



Bswift Benefits Employee User Guide

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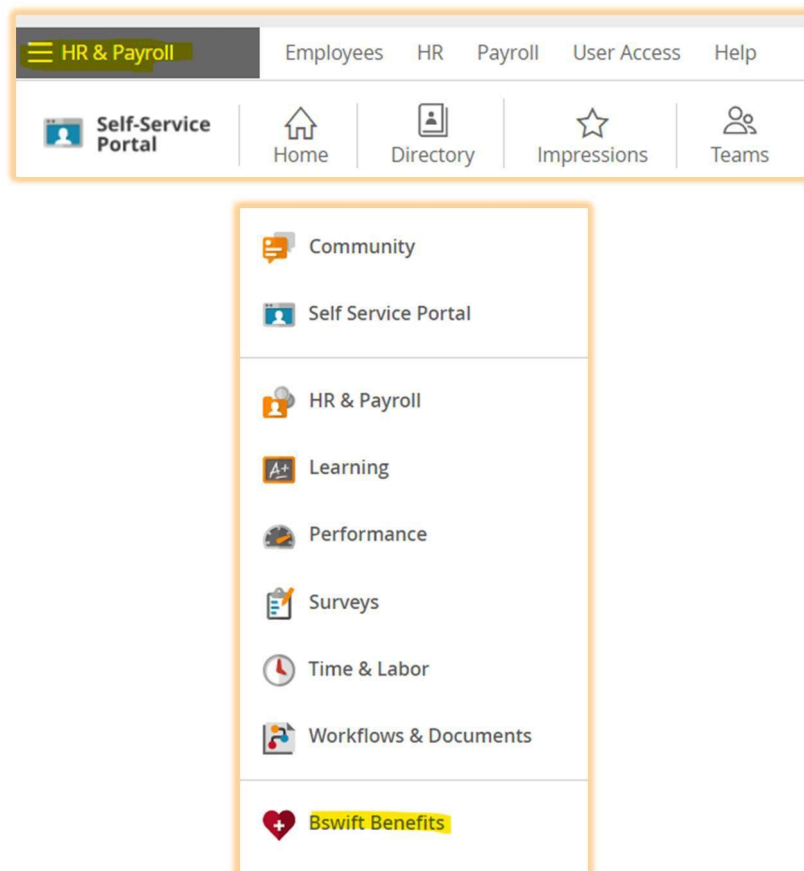
The Bswift Benefits site is used for the following:

- Make your New Hire and/or Open Enrollment elections,
- View your current benefits,
- Make life event changes,
- Update family and/or beneficiary information,
- Access benefit materials such as plan summary documents and evidence of insurability forms, etc.

For successful navigation of the site, do not use the back button in your internet browser, as this will automatically log you out of the site. To navigate through the site, use the navigation bar located at the top of the screen.

1. Accessing Bswift Benefits

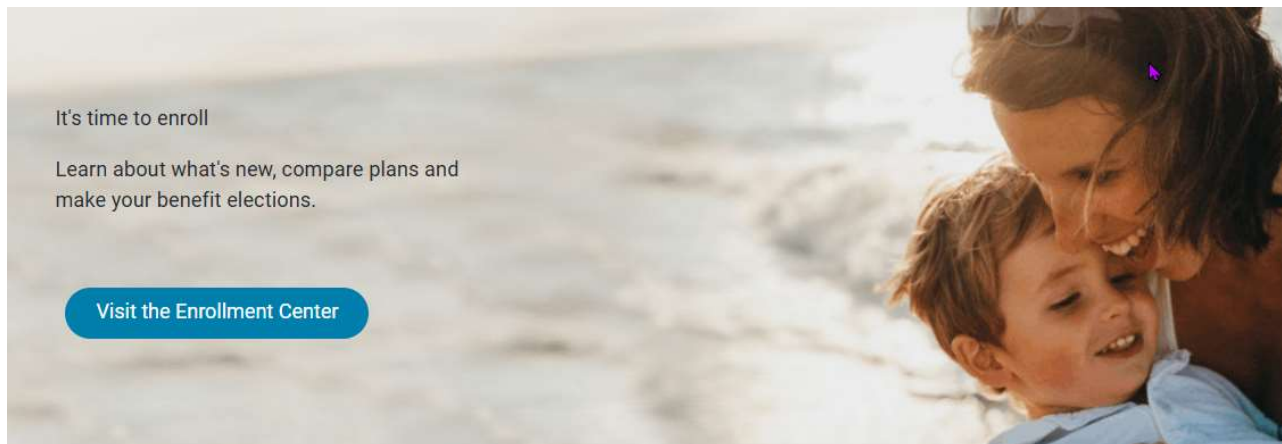
You will be able to access the **Bswift Benefits** site directly from the **Paylocity Employee Self Service Portal**. Click on the gray **HR & Payroll** box at the top left side of your screen and select **Bswift Benefits** from the list of available options. This link will take you directly to Bswift Benefits. A separate user ID or password will not be necessary.



