

bSwift Open Enrollment Instructions

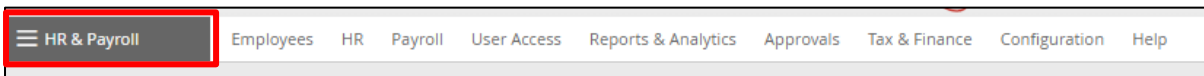
1

Enrollment: Four Steps

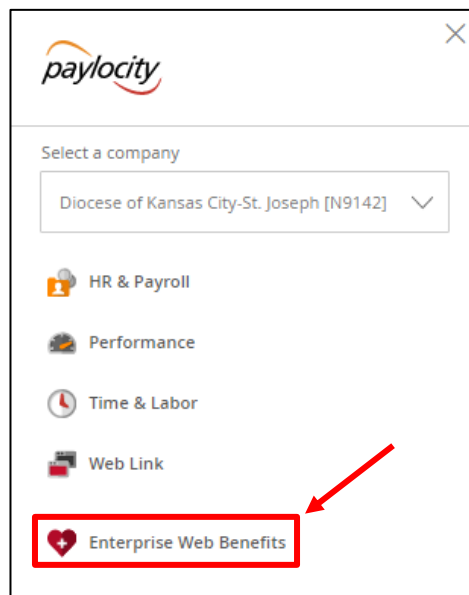
Please note: You must complete all four steps of enrollment for your elections to be saved!

Log in

- Login to Paylocity with your Company ID, User Name, and Password at: <http://www.paylocity.com>
- Click on the HR & Payroll menu in the upper left-hand corner of the screen.



- Click Enterprise Web Benefits to be directed to your bSwift benefits portal.

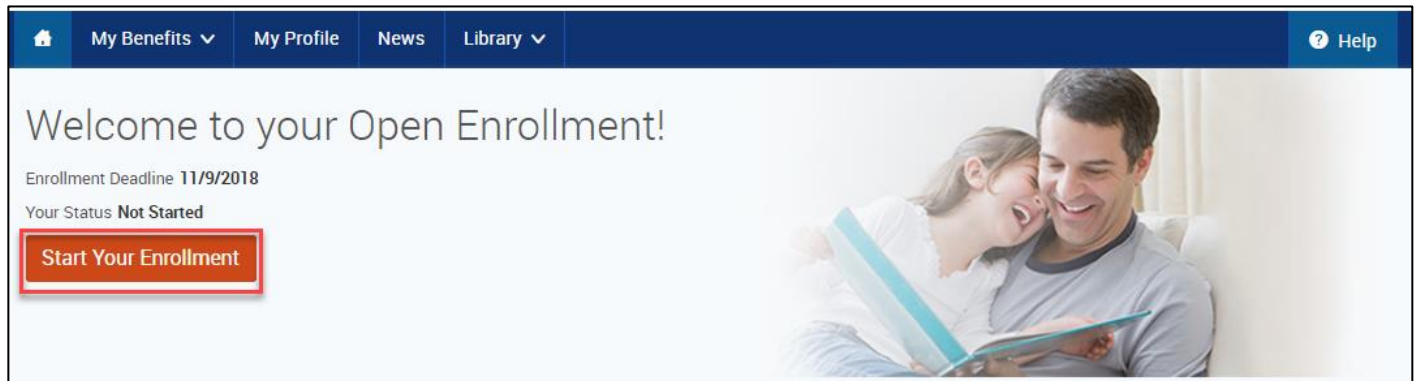


Benefit Technology Resources ®

bSwift Open Enrollment Instructions

2

Click **Start Your Enrollment** to get started.



Step 1: Verify Your Personal and Family Information

Personal Information: Verify your personal information for accuracy and fill in any required fields. If you need to make changes, please make your changes in Paylocity.

You also must answer the Sun Life Critical Illness questions.

- Check the checkbox next to "I agree."
- Click the **Continue** button.

Custom Benefit Information

* Fields are required

EFFECTIVE DATE

* The following applies if you are enrolled in or plan to enroll in the 2018 Allstate Critical Illness plan: Has anyone to be insured used tobacco in the last 12 months? (mm/dd/yyyy)

Medical Premium Discount Earned? No

* The following applies if you plan to enroll in the 2019 SunLife Critical Illness plan: Have you used tobacco in the last 12 months? (mm/dd/yyyy)

* The following applies if you plan to enroll in the 2019 SunLife Spousal Critical Illness plan: Has your spouse used tobacco in the last 12 months? (mm/dd/yyyy)

I verify that my personal information is correct.
 I agree

Questions

2 Your Benefits

3 Enroll

4 Complete



Benefit Technology Resources ®

bSwift Open Enrollment Instructions

3

Family Information

- Please be sure to add all dependents to the **Family Information** section before proceeding to the next section (enrollment). To do so, click on the **+ Add Dependents** link. To edit an existing dependent, click on his or her name.

- Once you have finished entering a dependent, you may either **Save and Continue** or **Save and Add Another**.
- When all your family information is accurate, check the checkbox next to “I agree.”
- Click the **Continue** button to proceed with your enrollment.

Step 2: Consent to Receive Benefit Disclosures Electronically

Review the consent to receive benefit disclosures electronically and submit your answer by selecting it in the dropdown and clicking **Continue**.



Benefit Technology Resources ®

bSwift Open Enrollment Instructions

4

Step 3: Select Your Benefits

You will be taken through each benefit type.

