

Waiving Medical Benefits and submitting to receive cash-in-lieu of coverage

Important Notice: If you do not make an enrollment election during an active Open Enrollment period or within 30 days of a qualifying life event, you will have to wait until the subsequent Open Enrollment period to make changes.

Enrolling in or waiving coverage must be completed online via the self-service portal at <https://asdbenefits.bswift.com/>.

Step 1: Log In to the Portal

- **Username:** Your school email address.
- **Password:** The last four digits of your Social Security number.

Step 2: Access the Enrollment Page

Once logged in, a **New Hire Enrollment** pop-up will appear at the top of the webpage. Click this option to begin and proceed through the prompts.

Step 3: Verify Family Information

The next screen is your **Family Information** page, which displays the details of your family members (whether they are being enrolled or not).

- Review this information for accuracy and make any necessary changes.
- Scroll to the bottom of the page, check the **"I agree"** box, and click **Continue**.

Step 4: Waiving Benefits (Cash in Lieu of Medical Benefits)

If you wish to waive your medical benefits to receive cash in lieu of coverage, please follow these specific steps:

1. Select **"I don't want this benefit (waive)"** under the medical coverage section.

The screenshot shows the 'Medical' section of an enrollment portal. At the top right, it displays '\$269.15' with a dropdown arrow and the text 'Your Cost per pay period'. Below this, the plan is identified as 'PPO \$250 CBC Capital Blue Cross (Pennsylvania)' with a link to 'View plan details'. The coverage is listed as 'Employee + Family'. A table lists three family members: ANDREW S TESTER (Employee, Covered), test tester (Spouse, Covered), and Baby Tester (Child, Covered). At the bottom, there is a 'Completed' status indicator, a button labeled 'I don't want this benefit (waive)' with a red arrow pointing to it, and a 'View Plan Options' button.

PLAN	COVERAGE	Family Member	Relationship	Status
PPO \$250 CBC Capital Blue Cross (Pennsylvania)	Employee + Family	ANDREW S TESTER	Employee	Covered
		test tester	Spouse	Covered
		Baby Tester	Child	Covered

Completed

[I don't want this benefit \(waive\)](#) [View Plan Options](#)

2. Scroll to the bottom of the page and click **"View Plan Options"** under the *Cash in Lieu of Benefits Waiver Option*.

* Selection Required

I don't want this benefit (waive)

Keep My Selection

View Plan Options

FSA HealthCare

NO PLAN SELECTED

* Selection Required

I don't want this benefit (waive)

View Plan Options

FSA Dependent Care

NO PLAN SELECTED

* Selection Required

I don't want this benefit (waive)

View Plan Options

Employee Assistance

\$0.00

Your Cost per pay period

PLAN Employee Assistance Program Populytics

Completed

View Information

Cash in Lieu of Benefits Waiver Option

WAIVED

You have waived this benefit.

Completed

View Plan Options

1 Your Info

2 Your Benefits

3 Enroll

4 Complete

Your Cost per pay period

\$37.84

Finished selecting benefits? Click the button below to continue.

Continue

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3. Click Select.

Back to Benefits

Cash in Lieu of Benefits Waiver Option

View Plan Details

CASH MEDICAL

Allentown School District

View plan details

Your cost per pay period

\$0.00

Select

New employees who QUALIFY and wish to waive Allentown School District's coverage and receive cash in lieu of benefits must provide sufficient proof of alternative coverage by answering all required questions. Coverage attained through an Affordable Care Act marketplace or Individual Marketplace (e.g., pennie.com) does not qualify for cash-in-lieu of benefits payments. Employees who enroll in coverage under the District's medical, prescription, and dental plans and are willing to discontinue the aforementioned coverage shall receive a monthly bonus as dictated by their bargaining units' contract or status quo. Employees who must re-enroll or newly enroll in the medical, prescription, and dental plans before a full year of disenrollment due to loss of alternative medical, prescription, and dental coverage or other emergency circumstances may do so, subject only to limitations imposed by the medical insurance plan or carrier, and/or as allowable under state and federal laws. If employees decline enrollment for themselves or their dependents (including their spouse) because of other health insurance coverage, they may in the future be able to enroll themselves or their dependents in this plan, provided they request enrollment within 30 days after their other coverage ends, or no later than 60 days if the other plan coverage was through Medicaid or a state Children's Health Insurance Program (CHIP). In addition, as long as they are covered by the group's health insurance plan provided by their employer, if they have a new dependent as a result of marriage, birth, adoption, or placement for adoption, they may be able to enroll themselves and their dependents, provided they request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