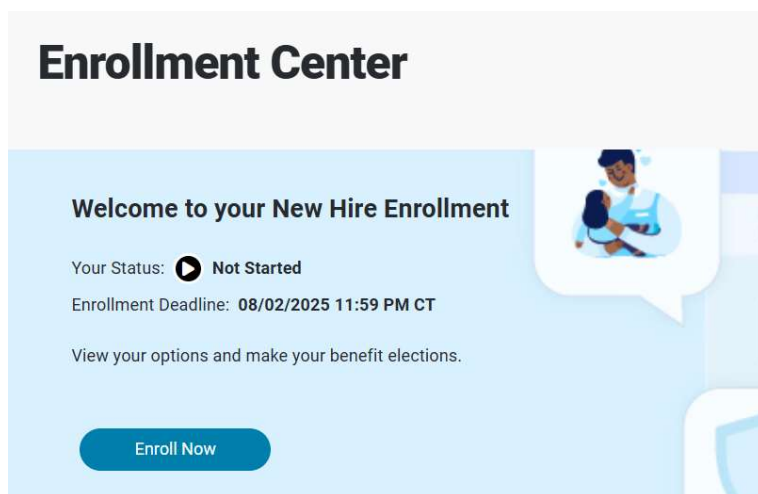
This site supports the following browsers: Microsoft Internet Explorer, version 9.0 and up (as of April 2017 IE versions 9 and 10 will no longer be supported), Mozilla Firefox version 35.0 and up, Safari version 9.0 and up, and Google Chrome version 39.0.2171.99 and up. We encourage you to keep your browser updated.

2. Making Your Benefit Elections

From the homepage, click on **Visit the Enrollment Center**.



Next, click on **Enroll Now**. If you do not see the Enroll Now button, please contact your HR Department.



The enrollment process consists of the following four steps. You will be taken through each step to make changes or confirm your information on file and choose your benefits for the new plan year.

1. Employee (Personal Information)
2. Family (Family Information)
3. Enroll
4. Confirm

VERIFY YOUR PERSONAL INFORMATION

Before beginning your enrollment, please verify the accuracy of all of your personal information (e.g., address, DOB, etc.). If you need to make any changes, please do so in your Employee Self-Service Portal. All updates will reflect on this page within 24 hours. You can still move on with your enrollment. Verify that all information is accurate. When done, check I Agree at the bottom of the page and click Continue.

Any field that has an asterisk next to it is required.

Employee Information

Sometime before beginning enrollment, all of your personal and family information must be complete. Please complete any required fields below, or, if the information has already been entered, please make sure it is accurate. You'll need to agree to the information and then click Continue.

Demographics

First Name

Enrollment

VERIFY YOUR FAMILY INFORMATION

Please add all dependents that may be missing from the Family Information section before proceeding to the next section. To do this, click Add Dependents. When all of your family information is accurate, check I Agree and click Continue.

Family Information

Please enter all family information before beginning your enrollment regardless of whether the family members are to be covered by your benefits or not. To do so, click Add Dependent. To verify or edit the information of a family member who has already been entered, click on the person's name. If you do not have any family members, click Continue.

