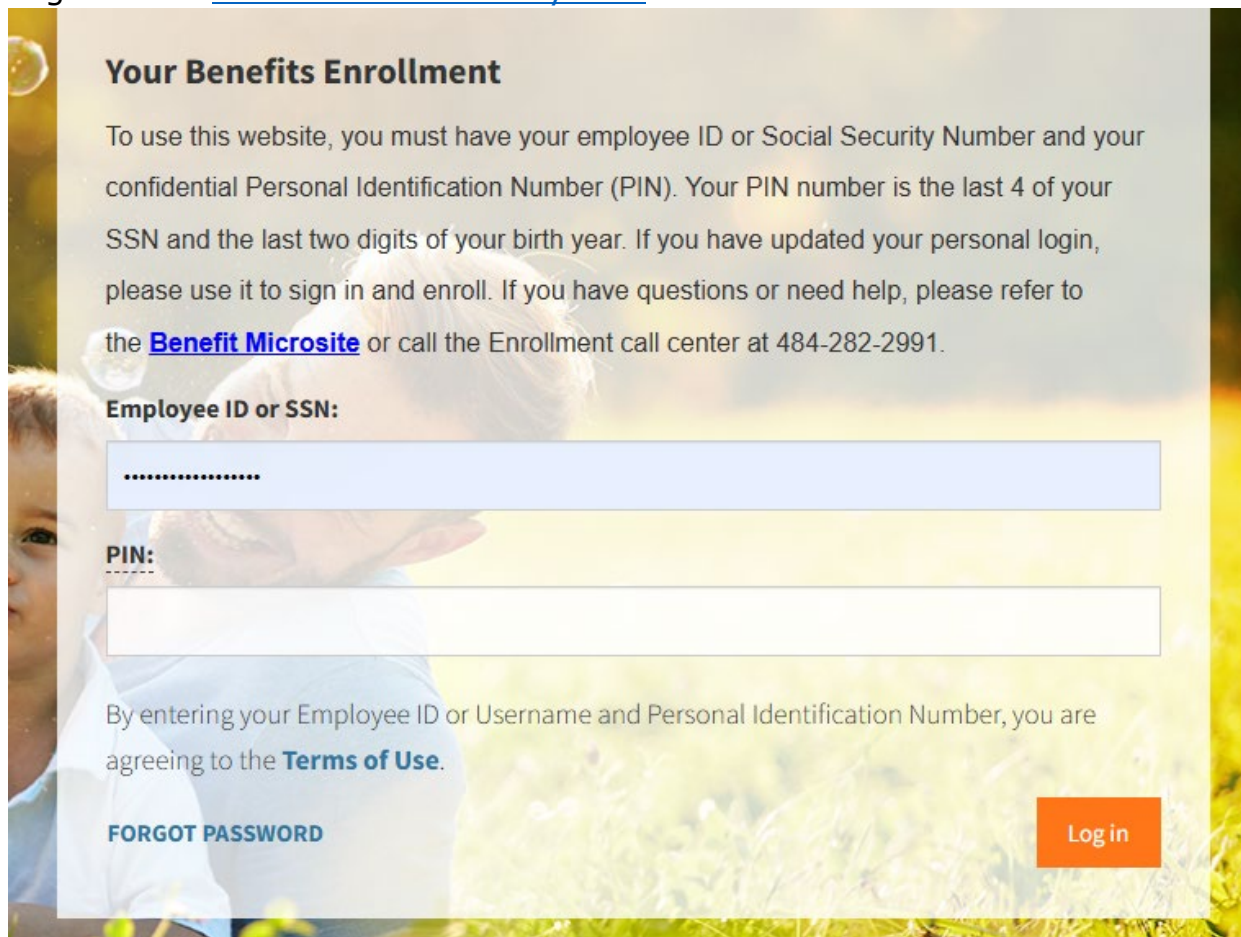


1. Log into the [Beacon Enrollment System](#)

The image shows a login page for the Beacon Enrollment System. The background is a soft-focus photograph of a young child in a field of yellow flowers. The page has a light gray overlay with the following content:

Your Benefits Enrollment

To use this website, you must have your employee ID or Social Security Number and your confidential Personal Identification Number (PIN). Your PIN number is the last 4 of your SSN and the last two digits of your birth year. If you have updated your personal login, please use it to sign in and enroll. If you have questions or need help, please refer to the [Benefit Microsite](#) or call the Enrollment call center at 484-282-2991.

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. Use your Social Security Number (no dashes) as your Employee ID or SSN
3. Your password is the last four digits of your Social Security Number followed by the last two digits of your birth year.

