



Step by Step instructions to view your Benefits Confirmation

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



<https://chubb.benselect.com/udsd>

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.



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

(100% Complete)

HomeYou & Your Family ▾My Benefits ▾Sign & SubmitNext >

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
Medical	BMCS Open Choice 1, Employee Only	\$68.13 pre-tax	
Prescription	\$10/\$20 Mandatory Generic	\$16.41 pre-tax	
Dental	Employee Only	\$5.71 pre-tax	
Vision	Employee Only	Employer-paid	
Healthcare FSA	\$315	\$15.00 pre-tax	
Chubb Accident	, pol #W1939419	\$8.59 after-tax	
Chubb Critical Illness	\$10,000	\$28.46 after-tax	8/31/2024
Trustmark Hospital StayPay	\$500, pol #JXY2NL	\$16.53 after-tax	
Basic Life and AD&D	1x salary - \$23,000	Employer-paid	
403(b) Survey		\$0.00 after-tax	6/30/2024
		\$158.83 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 >



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!

 (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: BMCS Open Choice 1
Coverage Level: Employee Only

First Name	MI	Last Name	DOB	Sex	Relationship
MARY				F	Employee

✓ Prescription

Enrollment Details

Product Name: 10/\$20 Mandatory Generic
Coverage Level: Employee Only

First Name	MI	Last Name	DOB	Sex	Relationship
MARY				F	Employee

✗ Voluntary Long Term Disability




You have elected to WAIVE coverage under this plan.

✗ 403(b) Survey

You have elected to WAIVE coverage under this plan.

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	Enroller Date Signed/Reviewed
 Notice of Information Practices	N/A	N/A
 UBIA 119 Application	05/24/2023	05/24/2023
 Enrollment Confirmation	05/23/2024	N/A



You cannot change your Benefit Elections in the system after submitting your enrollment window expires.

- ☐ You can view/print the Benefits Confirmation sheet and email Jenny Mossholder in HR at jmosshol@udsd.org with any changes, questions, or discrepancies you see.
- ☐ You can request the Carriers' contact information from HR or visit the Benefits Portal, udsd.mybenefitsinfo.com, under **Additional Resources** 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.

[Click Here to go back to the UDSD Benefits Portal!](#)