Enrollment Test

Male Employee

41 years old (1/1/1975)

SSN: 111-23-4567

Edit >

Test spouse

Female Spouse

36 years old (1/1/1980)

SSN: 111-23-4569

Edit >

+

Add Dependents

I agree that the above information is accurate.

☐ I agree

Alert: You must check "I agree" to save changes.

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MAKING BENEFIT ELECTIONS

Medical, Dental, and Vision Plans

To review all available plan options, click the View Plan Options link.

You are now eligible to enroll in your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment.

Medical
NO PLAN SELECTED

View Plan Options

Before you are able to select a plan, select all dependents you wish to cover (the system will generate your coverage tier based on this) and click Continue. If you wish to add a new dependent at this time, click Add Dependents to direct to the family tab and add the dependent.

Who will be covered by this plan?

☒ Enrollment Test Employee
 ☒ Test spouse Spouse
 [+ Add Dependents](#)

← Back
Continue

From here, you can use view the available plan. Once you have chosen the plan you wish to enroll in, click Select to the corresponding plan.

BCBS PPO
 Blue Cross Blue Shield of Massachusetts
☒ Selected

Your Cost per pay period:
\$185.97 ▼
 Tier: Employee + Family

Keep Selection

☒ Waive Medical

Waive

After each election that you make, you will see a summary of your election.

Medical
\$185.97 ▼
 Your Cost per pay period

PLAN BCBS PPO / Blue Cross Blue Shield of Massachusetts
 COVERAGE Employee + Family

TEST NH4	Employee	☒ Cover
Spouse Test	Spouse	☒ Cover
child test	Child	☒ Cover

☒ Completed

I don't want this benefit (waive)
 View Plan Options

Basic Employee Life and AD&D Plans

This is a benefit provided to you by your employer at no cost to you. You do not need to make an election here. You can use the View Information button to review any applicable plan information.



Basic Employee Life

\$0.00

Your Cost per pay period

PLAN Basic Life and AD&D / USAb

COVERAGE \$25,000.00

 Completed

View Information

Voluntary Life and AD&D Plans

To elect the Voluntary Employee, Spouse, or Child Life plans, select the View Plan Options button to view all plans offered. Once you have chosen the plan you wish to enroll in, click Select next to the corresponding plan. You will select your desired coverage amount from the dropdown. When you are satisfied with your election, click Continue.

Voluntary Employee Life

The Standard

 Selected

Coverage Amount:

\$100,000.00

Guaranteed Coverage Amount: \$150,000.00

Cost Summary (per pay period)

Total Premium	\$6.92
Employer Contribution	\$0.00
Your Cost (Pre-Tax)	
Your Cost (Post-Tax)	\$6.92

Continue

Flexible Spending Plans (Healthcare and Dependent Care)

Flexible Spending Account

Group Dynamic, Inc.

 Selected

Employee Contribution Amount:

\$

 annually

Calculate Costs

Minimum Annual Contribution Amount: \$130.00

Maximum Annual Contribution Amount: \$2,750.00

Remaining Pay Periods: 26

Continue

To elect the Healthcare or Dependent Care Flexible Spending Account and make a contribution, click the View Plan Options to review any necessary information and then click Select. You can use the Calculate Cost button to see what the amount would break down to on a per-pay basis. When you are satisfied with your election, click Continue.

Information-Only Plans

You will not be making elections into these plans here. They are meant solely to provide you with the information you need to make your enrollment elsewhere. To gather more information regarding enrolling into these plans, click View Information.

Short Term Disability

NO PLAN SELECTED

*Selection Required

[View Information](#)

Colonial Critical Illness & Accident Info

NO PLAN SELECTED

*Selection Required

[View Information](#)

Once you have made all necessary elections, click Continue.

If you enrolled in a plan that requires beneficiary designation, you will be asked to do that now. Any dependents on file will be listed automatically as beneficiaries. Enter your designations. Your percentages must equal 100 percent. When complete, click Continue. If you would like to add another beneficiary, click Add Beneficiary.

Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	%
Test spouse (Spouse)	%
Total: 0% (must equal 100%)	

[+ Add New Beneficiary](#)

Almost Finished!

You will now be on the final review page. Review all of your benefit elections and covered dependents. If you wish to make any changes, simply click on any one of the Edit Selection buttons. It will return you to the enrollment page.

Please Review All of Your Selections

Once you have completed your review, click the "Complete Enrollment" button at the right side of the page.

*Indicates changed benefits

Your Total Cost **\$1,237.32**
Per Pay Period

Medical*

Your cost per pay period **\$185.97**

⚠️ You are covering an unverified dependent, this election will pend until HR approval

BCBS PPO Blue Cross Blue Shield of Massachusetts
Coverage: **Employee + Family**

Who will be covered on this plan:

Name	Relationship	Coverage
TEST NH4	Employee	✓ Cover
Spouse Test	Spouse	✓ Cover
child test	Child	✓ Cover

[Edit Selection](#)

Cost Details Per Pay Period

Total Premium	\$619.91
Employer Contribution	(\$433.94)
Your Cost (pre-tax)	\$185.97
Your Cost (post-tax)	

Once you have completed your review, check “I agree, and I’m finished with my enrollment” and “Complete Enrollment.” If you stop at any point before this step, your progress will be saved, but your enrollment is not complete.

Once You've Reviewed All Your Selections:

Participation

I understand that the choices I've made are in effect for one full benefit plan year and cannot be changed until the next enrollment period unless I have a qualified status change. If I do have a qualified family status change, I have 30 days from the date of the life event to make changes to my benefit plans, and that I may be required to furnish proof of the event and/or be asked to furnish evidence of insurability for my eligible dependents or myself. Finally, I authorize payroll deductions, if required, for my contributions in the cost of the coverage I have selected.

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

DEADLINE & CONFIRMATION

You can send yourself an email confirmation of your elections or print it for your records. Click the printer icon on the right-hand side of the screen.



Your enrollment is complete!



You may make changes to your elections until: **August 2, 2025**

You have completed your enrollment. Click the picture of a printer to create a printer friendly copy of your Confirmation Statement for your records or email yourself a copy of the Statement. If you would like to make changes to your enrollment, you are able to do so from returning to your home page. From your home page, while you are still within your enrollment window, you can click on the Enrollment Complete button to make any changes needed before your window closes.

Your Confirmation Statement is ready

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

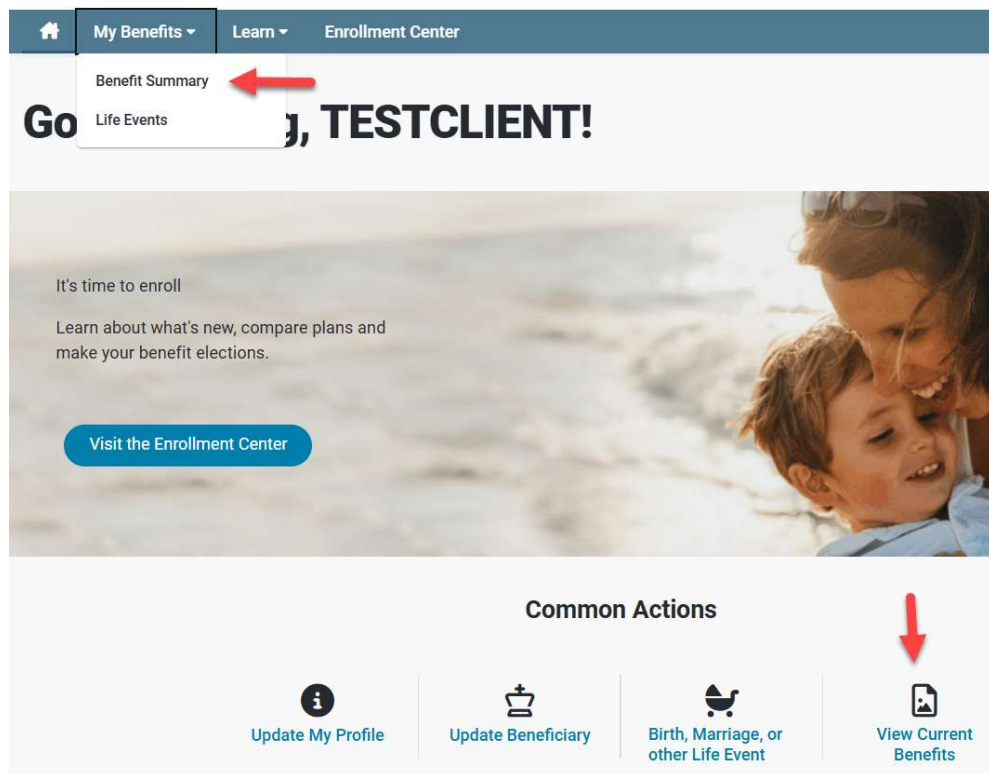
 [VIEW](#)