4. The first screen you will see is below:

Home You & Your Family My Benefits Sign & Submit

Welcome to Your Benefit Enrollment for Plan Year 2026-2027

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](#)
- [Voluntary 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 >

5. Once reviewed please use the next button on the bottom right-hand side.

The Next or back keys on the bottom of the back will allow you to navigate between all of the screens.

< Back

Next >

6. Review your personal information for accuracy. If there are any changes that need to be corrected, contact the Employee Benefits Manager.

Street (cont.)

Anywhere PA 12453

City State Zip

Home Phone:

Work Phone:

* Mobile Phone: (555) 142-3483

Email:

Personal Email:

Upload Documentation

If you have any documentation your employer has requested to see related to your personal information or dependent documentation, such as proof of address, citizenship, relationship documentation, you can upload images of that documentation here. All images will be stored with your record with your employer.



Upload from my computer

Using this option you may upload files directly from this computer. Click the upload icon and follow the instructions on the dialog pop-up.

7. Make sure you have the correct birthdate, Social Security Number and spelling for each dependent that will be on any of your benefits or act as a beneficiary. Add these dependents using the plus key highlighted below. Hit save after each entry.

Home You & Your Family My Benefits Sign & Submit

Spouse & Dependents

Click Add ("Plus" icon at top right of table) to add your spouse or dependent children. Dependent children may only be covered in a plan if they meet the necessary requirements defined by the plan.
Click the Next button when you are finished.

Dependents

No Dependent Information Available

Name	SSN	DOB	Sex	Relation	Uploads
No items found.					

Add a Dependent

If your dependent is not listed above or you would like to add an additional dependent, simply click the Add Dependent button below.

Add Dependent

8. You are now going to go thru each benefit to elect or decline coverage. Click Review to start enrolling in Benefits.

My Benefits

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

☐ **Health**

You have to complete enrollment in this plan.

[Review](#)

☐ **Accident Insurance**

You have to complete enrollment in this plan.

[Review](#)

☐ **Hospital Indemnity**

You have to complete enrollment in this plan.

[Review](#)

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
☐ Basic Life	\$0.00
☐ Voluntary Long-term Disability	\$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

9. The first screen will provide you with Benefit information that can be reviewed to ensure you are picking the correct plan for you and your family.



2025 Plan Comparison



	Personal Choice PE 123		Keystone SPDS C1-F1-01		Keystone SPDS C2-F1-01	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
FREQUENCY SERVICES						
Physical and Occupational	\$50 copayment, no deductible	80%, after deductible	\$50 copayment (\$6 total visits per year for PT/OT combined)	70%, after deductible (\$6 total visits per year for PT/OT combined)	\$50 copayment (\$6 total visits per year for PT/OT combined)	70%, after deductible (\$6 total visits per year for PT/OT combined)
Speech	\$50 copayment, no deductible	80%, after deductible	\$50 copayment (30 visits per year)	70%, after deductible (30 visits per year)	\$50 copayment (30 visits per year)	70%, after deductible (30 visits per year)
Cognitive Rehabilitation	\$50 copayment, no deductible (30 visits per year combined to total of 60 visits)	80%, after deductible (30 visits per year combined to total of 60 visits)	\$50 copayment (30 visits per year)	70%, after deductible (30 visits per year)	\$50 copayment (30 visits per year)	70%, after deductible (30 visits per year)
Autism/Rehabilitation	\$50 copayment, no deductible (12 visits per year combined to total of 24 visits)	80%, after deductible (12 visits per year combined to total of 24 visits)	\$50 copayment (30 visits per year)	70%, after deductible (30 visits per year)	\$50 copayment (30 visits per year)	70%, after deductible (30 visits per year)
REHABILITATIVE SERVICES, INCLUDING THERAPEUTIC LABS	\$50 copayment, no deductible	80%, after deductible	\$50 copayment (30 visits per calendar year)	70%, after deductible (30 visits per calendar year)	\$50 copayment (30 visits per year)	70%, after deductible (30 visits per calendar year)
CHEMOTHERAPY/ONCOLOGY	100%, after deductible	80%, after deductible	100%	70%, after deductible	100%	70%, after deductible
OUTPATIENT INFUSION/INTENSIVE NURSING	100%, after deductible	80%, after deductible	100% (\$60 hour per year)	70%, after deductible (\$60 hour per year)	100% (\$60 hour per year)	70%, after deductible (\$60 hour per year)
INPATIENT NURSING FACILITY	100%, after deductible	80%, after deductible	100% (\$20 day per year)	70%, after deductible (\$20 day per year)	100% (\$20 day per year)	70%, after deductible (\$20 day per year)
RESPIRE AND HOME HEALTH CARE	100%, after deductible	80%, after deductible	100%	70%, after deductible	100%	70%, after deductible
DURABLE MEDICAL EQUIPMENT AND PROSTHESIS	100%, after deductible	80%, after deductible	100%	70%, after deductible	100%	70%, after deductible
ENVIRONMENTAL/HEALTH EDUCATION/ MATERNAL HEALTH CARE	100%, no deductible	Not covered	100%	Not covered	100%	Not covered
Outpatient	\$50 copayment, no deductible	80%, after deductible	\$50 copayment	70%, after deductible	\$50 copayment	70%, after deductible
Inpatient	100%, after deductible	80%, after deductible	100%	70%, after deductible	100%	70%, after deductible
Maternity, Maternal Health Care/ Outpatient	\$50 copayment, no deductible	80%, after deductible	\$50 copayment	70%, after deductible	\$50 copayment	70%, after deductible
Inpatient	100%, after deductible	80%, after deductible	100%	70%, after deductible	100%	70%, after deductible
SUBSTANCE ABUSE TREATMENT (Inpatient/Outpatient/Residential)	100%, after deductible	80%, after deductible	100%	70%, after deductible	100%	70%, after deductible