By making my electronic acknowledgment on this screen, I certify to Allentown School District that all information and documentation provided is true, correct, and current as of the date signed. If waiving coverage-presently or henceforth-I understand that it is my responsibility to provide proof of non-individual Marketplace coverage with each qualified life event and each open enrollment (both annual or due to contract settlement). Payment in lieu of Medical Coverage is contingent on this proof of qualified coverage- failure to provide proof of qualified coverage will lead to nonpayment. Qualified Life event notifications must be submitted within 30 days from the change date.

For Questions or Confirmation of Eligibility of Cash in Lieu contact benefits@allentownsd.org

4. Enter your current alternative insurance information into the pop-up window that appears, then click **Save Answers**.

Please answer question(s) below:

ANDREW TESTER (Employee)

Cash in Lieu of Benefits Waiver Option

*I HEREBY DECLINE MEDICAL AND DENTAL COVERAGE and certify that I have been given the opportunity to participate in the group insurance plan provided by Allentown School District. If I and/or any eligible dependents desire to apply for insurance at a later date, I may be required to wait until my group's renewal or until a qualifying event occurs before coverage will be offered.

☐

Insurance Plan

Plan Policy Number

Plan Sponsor

Spouse's/Insured Family Member's First and Last Name

Save Answers

5. Click **Continue**.

**Hospital Indemnity**

WAIVED

You have waived this benefit.

Completed

View Plan Options

**FSA HealthCare**

WAIVED

You have waived this benefit.

Completed

View Plan Options

**FSA Dependent Care**

WAIVED

You have waived this benefit.

Completed

View Plan Options

**Employee Assistance**

\$0.00

Your Cost per pay period

PLAN Employee Assistance Program Populytics

Completed

View Information

**Cash in Lieu of Benefits Waiver Option**

\$0.00

Your Cost per pay period

PLAN CASH MEDICAL Allentown School District [View plan details](#)

View your answer(s) to question(s) >

Completed

[I don't want this benefit \(waive\)](#)

View Plan Options

3 Enroll

4 Complete

Your Cost per pay period

\$112.09

Finished selecting benefits? Click the button below to continue.

Continue

Step 5: Review and Confirm Your Elections

Continue through the enrollment prompts until you reach the **Review and Confirm** page.

- Carefully scroll through and review all of your selected elections.
- Click the confirmation checkbox to verify your choices.
- Click **Complete Enrollment**.

Employer Contribution: \$0.00
Your Cost: \$0.00

Edit Selection

Cash in Lieu of Benefits Waiver Option
Your cost per pay period: \$0.00

PLAN: CASH MEDICAL, Allentown School District

Edit Selection

Cost Details (per pay period)

Total Premium	\$250.00
Employer Contribution	(\$250.00)
Your Cost	\$0.00

Once You've Reviewed All Your Selections:

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (before tax dollars) unless I submit a declination election. I reserve the right to revoke this deduction authorization at any time upon written notice.

☒ I agree, and I'm finished with my enrollment

Complete Enrollment

Step 6: Save Your Confirmation Statement

Once enrollment is complete, you will be directed to a confirmation page displaying your finalized elections.

Your enrollment is complete!

You may make changes to your elections until: **June 12, 2026**

Your open enrollment is complete.

You have completed your enrollment. To print a copy of your confirmation statement, click the "Print" icon. To receive a copy via email, click the "Email" icon.

Note: if choosing to email a copy of your confirmation statement, you must have a valid email address listed in your Employee Profile.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records.

VIEW

EMAIL

PRINT

- It is highly recommended that you email a copy of this confirmation statement to yourself for your records. *If you do not see the option to send an email confirmation, please verify that your email address is listed correctly under the personal address information section.*

Reminder: For your security, please remember to click the **Log Out** button located in the top-right corner of the screen when you are finished.