

Step by Step instructions to view your 2024 Benefits Confirmation

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

https://app.thebeaconselect.com/NorristownAreaSD

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.



ENROLLMENT SITE



Your Benefits Enrollment

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.

Employee ID or SSN:

PIN:

By entering your Employee ID or Username and Personal Identification Number, you are agreeing to the **Terms of Use**.

FORGOT PASSWORD



2. Click on <u>Review Forms that I signed</u> and a new window should display with the benefit plans. Scroll down the page.





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!

	ian/Submit C	omplote		Home Vou & Your Fa	mily - My Benefits - Sigr
5	sign/submit C	ompiete			
C VI R L	CONGRATULATIONS! four enrollment is now complete. You may log-in to the Recap of Your Elections isted below is a recap of your elections including who completed enrollment forms.	e system at any time during the	e yes to review your benefit electio plan and your named beneficiaries.	ns. Scroll down to the bottom o	f this screen to view a list of yc
	IBC MEDICAL	/	/		
	Product Name: PC DEDUCTIBLE Coverage Level: Single				
	First Name Mi	Last Name	DOB 10/5/1996	Sex	Relationship Imployee
	CAPITAL RX (INCLUI		CAL)		
	Product Name: RXPlan Coverage Level: Employee Only				
	WEX INC. FSA ENROLLMENT DETAILS You have elected an annual contribution: \$500				
	WEX INC. DEPENDE You have elected to WAIVE coverage und	ENT CARE			
	NIS EMPLOYER PAI ENROLLMENT DETAILS	LONG-TERM	DISABILITY		
	Benefit Amount			Cost	
	\$3,701.41 (66.67 × Salary)			\$0.00	
	Completed Forms	DGEMENT			
F	Following is a list of forms reviewed and/or Press Logout to exit the website.	signed during the enroll	ment. Click on the form na	me to view or print.	
F	Form Name		Date Signed/Rev	lewed	



Important:

You cannot change your elections in this system after completing your enrollment.

Additionally:

- You can view/print the Final Confirmation Statement Form AFTER completing your enrollment elections.
- You may also email Emma Clancy in HR at <u>eclancy@nasd.k12.pa.us</u> with any changes, questions, or discrepancies you see.
- If you need the Carriers' contact information and have questions about ID Cards or request the member ID number for doctor's appointments, visit the benefits portal at nasd.mybenefitsinfo.com. Scroll down and select the benefit tile to find the carrier contact information.