[< Back](#)

[Next >](#)

10. Next you will make your enrollment choice. Remember if you are not interested in this benefit, hit the decline or waive button.

Health

Listed below are the options and coverage choices available to you.

- To enroll or continue your current coverage, click on the option next to the cost which represents your election.
- When you are finished, click on the **Next** button to continue.

	Employee Only	Employee + Child	Employee + Children	Employee + Spouse	Employee + Family
Keystone DP05 C1F3O1	☐ \$51.27	☐ \$71.67	☐ \$112.79	☐ \$116.79	☐ \$151.64
Keystone DP05 C2F3O1	☐ \$43.21	☐ \$60.39	☐ \$95.05	☐ \$98.42	☐ \$127.78
PC215	☐ \$105.89	☐ \$194.64	☐ \$233.67	☒ \$260.39	☐ \$296.95
Waive Health	☐ \$0.00				

[< Back](#)[Next >](#)

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
- ☐ Basic Life \$0.00
- ☐ Voluntary Long-term Disability \$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 Acknowledgment \$0.00
- ☐ Tax Shelter Acknowledgment \$0.00
- ☐ Policy and Guidelines Acknowledgment \$0.00

11. Some Plans require beneficiaries, add and assign based on the options that are shown:

Frequently Asked Questions

Should I name a minor child as a beneficiary?
You may name a minor child as a beneficiary, however please be aware that we cannot make payment of a claim directly to a minor. Benefits payable to a minor beneficiary will generally be paid to a court-appointed financial guardian, and will require documentation confirming the name of the court-appointed financial guardian. Another option may be to set up a trust for the minor child(ren) (see below) or name a custodian under the Uniform Transfers to Minor Act (UTMA). You should seek advice from your estate planning or family attorney to decide which option is best for your situation.

How would I name a Charitable Organization as a beneficiary?
A charitable organization that is not your employer may be named as a beneficiary. You will need to indicate the name of the charitable organization, a contact for the organization, their tax identification number, and the percentage of the benefit that would be payable to them.

How do I name a Trust as the beneficiary?
You may designate a trust as a beneficiary. To name a trust as a beneficiary, indicate the Trustee (show Name and address) and the Trust Agreement Dated (show date). If the trust has a tax identification number, that will need to be supplied in place of the social security number.

The information here is for informational purposes to assist you in completing this form. You are advised to speak with an attorney if you have any questions about who or what entity to list as your beneficiary(s).
Choose Beneficiaries

Beneficiary	Relationship	Primary	Contingent	
Maria Smith	Spouse	☒ 0%	☐ 0%	/ X
Estate		☐ 0%	☐ 0%	/ X

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 Accessibility The BEACON Select

12. Click “Add more Beneficiaries” if you want to add someone not listed and then save if there are any additions.

Frequently Asked Questions

Should I name a minor child as a beneficiary?

You may name a minor child as a beneficiary, however please be aware that we cannot make payment of a claim directly to a minor. Benefits payable to a minor beneficiary will generally be paid to a court-appointed financial guardian, and will require documentation confirming the name of the court-appointed financial guardian.

Another option may be to set up a trust for the minor child(ren) (see below) or name a custodian under the Uniform Transfers to Minor Act (UTMA). You should seek advice from your estate planning or family attorney to decide which option is best for your situation.

How would I name a Charitable Organization as a beneficiary?

