



# NASD Step-by-Step Instructions to Review your Benefits Confirmation

1. Visit/click on the following link or scan the QR Code

<https://app.thebeaconselect.com/NorristownAreaSD>



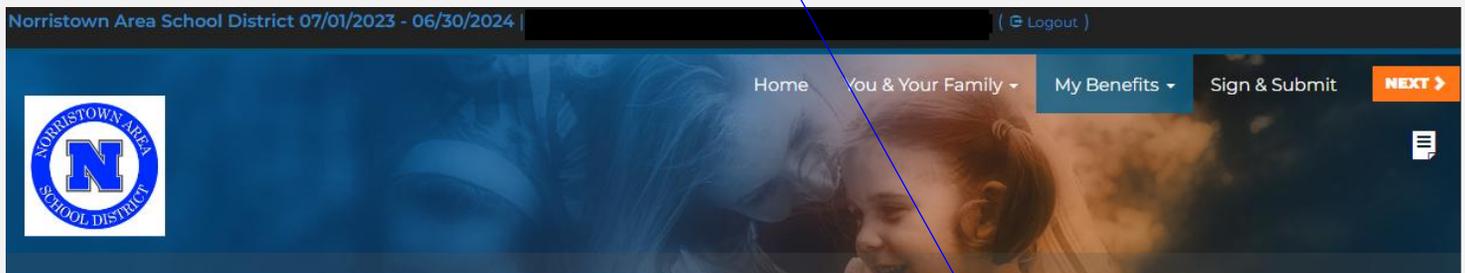
**User ID:** Your Social Security Number

**Password (PIN):** The last four (4) digits of your Social Security Number followed by the last two (2) digits of your birth year.



A screenshot of the 'Your Benefits Enrollment' website. The page has a blue header with the text 'ENROLLMENT SITE'. Below the header is a large image of a woman and a young child smiling. Overlaid on the right side of the image is a white login form. The form has the title 'Your Benefits Enrollment' and a paragraph of instructions: '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 are two input fields: 'Employee ID or SSN:' and 'PIN:'. At the bottom of the form, there is a line of text: 'By entering your Employee ID or Username and Personal Identification Number, you are agreeing to the Terms of Use.' There are two buttons at the bottom: a blue link that says 'FORGOT PASSWORD' and an orange button that says 'Log in'.

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



## 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:

✓ Your Benefits			
Plan	Benefit	Cost per Paycheck	Coverage Termination Date
<a href="#">IBC Medical</a>	PC DEDUCTIBLE, Employee Only	\$9.85 pre-tax	
<a href="#">Capital RX (included w/ Medical)</a>		\$0.00 after-tax	
<a href="#">United Concordia Dental</a>	Basic DPO Plan, Employee Only	Employer-paid	
<a href="#">Vision Benefits of America</a>	Employee Only	Employer-paid	
<a href="#">Securian Employer Paid Life</a>	\$50,000	Employer-paid	
<a href="#">WEX Inc. FSA</a>	\$500	\$25.00 pre-tax	
<a href="#">NIS Employer Paid Long-Term Disability</a>	\$3,701	Employer-paid	
<a href="#">403(b) Acknowledgement</a>		\$0.00 after-tax	
		\$34.85 total	

What would you like to do?

- [Change my beneficiary](#)
- [Review forms that I signed](#)**
- [Find a document or form](#)
- [Change my PIN](#)

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!

Norristown Area School District 07/01/2023 - 06/30/2024

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.

**IBC MEDICAL**

#### ENROLLMENT DETAILS

Product Name: PC DEDUCTIBLE  
Coverage Level: Single

First Name	MI	Last Name	DOB	Sex	Relationship
			10/6/1996	F	Employee

**CAPITAL RX (INCLUDED W/ MEDICAL)**

#### ENROLLMENT DETAILS

Product Name: RxPlan  
Coverage Level: Employee Only

**WEX INC. FSA**

#### ENROLLMENT DETAILS

You have elected an annual contribution: \$500.00

**WEX INC. DEPENDENT CARE**

You have elected to WAIVE coverage under this plan.

**NIS EMPLOYER PAID LONG-TERM DISABILITY**

#### ENROLLMENT DETAILS

Benefit Amount	Cost
\$3,701.41 (66.67 x Salary)	\$0.00

**403(B) ACKNOWLEDGEMENT**

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
<a href="#">Confirmation Statement</a>	06/02/2023

**RETURN**

### Important After Open Enrollment:

- You will not be able to change your elections in this system after completing your open enrollment elections, unless you experience a qualifying life event.

### Additionally:

- After viewing/printing the Final Confirmation Statement Form. You may email **Emma Clancy** in HR at [eclancy@nasd.k12.pa.us](mailto:eclancy@nasd.k12.pa.us) 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, scan the QR code or visit the benefits portal at [\*\*nasd.mybenefitsinfo.com\*\*](https://nasd.mybenefitsinfo.com). **Scroll down and select the benefit tile to find the carrier contact information.**

