

UMASD Self-Serve Enrollment Instructions:

1. To login to the system, you will follow the link and enter your SSN and your personal PIN. Your PIN number is the last 4 of your SSN and the last two of your birth year.

<https://app.usenrollment.com/UMASD>



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:

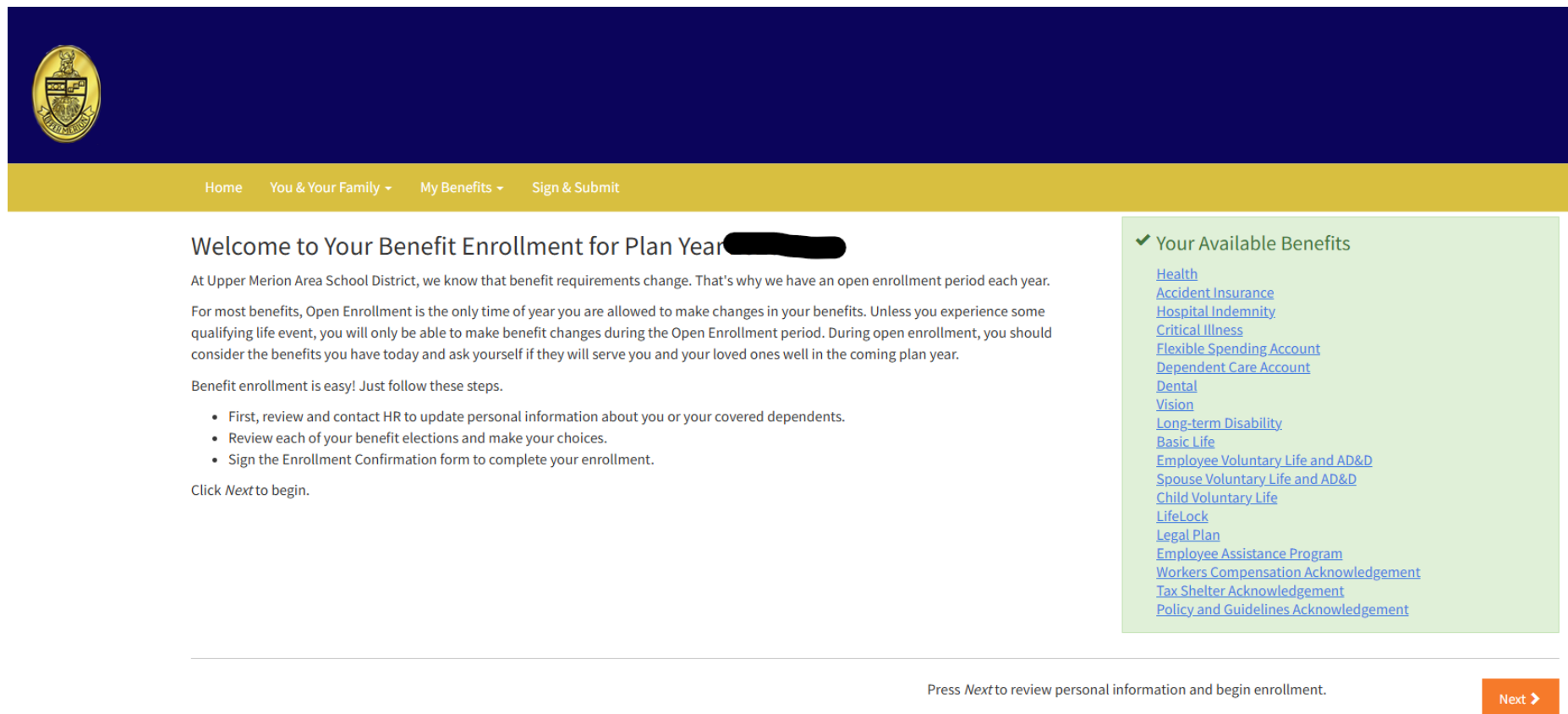
PIN:


By entering your Employee ID or Username and Personal Identification Number, you are agreeing to the [Terms of Use](#).

[FORGOT PASSWORD](#)

[Log in](#)

2. Once you have logged in, you will see the **Welcome** screen and a review of your current benefits. You will click **Next** to review your personal information as well as your current Dependents.





Home You & Your Family My Benefits Sign & Submit

Welcome to Your Benefit Enrollment for Plan Year [REDACTED]

At Upper Merion Area School District, we know that benefit requirements change. That's why we have an open enrollment period each year.

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 Open Enrollment period. During open enrollment, you should consider the benefits you have today and ask yourself if they will serve you and your loved ones well in the coming plan year.

Benefit enrollment is easy! Just follow these steps.

- First, review and contact HR to update personal information about you or your covered dependents.
- Review each of your benefit elections and make your choices.
- Sign the Enrollment Confirmation form to complete your enrollment.

Click *Next* to begin.

✓ Your Available Benefits

- [Health](#)
- [Accident Insurance](#)
- [Hospital Indemnity](#)
- [Critical Illness](#)
- [Flexible Spending Account](#)
- [Dependent Care Account](#)
- [Dental](#)
- [Vision](#)
- [Long-term Disability](#)
- [Basic Life](#)
- [Employee Voluntary Life and AD&D](#)
- [Spouse Voluntary Life and AD&D](#)
- [Child Voluntary Life](#)
- [LifeLock](#)
- [Legal Plan](#)
- [Employee Assistance Program](#)
- [Workers Compensation Acknowledgement](#)
- [Tax Shelter Acknowledgement](#)
- [Policy and Guidelines Acknowledgement](#)

Press *Next* to review personal information and begin enrollment.