A charitable organization that is not your employer may be named as a beneficiary. You will need to indicate the name of the charitable organization, a contact for the organization, their tax identification number, and the percentage of the benefit that would be payable to them.

How do I name a Trust as the beneficiary?

You may designate a trust as a beneficiary. To name a trust as a beneficiary, indicate the Trustee (show Name and address) and the Trust Agreement Dated (show date). If the trust has a tax identification number, that will need to be supplied in place of the social security number.

The information here is for informational purposes to assist you in completing this form. You are advised to speak with an attorney if you have any questions about who or what entity to list as your beneficiary(ies).

Choose Beneficiaries

Beneficiary	Relationship	Primary	Contingent	
Maria Smith	Spouse	☒ 100%	☐ 0%	/ X
Estate		☐ 0%	☐ 0%	/ X

[< Back](#) [Next >](#)



 Accessibility

The BEACON Select

13. Some benefits will have a slide bar which allows you to choose a different amount. Once you find the amount of the benefit that you desire, click next to apply that amount or the decline coverage option.

The screenshot displays a web-based benefits selection interface. At the top, a blue header bar is visible. Below it, a red warning box states: "Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud." Below this, a blue instruction box reads: "Select the desired benefit amount or cost from the list below. If you wish you may enter a specific coverage amount or benefit amount. You may select any optional coverages (if offered) from the list below. To apply, select I wish to apply for this coverage. If you do not wish to purchase this coverage, choose I wish to DECLINE this coverage. Press Next when you are finished."

The main selection area features a table with four columns: "Employee Only", "Employee + Children", "Employee + Spouse", and "Employee + Family". The "Employee Only" column shows a radio button selected next to "\$12.21". The "Employee + Spouse" column shows a radio button next to "\$18.79". Below the table, a "Benefit Amount" slider is shown, with a green bar indicating a range from \$12.21 to \$30,000. A circular callout highlights the slider handle. Below the slider, two radio buttons are present: "I wish to apply for this coverage" (selected) and "I wish to DECLINE this coverage".

On the right side, a list of optional coverages is shown, each with a radio button and a cost of \$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

At the bottom right, a "Total Cost" box displays "\$284²⁴". At the bottom of the page, there are "Back" and "Next" buttons, and a footer bar with "Accessibility" and "The BEACON Select" text.

14. When enrolling in the Flexible Spending or Dependent Care account you can enter your benefit amount as a per pay amount or as an annual amount. Click calculate after you enter the amount or to decline coverage, click the "I wish to DECLINE this coverage" and next when you are done.

ter
y be

Flexible Spending Account

Minimum Annual Contribution: \$120.00

Maximum Annual Contribution: \$3,300.00

Amount per pay period:

Number of periods: 24

Total Amount:

Calculate

☒ I wish to apply for this coverage

☐ I wish to DECLINE this coverage

Back

Next

My Benefits

Health	\$260.39
Accident Insurance	\$6.35
Hospital Indemnity	\$17.50
Critical Illness	\$8.75
Flexible Spending Account	\$0.00
Dependent Care Account	\$0.00
Dental	\$0.00
Vision	\$0.00
Basic Life	\$0.00
Voluntary Long-term Disability	\$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

15. Some benefits are FYI only and show you what your benefits is. NO action is needed.

Basic Life

Benefit Amount: \$55,000 (1 x Salary)

Cost: \$0.00

[< Back](#) [Next >](#)

My Benefits	
☒ Health	\$260.39
☒ Accident Insurance	\$6.30
☒ Hospital Indemnity	\$17.56
☒ Critical Illness	\$8.75
☒ Flexible Spending Account	\$100.00
☒ Dependent Care Account	\$0.00
☒ Dental	\$6.41
☒ Vision	\$0.00
☒ Basic Life	\$0.00
☐ Voluntary Long-term Disability	\$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

16. If this benefit is part of your benefit portfolio, you will have multiple options, feel free to click one each benefit to determine your cost. Click apply or decline then next to move on.

Voluntary Long-term Disability

This policy includes a feature called a MPEB. If you become totally disabled for more than 60 days, are still covered under your employer's health insurance and are receiving regular medical care, MPEB will contribute up to \$500 per month toward your monthly health insurance premium payments for which you are responsible for up to 17 months. This MPEB is \$30.24 annually or \$2.52 monthly.