 [PRINT](#)

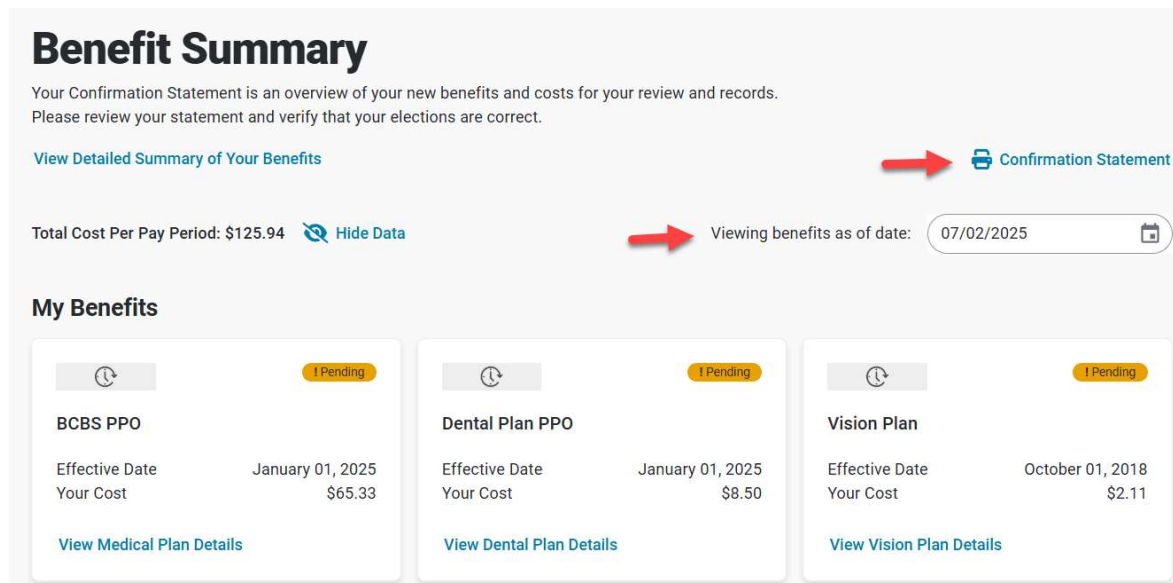
Note: Although the online benefits enrollment site is a secure site and your information is encrypted during transit, it is important that you log off when you have completed your session. Click the Log Off icon in the upper right-hand corner of the enrollment site to do so. For security purposes, the system will automatically log you out if you leave your system idle for more than 30 minutes.