- To view other plan options, click on View Plan Options under each benefit plan.

Medical WAIVED

You have waived this benefit.

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

*Selection Required

Keep My Selection View Plan Options

Your Cost per pay period \$0.00

Finished selecting benefits? Click the button below to continue.

Continue

- Check the box next to each dependent you would like to cover. The tier and cost will update accordingly. Click the blue arrow next to the cost to view the company contribution.

Who will be covered by this plan?

Eric Test (Employee) Spouse Test (Spouse) Baby Test (Child) Child Test (Child) + Add Dependents

Sort by: Cost

Are your providers covered? Find Providers

Blue Saver PPO HSA BCBS of KC BlueCross BlueShield of Kansas City

Maternity High Deductible

CO-INSURANCE 0%

View plan details

Your Cost per pay period: \$343.00 Tier: Employee + Family

Select

SpiraCare EPO BCBS of KC BlueCross BlueShield of Kansas City

Maternity EPO

View plan details

Your Cost per pay period: \$397.50 Tier: Employee + Family

Select

- When you have chosen a plan, click on **Keep Selection/Select and Continue** to save your election and move on to the next benefit.

Preferred Care PPO BCBS of KC BlueCross BlueShield of Kansas City

Maternity PPO

View plan details

Your Cost per pay period: \$461.50 Tier: Employee + Family

Select

Blue Care HMO BCBS of KC BlueCross BlueShield of Kansas City

Maternity HMO

View plan details

Your Cost per pay period: \$481.00 Tier: Employee + Family

Select

Waive Medical

Selected

Keep Selection



Benefit Technology Resources ®

bSwift Open Enrollment Instructions

5

- You may edit a completed box by clicking on **View Plan options** button.

Medical \$461.50
Your Cost per pay period

PLAN Preferred Care PPO / BCBS of KC / [View plan details](#)

COVERAGE Employee + Family

Eric Test	Employee	✓ Cover
Spouse Test	Spouse	✓ Cover
Baby Test	Child	✓ Cover
Child Test	Child	✗ Waive

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

- When you have finished making all of your benefit elections, click the **Continue** on the right side of the page
- If applicable, you may be taken to **Physician Selection, Beneficiary Designation, or Questions** pages.

Beneficiaries

NOTE: You may NOT designate yourself as the beneficiary on Employee Life and AD&D or Employee Accident and Critical Illness.

- You may add beneficiaries that are not your dependents (parents, siblings) by clicking **+Add Beneficiary**. Enter the required information, and then click **Save and Add Another** or **Save and Continue**.
- You may split the amount amongst your beneficiaries, but both primary and secondary percentages must total 100%.
- When you are finished with beneficiaries, questions, and/or other coverages, click the **Continue** button to proceed to the final step of enrollment.

Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Spouse Test (Spouse)	100.0 %
Baby Test (Child)	<input type="text"/> %
Child Test (Child)	<input type="text"/> %

Total: 100%

+ Add New Beneficiary



Benefit Technology Resources ®

bSwift Open Enrollment Instructions

6

Step 4: Last Step - Confirm and Save your Elections!



If needed, you may still edit your elections by clicking **Edit Selection**. If you have added a dependent to the system, you will be required to provide documentation to the HR department to cover the dependent.

 **Medical*** Your cost per pay period **\$461.50**

Preferred Care PPO BCBS of KC Cost Details Per Pay Period

Coverage: **Employee + Family**

Who will be covered on this plan:

Name	Relationship	Coverage 
Eric Test	Employee	 Cover
Spouse Test	Spouse	 Cover
Baby Test	Child	 Cover
Child Test	Child	 Waive

Edit Selection

Employer Contribution	\$555.00
Your Cost (pre-tax)	\$461.50
Your Cost (post-tax)	

- Read the agreement text at the bottom of the page.
- Check the **“I agree, and I’m finished with my enrollment”** checkbox
- Click the **Complete Enrollment** button.

Once You've Reviewed All Your Selections:

Participation

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.

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

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Beneficiaries

Review and Confirm

Complete Enrollment




bSwift Open Enrollment Instructions


7

Confirmation Statements

When you reach the **Confirmation Page** (pictured below), you have completed your enrollment.






Your enrollment is complete!

 You have benefits that you have not chosen to enroll in or to waive. If you would like to review these benefits, you can return to benefit selection and make changes until **November 9, 2018**.


You have completed your enrollment. Click the Print icon to print out a copy of your Confirmation Statement for your records or the Email icon to email yourself a copy of the Statement. If you would like to make changes to your enrollment, click on the plan's Edit Selection button. The medical rates reflected below do not include the wellness medical premium discount. Your deduction amount will be adjusted once wellness status is established after enrollment.

Your Confirmation Statement is ready

Your Confirmation Statement is an overview of your new benefits and costs for your review and records. The medical rates reflected below do not include the wellness medical premium discount.

 [VIEW](#)  [EMAIL](#)  [PRINT](#)

- You may print or email yourself a confirmation statement by clicking the printer or email icons. You may access a copy of your confirmation statement at any time by clicking **My Benefits** in the upper right-hand corner of your homepage.
- You may edit your enrollment until the end of your enrollment window by clicking the **Enrollment Complete** button on your homepage.




My Benefits ▾ My Profile News Library ▾

Your enrollment is complete!

Last date to make changes **11/9/2018**

Your Status **Complete**

[Change My Elections](#)





Benefit Technology Resources ®