Benefit Levels: ☐ 14 consecutive days ☐ 30 consecutive days
☐ 60 consecutive days ☐ 90 consecutive days
☒ 180 consecutive days

Benefit Amount: \$2,750 (60% of Monthly Salary)

Cost: \$11.00

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

[< Back](#)[Next >](#)

My Benefits

Health	\$260.39
Accident Insurance	\$6.35
Hospital Indemnity	\$17.50
Critical Illness	\$8.75
Flexible Spending Account	\$300.00
Dependent Care Account	\$0.00
Dental	\$6.41
Vision	\$0.00
Basic Life	\$0.00
Voluntary Long-term Disability	\$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

17. Some benefits will have a pink slide bar. This means you are subject to an Evidence of Insurability and will be required to complete additional paperwork to be covered. This paperwork will be emailed to you directly from UMASD.

Employee Voluntary Life and AD&D

Please select the desired benefit amount and then press Next

Click Next to continue.

Benefit Amount: \$30,000

Cost per pay period: \$2.10

You have elected an amount that will be subject to underwriting.

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

[Back](#) [Next](#)

My Benefits

Health	\$260.39
Accident Insurance	\$6.35
Hospital Indemnity	\$17.50
Critical Illness	\$8.75
Flexible Spending Account	\$100.00
Dependent Care Account	\$0.00
Dental	\$6.41
Vision	\$0.00
Basic Life	\$0.00
Voluntary Long-term Disability	\$11.00
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

18. UMASD requires you to review and acknowledge specific policies and procedures. After reviewing the document, hit next,

My Benefits	
Health	\$260.39
Accident Insurance	\$6.35
Hospital Indemnity	\$17.50
Critical Illness	\$8.75
Flexible Spending Account	\$100.00
Dependent Care Account	\$0.00
Dental	\$6.41
Vision	\$0.00
Basic Life	\$0.00
Voluntary Long-term Disability	\$11.00
Employee Voluntary Life and AD&D	\$0.00
Spouse Voluntary Life and AD&D	\$0.00
Child Voluntary Life	\$0.00
Lifelock	\$10.99
Legal Plan	\$10.00
Employee Assistance Program	\$0.00

Then click the "I hereby acknowledge" field and next to move onto the next screen.

19. When all acknowledgements are complete, you will be brought to the benefit overview page. Confirm that everything is correct. If you need to make any change, click the linked benefits and update and hit next.

Employee Voluntary Life and AD&D	Waived		
Spouse Voluntary Life and AD&D	Waived		
Child Voluntary Life	N/A		
LifeLock	Benefit Premier; FA	\$0.00	\$18.99
Legal Plan	The Family Advisor with LegalGUARD Gold+; FA	\$0.00	\$18.00
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		\$366.80	\$64.99

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 >](#)

20. **This is the most important part.** You must sign and submit your benefits to complete this enrollment. Your enrollment is not complete without doing this. You will sign the form with the same pin you used to login to the self-service enrollment system.

Unicare Address	System Group/Unicare Address	EO	24	07/01/2025	2025	0.00	0.75	0.00
Flexible Spending Account	Flexible Spending Account	EO	24	07/01/2025	2,400	100.00	0.00	0.00
Dependent Care Account	Waived							
Dental	United Concordia - Elite Plus	FA	24	07/01/2025		6.41	0.00	41.57
Vision	Waived							
Basic Life	Basic Life	EO	24	07/01/2025	55,000	0.00	0.00	2.48
Voluntary Long-term Disability	Voluntary Long Term Disability	EO	24	07/01/2025	2,750	0.00	11.00	0.00
Employee Voluntary Life and	Waived							
Spouse Voluntary Life and	Waived							
LifeLock	Benefit Premier	FA	24	07/01/2025		0.00	10.99	0.00
Legal Plan	The Family Advisor with Legal	FA	24	07/01/2025		0.00	10.00	0.00
Employee Assistance Program	Employee Assistance Program	EO	24	07/01/2025		0.00	0.00	0.00
Workers Compensation Ack	Workers Compensation Ackn	EO	24	07/01/2025		0.00	0.00	0.00
Total:						366.80	64.59	967.25

Page 1 of 2

rev. 04-11-2007

Page 1 [Download Form](#)

Please 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** above. Please review it carefully before entering your PIN.

PIN: [Sign Form](#)

 [Accessibility](#) [The BEACON Select](#)

21. Please scroll to the bottom of the page and download your confirmation copy.

Person Name Relationship Description Policy # Cost

Test Smith	Employee	Tax Shelter Acknowledgment; EO		\$0.00
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✓ Policy and Guidelines Acknowledgement

Enrollment Details

Person Name Relationship Description Policy # Cost

Test Smith	Employee	Policy and Guidelines Acknowledgment; EO		\$0.00
------------	----------	--	--	--------

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
Confirmation Statement	05/14/2025

[Return](#)

Accessibility The BEACON Select

That's it – you have completed the enrollment process!

Any questions, please reach out to the Employee Benefit Manager.