3. Viewing Your Current Benefits

To view a confirmation statement with your current benefits, click on My Benefits, then Benefit Summary from the main landing page. You can also access this information under the Common Actions header

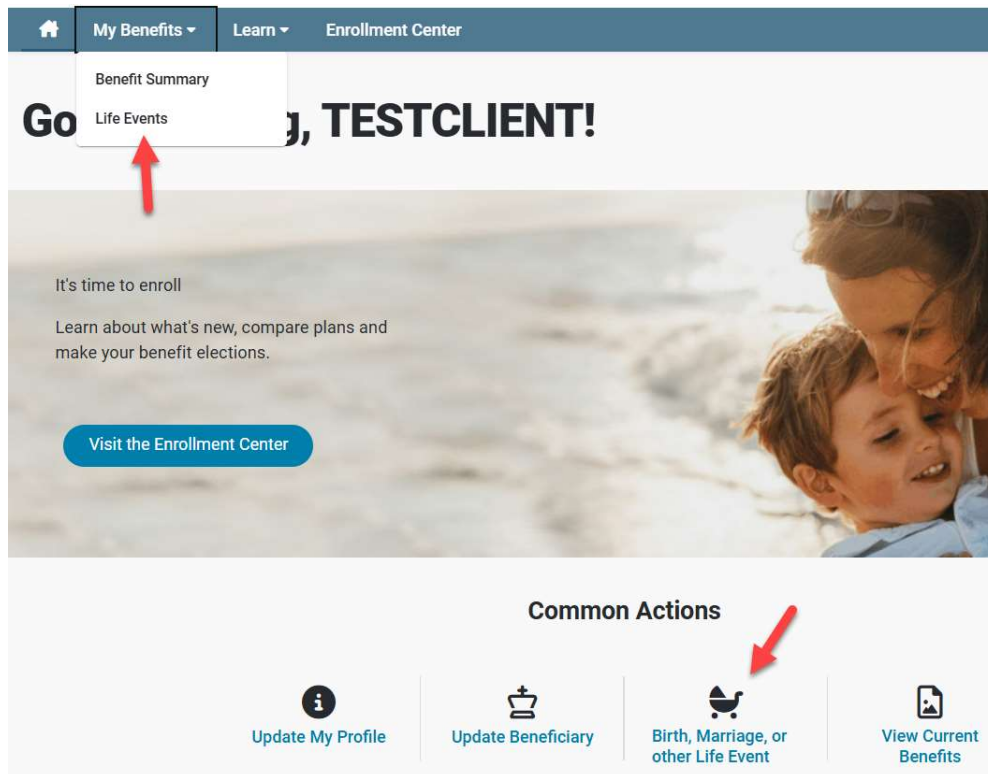


Enter a date in “Viewing benefits as of date”: Click “Confirmation Statement” to print or save to a pdf.



4. Entering a Life Event

Life Events can be accessed either in My Benefits > Life Events or under the Common Actions header.



Click on the appropriate life event you have experienced from the list. You can also click on View Other Events to see additional available life event options. Note: If you still do not see the life event you are looking for, please contact your HR department.

Enter the date of the life event and click Save.

STEP 2 Enter your life event information

Marriage

When did your life event take place?

Enter a date:

Add or remove dependents (based on your event). If you are adding a dependent, you must enter all required information. Once you are satisfied, click Save.

Add Family Member

Dependent Information

* First Name

Middle Initial

* Last Name

* Date of Birth

Social Security Number

* Gender ☐ Male ☐ Female

Disabled ☐ Yes ☒ No

Tobacco user ☐ Yes ☒ No

* Relationship

* Fields are required

If you are deleting a dependent, check the box next to the appropriate dependent and click Continue.

Update Family Member

Check the box next to the name of the family member you wish to update:

Remove	Name	SSN	Relationship	Date of Birth	Age	Gender	Additional Information
☐	Test User4	000-00-0009	Employee	1/24/1977	37	M	
☐	spouse test4	111-22-3333	Spouse	1/1/1974	40	F	

Verify all information entered for your life event is accurate. If so, click "I agree that the above information is accurate" and hit Save and Start Life Event Enrollment.

STEP 3 Confirm your information

Marriage

[Change life event](#)

Life Event: **Marriage**

Date of Event: **07/01/2025**

Added to Family: **spouse spouse**

☒ I agree that the above information is accurate.