Next >

3. After confirming your **Personal Benefits** and **Dependents**, you will reach your current benefits on the **My Benefits** page. From here you can maneuver to any benefits that you are eligible for and make any desired updates by clicking **Review** next to the benefit. Additionally, you will see a list of the benefits you are eligible for on the right side of the screen.

Below is a list of your current benefit elections. Click "Review" for benefit information and to elect or decline coverage.

Health **Review**

Enrollment Details

Product Name: Waive Health

Coverage Level: Employee Only

First Name	MI	Last Name	DOB	Sex	Relationship
31FemaleUMASD		A1226Admin/Custodial	6/1/1994	F	Employee

You have completed enrollment in this plan. Your cost per pay period will be **\$0.00**

My Benefits

- Health \$0.00
- Accident Insurance \$0.00
- Hospital Indemnity \$0.00
- Critical Illness \$0.00
- Flexible Spending Account \$0.00
- Dependent Care Account \$0.00
- Dental \$0.00
- Vision \$0.00
- Long-term Disability \$0.00
- Basic Life \$0.00
- Employee Voluntary Life and AD&D \$0.00
- Spouse Voluntary Life and AD&D \$0.00
- Child Voluntary Life \$0.00
- LifeLock \$0.00
- Legal Plan \$0.00
- Employee Assistance Program \$0.00
- Workers Compensation Acknowledgement \$0.00
- Tax Shelter Acknowledgement \$0.00
- Policy and Guidelines Acknowledgement \$0.00

- To make an update to any benefits you will select the benefit and click **Unlock** and make the desired change.

Health

Here is a summary of your current Health election.

🗨 If you wish to make a change, click the *Unlock* button.

Enrollment Details

Product Name: Waive Health

Coverage Level: Employee Only

First Name	MI	Last Name	DOB	Sex	Relationship
31FemaleUMASD		A1226Admin/Custodial	6/1/1994	F	Employee

◀ Back

Health is now locked. If you wish to make changes, press the *Unlock* button.

Unlock

Next ▶

5. To elect or make any update to the F.S.A. or D.C.A. plan you will select the benefit and then enter the amount per pay period or the total amount you would like to contribute and click **Calculate**. If you wish to decline this plan you will select the **"I wish to DECLINE this coverage"** from below.

Flexible Spending Account

Minimum Annual Contribution:	\$120.00
Maximum Annual Contribution:	\$3,300.00
Amount per pay period:	<input type="text" value="\$200.00"/>
Number of periods:	5
Total Amount:	<input type="text" value="\$1,000.00"/>

I wish to apply for this coverage
 I wish to DECLINE this coverage

6. Once you have completed any changes you will be directed to the Sign and Submit page you review your elections. Once your elections are satisfactory you will click **Next** at the bottom of the screen.

Vision	Waived		
Long-term Disability	Waived		
Basic Life	Basic Life; \$200,000	\$0.00	\$0.00
Employee Voluntary Life and AD&D	Waived		
Spouse Voluntary Life and AD&D	N/A		
Child Voluntary Life	N/A		
LifeLock	Waived		
Legal Plan	Waived		
Employee Assistance Program	Employee Assistance Program; EO	\$0.00	\$0.00
Workers Compensation Acknowledgement	Workers Compensation Acknowledgement; EO	\$0.00	\$0.00
Tax Shelter Acknowledgement	Tax Shelter Acknowledgement; EO	\$0.00	\$0.00
Policy and Guidelines Acknowledgement	Policy and Guidelines Acknowledgement; EO	\$0.00	\$0.00
Total		\$243.38	\$0.00

Signatures Required

To complete your enrollment, you must sign the following forms. Press Next to begin signing forms.

Form Name	Status	Date Signed/Reviewed
 Confirmation Statement	Unsigned	

Next >



7. Finally, you will review the Benefit Confirmation form and enter in your personal PIN at the bottom of the screen. If you do not sign the Benefit Confirmation form and enter your PIN at the bottom your changes will not be saved.

pre-tax and/or, to the extent relevant, after-tax deductions from my paychecks to pay for my benefit costs. I understand that pursuant to Internal Revenue Code section 125, this election can only be made during the annual open enrollment period before the beginning of each plan year (unless I am a new hire), and is irrevocable for the entire calendar year unless I incur a Qualifying Family Status Change or other permissible mid-year change event, as determined by the Pre-Tax Payment Plan and the underlying benefit plan(s) I have chosen to participate in (collectively, the "Plans").

I understand that the maximum salary reductions I can make are set forth in the Plans, and that the Plans govern all issues concerning my elections, payroll deductions, eligibility, and benefits. I acknowledge that my elections (with the exception of contributions to Reimbursement Accounts) will automatically rollover from year to year unless I submit a change during the annual open enrollment period.

next enrollment period, my payroll deduction election will automatically be revised to take such change into account. I also understand that my contributions to Reimbursement Accounts, if any, can only be used to reimburse qualified health and/or dependent care expenses incurred in the same year as the contributions are deducted from my paychecks. Any funds remaining in my Reimbursement Account(s) not used for current year expenses will be forfeited after all current year reimbursements are processed. I understand that I may be required to provide Human Resources with proof of dependent eligibility in order to receive coverage for my dependent(s).

Finally, I am also authorizing my employer to use and send necessary personal information, including Protected Health Information under HIPAA, to my selected benefit vendors and providers in order to initiate and support my coverage elections.

Your total deduction per pay period

Total Deduction
\$ 243.38

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Employee Signature _____

Date _____

[Download Form](#)

Use enter your PIN below and click on **"SIGN FORM"** to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the **Benefit Verification/Deduction Confirmation Form**. Please review it carefully before entering your PIN.

PIN:

8. Once you see the ***Congratulations*** and ***Sign and Submit Complete*** your changes have been completed and you are free to logout.



[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.**