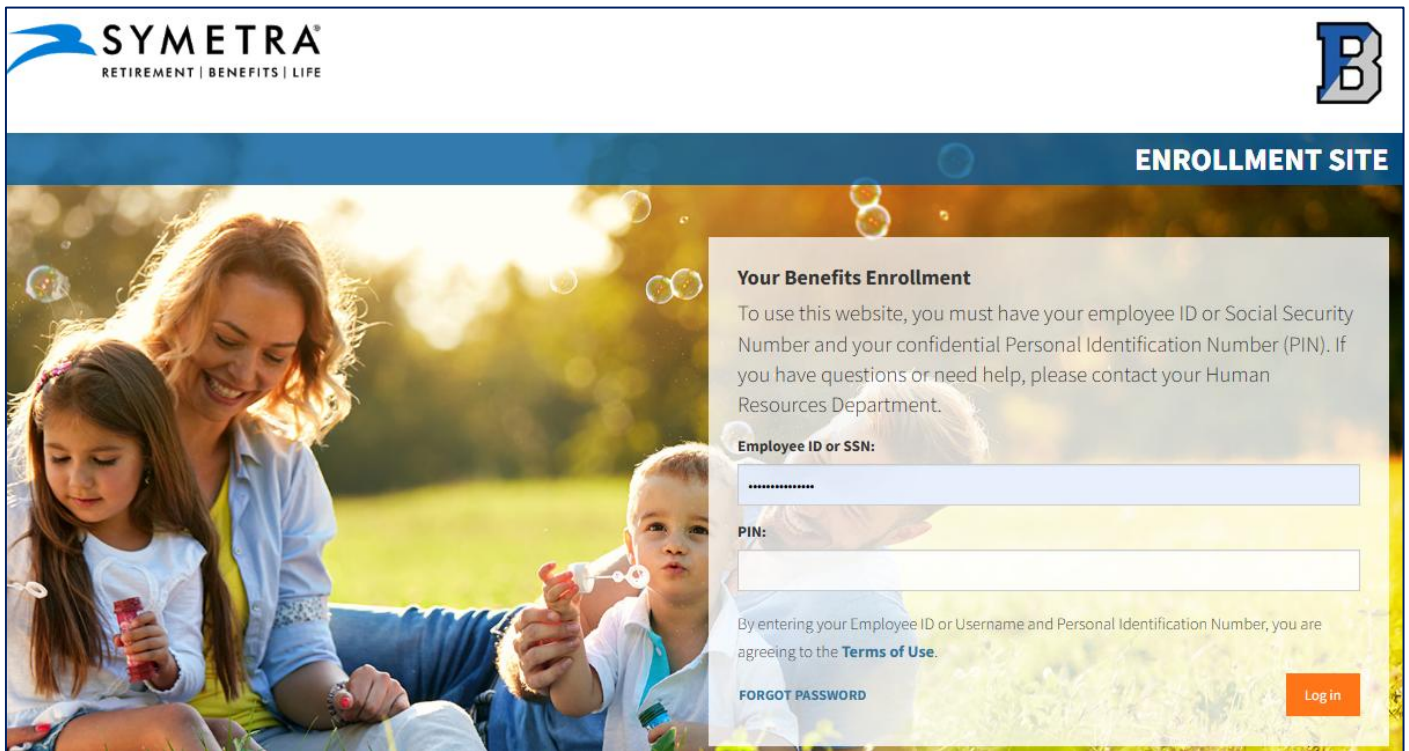
Instructions to review and print your Benefits Confirmation

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



Note: This document will only be helpful after you've completed your enrollment elections through [Symetra-Benselect!](https://Symetra.benselect.com)

- 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.

Hi, **Stephania** - Bensalem Township School District - Production | [Redacted]

B

All benefit plans and documents here!

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

Welcome Back, [Redacted]

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
Medical	BMCS Open Choice-1, Emp + Spouse	\$142.18 pre-tax	
Prescription	BMCS Open Choice-1 \$5/\$20/\$35, Emp + Spouse	\$28.43 pre-tax	
Vision	Vision, Emp + Spouse	\$0.52 pre-tax	
Dental	Dental, Emp + Spouse	Employer-paid	
Health Care FSA	\$500	\$25.00 pre-tax	
Symetra Accident	Emp + Spouse	\$17.91 after-tax	
Symetra Critical Illness	Emp + Spouse - \$20,000	\$28.52 after-tax	
Employer Paid Life and AD&D	1x annual salary - \$70,000	Employer-paid	
Voluntary Supplemental Life	\$25,000	\$5.75 after-tax	
Short-Term Disability	\$898	Employer-paid	
Long-Term Disability	\$3,500	Employer-paid	
EAP 1-877-747-1200		\$0.00 pre-tax	
		\$248.31 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 >

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Helpful Tips to print your benefit confirmation statement after completing your enrollment:

- 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** or change your beneficiary information
- 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 dependents' info and your named beneficiaries. Scroll down to the bottom of this screen to completed forms and click under Enrollment Verification. You may save it as a PDF or print it!

Hi, **Stephania** - Bensalem Township School District - Production | [My Account](#)

B

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: BMCS Open Choice-1
Coverage Level: Employee + Spouse

First Name	MI	Last Name	DOB	Sex	Relationship
[Redacted]		[Redacted]	[Redacted]	F	Employee
[Redacted]		[Redacted]	[Redacted]	M	Spouse

Prescription

Enrollment Details

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

First Name	MI	Last Name	DOB	Sex	Relationship
[Redacted]		[Redacted]	[Redacted]	F	Employee

Benefit Amount	Cost
\$25,000.00	\$5.75

Beneficiary Information

Name	Relationship	Address	Phone	Percent	Type
[Redacted]	[Redacted]	[Redacted]	[Redacted]	100.00	Primary

Short-Term Disability

Enrollment Details

Benefit Amount	Cost
\$898.00 (66.67% of Weekly Salary)	\$0.00

Long-Term Disability

Enrollment Details

Benefit Amount	Cost
\$3,500.00 (66.67% of Monthly Salary)	\$0.00

EAP 1-877-747-1200
Enrolled

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
Benefit Verification	08/13/2025

Return



Important Items to Note for Your Enrollment:

- ✓ You can modify your benefit elections **only during Open Enrollment** unless you experience a Qualifying Life Event.
- ✓ **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](#)**
- ✓ **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.