[Save and Start Life Event Enrollment](#)

[Cancel](#)

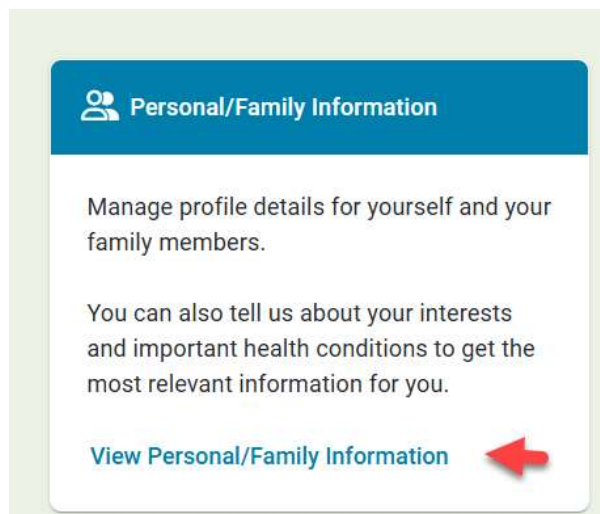
You may be required to provide documentation in order for the Life Event elections to be approved.

5. Updating Dependent Information

To view or edit the demographic information of any existing family members or add a family member without making benefit election changes, click Update My Profile under the Common Actions header



Next, click "View Personal Family Information"



Here, you can view any family members that have already been added. To edit the information of an existing family member, click his/her name. To add a new family member, click Add Dependents. Once you are satisfied with all information entered, click Save.

Note: Any field with an asterisk is a required field.

Family Information



6. Updating Beneficiary Information

To view your current beneficiaries or update your beneficiary designations, click “Update Beneficiary” in the Common Actions section. You can also reach this screen via Update My Profile > View Beneficiaries.



To add a new beneficiary, click Add Beneficiary.

Fill out all required fields. When you are satisfied, click Save.

To change your beneficiary designation, enter the percentage you would like designated to your new primary or secondary beneficiaries. Once you are satisfied with the designation, click Save.

[Home](#)
[My Benefits](#)
[Learn](#)
[Enrollment Center](#)

Personal Information
Family Information
Beneficiaries
Security Question
Life Event
Employee File
Personalized Forms

Beneficiaries

TESTCLIENT NEWHIRE1

PRINT

Relationship	Name
(Mother)	Jane Smith

+ Add Beneficiary

Beneficiary Designation

Basic Employee Life

Primary Beneficiaries

Name	Percentage	Remove
Jane Smith (Mother)	100.0 %	×

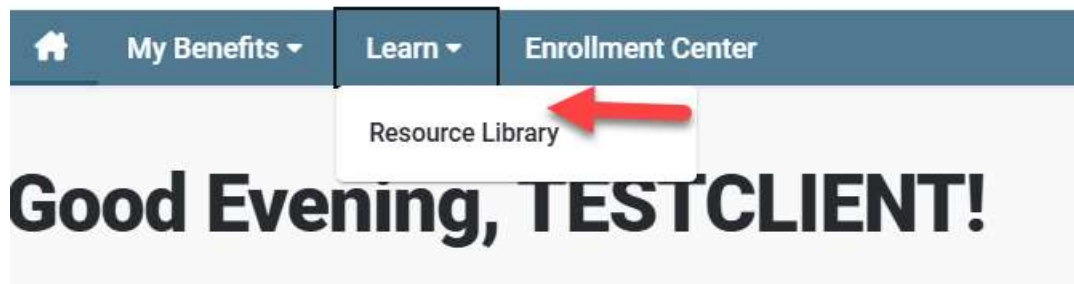
Total: 100.0000%

+ Add Beneficiary

Note: If your employer also requires that you submit a paper beneficiary change form, you will need to complete and submit the paper form as well. This document can be obtained in the Library or from your HR department. Please refer to the Accessing Documents in the Library section.

7. Accessing Documents in the Library

The library allows your employer to post documents you may need to reference outside of open enrollment. To access these documents, click Learn > Resource Library



Next, click “View Health Benefit Information” to see the documents available to you. Click on the name of the document you would like to view.

