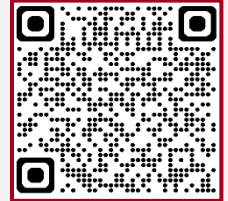




# UDSD Step-by-Step Instructions to Review Your Benefits Confirmation

1. Click on the following link or scan the QR Code

<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.

**CHUBB**  
Enrollment Site

Welcome to your Benefit Enrollment Plan Year  
2024-2025

If you have any questions, contact your Human Resources Department.

Employee ID or SSN

PIN [Forgot PIN?](#)

By entering your user ID and Personal Identification Number, you are agreeing to the terms of the [Consent to Enroll Electronically](#).



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

(100% Complete)

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

## 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:

Plan	Benefit	Cost per Paycheck	Coverage Termination Date
<a href="#">Medical</a>	BMCS Open Choice 1, Employee Only	\$68.13 pre-tax	
<a href="#">Prescription</a>	\$10/\$20 Mandatory Generic Employee Only	\$16.41 pre-tax	
<a href="#">Dental</a>	Employee Only	\$5.71 pre-tax	
<a href="#">Vision</a>	Employee Only	Employer-paid	
<a href="#">Healthcare FSA</a>	\$315	\$15.00 pre-tax	
<a href="#">Chubb Accident</a>	, pol #W1939419	\$8.59 after-tax	
<a href="#">Chubb Critical Illness</a>	\$10,000	\$28.46 after-tax	8/31/2024
<a href="#">Trustmark Hospital StayPay</a>	\$500, pol #JXY2NL	\$16.53 after-tax	
<a href="#">Basic Life and AD&amp;D</a>	1x salary - \$23,000	Employer-paid	
<a href="#">403(b) Survey</a>		\$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**



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
<a href="#">Notice of Information Practices</a>	N/A	N/A
<a href="#">HRAI 139 Application</a>	05/24/2023	05/24/2023
<a href="#">Enrollment Confirmation</a>	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](mailto: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](http://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.
- You can modify your benefit elections only during Open Enrollment or if you experience a Life Event.
- Name changes must be sent to HR at [jmosshol@udsd.org](mailto:jmosshol@udsd.org).
- If you opt out of a Medical Plan, you must email a copy of your insurance card to HR at [jmosshol@udsd.org](mailto:jmosshol@udsd.org) after enrolling.
- If you have added a NEW dependent, remember to email the following documentation to HR at [jmosshol@udsd.org](mailto:jmosshol@udsd.org): Marriage Certificate /Divorce Decree, Birth certificate for child(ren), Court orders requiring coverage, and Social Security cards for all NEW dependents. (Domestic partners are ineligible).
- The Evidence of Insurability Forms (EOI) must be submitted to the carrier directly within 30 days of enrollment; otherwise, coverage will NOT be issued.



**Click Here to go back to the UDSD  
Benefits Portal or scan the QR Code!**