

Welcome to the FHSD Benefits Portal

Welcome

Fields marked with an asterisk (*) are required

User Name *

User Name: Required Field.
case sensitive

Password *

Password: Required Field.
case sensitive

Login >

[Trouble Logging In?](#)

Don't have an account?

Register to create your user name and password.

[Register](#)

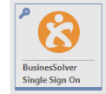
Francis Howell School District Benefits Site

To get started, please log in using your user name and password. Once logged in, you can explore your full benefit offerings.

Current Employees:
Use the **Sign In** fields on the **left side of the screen OR log in with your FHSD Single SignOn (SSO) credentials**

Retirees & COBRA:
First time users must select **Register** on the **right** and create a **user name and password**. **Existing users** log in with your created credentials.

Need Help?
Select **Trouble Logging In?**
Still unable to log in? Email the Benefits Office. benefits@fhdschools.org



If you are still able to access Skyward, log into your Skyward Dashboard and click the Businessolver tile to be automatically logged in.

Otherwise, you will need to follow the prompts to register.

If needed, our company key is: fhsd

Let's Get Started

Getting Started Details

Please read the following information. After you have read the information either accept or decline the agreement by clicking on the appropriate button below. If you agree, you will be directed to the next step. If you decline, you will be returned to the login page and will have to contact your benefits administrator to enter the system.

By clicking "Yes" below, I hereby consent to the use of Electronic Signatures as my formal acceptance of all electronic records covered by the Electronic Signature in Global and National Commerce Act of 2000 (ESIGN) which includes documents, forms, account applications, electronic trade confirmations, statements, agreements, and prospectuses. I also consent to receive certain employee benefit plan information through electronic media. I understand it may be necessary for me to inform the company if my email address changes or if I prefer to receive the communication at a different email address. I also understand that I may withdraw this consent at any time by completing a similar form stating I no longer consent to electronic communication. In addition, I understand that I may request a paper version of the electronically furnished documents free of charge if I am unsuccessful at printing the document.

Do you agree?

☒ Yes ☐ No

Log Out

Continue >

Respond to "Do you agree?"

Click Continue

Enter your **personal** email address and select the "primary" bubble next to it.

Enter your cell phone number and opt into text messages.

Email & phone will be our primary forms of communication moving forward.

Contact Preferences

Email Address ☐ Primary

Personal Email Address ☒ Primary All emails will be sent to this address

Cell Phone Number

Text messages (optional)
☒ I would like to receive text messages

- I would like to receive news and updates about my benefits
- I accept the [Terms and Conditions](#)
- I agree to receive informational text messages from Businessolver, Inc. Consent is not a condition of purchase. Messages frequency will vary. Message and data rates may apply. Reply HELP for help or STOP to cancel.

Document Delivery

Electronic Consent for Affordable Care Act - Important Tax 1095-C Documentation Preference

Electronic 1095 Delivery Consent:
IMPORTANT TAX DOCUMENTATION
Starting in 2015, the IRS is requiring individuals to report on their healthcare coverage. Your employer is required to supply you this information on a standard form, IRS Form 1095. You will use this form when preparing your taxes. You may choose to receive this form electronically or via mail.

By selecting "yes" I consent to the delivery of the 1095 Employee Statement electronically. This document will then be made available in my personal documents by January 31 the year following a year when I am eligible for or enrolled in Health Coverage. A paper copy will not be sent to me unless I withdraw this consent.

I may withdraw this consent at any time by contacting Businessolver at 844-215-5100 or by going to "My Profile" at www.businessolver.com and changing my consent from Yes to No.

I understand that once generated, my completed 1095 form will be available in my Personal Documents as long as Businessolver.com, Inc. is the administrator of my employer's benefits.

This notice will remain in effect until I withdraw consent or until there is a material change in the consent, at which time I will need to reconfirm my consent for electronic delivery.

Do you agree?

☒ Yes ☐ No

Continue >

Welcome to the Francis Howell School District Benefits Center

My Tasks

You are all caught up!

I'm Sofia, your virtual benefits assistant. How can I help?

Ask me anything about benefits

Welcome,



MyChoice Benefits App

Access your benefit details, store ID cards, and more! All at your fingertips.

[Access the App](#)

Retiree Insurance Options

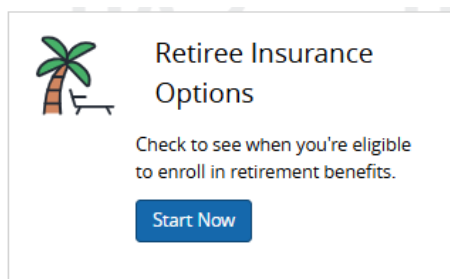
Check to see when you're eligible to enroll in retirement benefits.

[Start Now](#)

Reference Center

[Benefit Guide](#)

On the dashboard navigate to the "Retiree Insurance Options" box.



Retiree Insurance Options

Check to see when you're eligible to enroll in retirement benefits.

[Start Now](#)

To get started, click on the **START NOW** button mid-right on your screen

Retiree Insurance Options X

Enter your planned retirement date below to see when you'll be eligible for enrolling in retirement benefits.

Planned Retirement Date

06/30/2026 

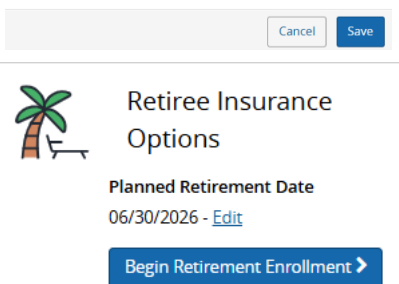
(MM/DD/YYYY)

Next, enter your **last day of employment**, and **SAVE**

ALL END OF SCHOOL YEAR RETIREES: Use 6/30/XX

Mid-year retirees, last day of employment should be within the month prior to your retirement date.

[Cancel](#) [Save](#)



Retiree Insurance Options

Planned Retirement Date

06/30/2026 - [Edit](#)

[Begin Retirement Enrollment >](#)

Then click **BEGIN RETIREMENT ENROLLMENT**

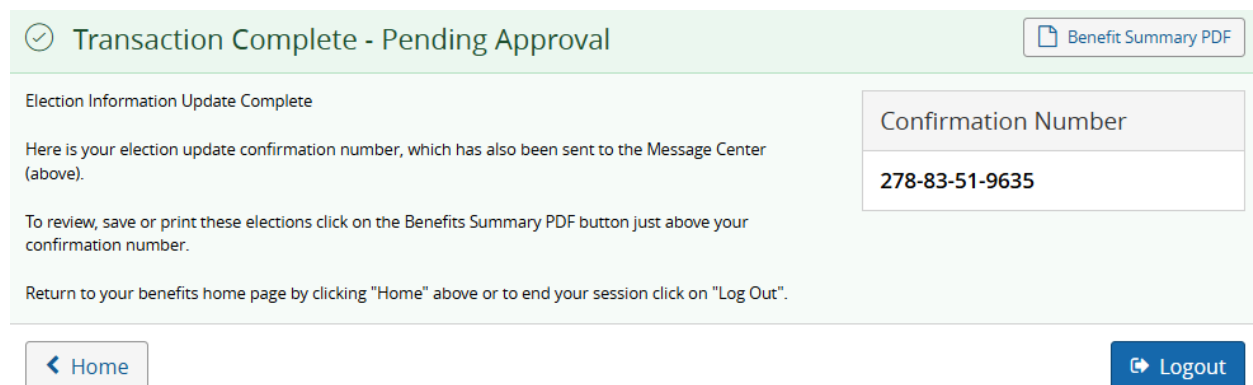
On the next screen click **START ENROLLMENT**

Then review your personal information and click **NEXT**

Continue to follow through the prompts, select the plans you wish to carry, and use the chat feature with Sophia if you have any questions during the enrollment process.

Carefully review which plan you select. IF you select a COBRA plan, this is **temporary** insurance, if you need continuous insurance you will want to select the retiree option. The plan coverage under COBRA is the same as the regular retiree plans but the cost is 2% higher and you can only remain covered through COBRA for 18 months.

At the end of the enrollment process, be sure to fully approve and agree with the details until you reach the screen that generates your confirmation number (similar to below). Here you can open the PDF confirmation page if you click BENEFIT SUMMARY PDF, we recommend saving or printing this for your records.



Transaction Complete - Pending Approval [Benefit Summary PDF](#)

Election Information Update Complete

Here is your election update confirmation number, which has also been sent to the Message Center (above).

To review, save or print these elections click on the Benefits Summary PDF button just above your confirmation number.

Return to your benefits home page by clicking "Home" above or to end your session click on "Log Out".

[Home](#) [Logout](#)

Confirmation Number
278-83-51-9635