



Begin making your Benefit Enrollment

First things first...

Log In!

Enter the following URL into your web browser:

<http://stlukeshospital.bswift.com/>

- New users:
 - Username: Employee ID#
 - Examples:
 - Employee ID#: 12345
 - Username= 123456
 - Password: Last 4 digits of your Social Security Number
 - Follow the bswift login instructions to set a customized password.



Log In

Username

Password

Forgot Password

Log In >



Welcome to the bswift Benefit Portal

Please log in to view or edit your personal and family information or benefit elections.

Username and Password

Your username is your Employee ID Number

Password

If you are a first time user or starting Open Enrollment, your password will be the last four digits of your social security number.

Select **“Start Your Enrollment”** from the welcome page. The system will then take you through each available benefit option to make your elections.



 Change Password  Log Out



My Benefits ▾

My Profile

 Help

Welcome to your Company-wide enrollment!

Enrollment Deadline 11/30/2024

Your Status Not Started

[Start Your Enrollment](#)



Verify your Information & your Dependents Information

- If you would like to review your demographics or for your dependents, from the home page you can select 'My Profile' from the top menu or select the individual family members from the list.
- If there is any incorrect information to your profile, **please contact your HR representative** for corrections.

Demographics

* Fields are required

First Name Employee

Middle Initial

Last Name zzTester

Social Security Number 212-01-0034

Date of Birth 8/27/1987

Gender Male

Family Information

 Tell me about your family.

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 Dependents". To verify or edit the information of a family member who has already been entered, click "Edit" under their information. If you do not have any family members, click "Continue".

Your HR Department conducts periodic audits of family members enrolled in the sponsored health and welfare plans. In addition, an employee with family member(s) enrolled in the group insurance plans must provide, on request, documentation verifying the relationship between the employee and family member(s). Acceptable documentation includes birth certificates, adoption paperwork, or marriage certificates.

IMPORTANT NEXT STEP:
After you have completed your enrollment, go back to your home page to to electronically upload your dependent's documentation.

John Murphy

Male Employee

44 years old (1/1/1980)

Edit >

Mary Murphy

Female Spouse

39 years old (1/1/1985)

Unverified

Edit >

+

Add Dependents

1 Your Info

Employee Information

Family Info

Questions

2 Your Benefits

3 Enroll

4 Complete

Continue

EOI Service Company

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Once you have updated your demographics and family information, you will be directed to the benefit enrollment section.

Help  Exit Enrollment

Company Wide Enrollment

Welcome to your Company-Wide Enrollment. Be sure to add any eligible dependents in the Family information section prior to beginning your enrollment.
Please review all benefits listed below.

 **Medical**

NO PLAN SELECTED

* Selection Required

I don't want this benefit (waive)

View Plan Options

 **Health Savings Account**

NO PLAN SELECTED

* Selection Required

I don't want this benefit (waive)

View Plan Options

 **FSA Health**

NO PLAN SELECTED

* Selection Required

I don't want this benefit (waive)

View Plan Options

1 Your Info

2 Your Benefits

3 Enroll

4 Complete

Your Cost per pay period **\$0.00**

Finished selecting benefits? Click the button below to continue.

Continue

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

Save and Finish Later



Each plan is required to make an election choice. It is important that you take time to review your options carefully.

When you View Plan Options, the plan may show an option to cover specific dependents. You will be prompted to select who to cover. You can also add new dependents here, if you forgot to add them during the initial Family Information Review step.

Who will be covered by this plan?

☒ John Tester
Employee

☒ Spouse Tester
Spouse

☒ Child Tester
Child

 Add Dependents

 Back to Benefits

Continue

When you arrive on your benefits enrollment page, you may notice that some benefit tiles are **GREEN** and some are **GRAY**. Green tiles represent benefits that you've already enrolled in OR are automatically enrolled in by your employer for the employer paid benefits. Benefits in gray are plans that still require a selection to be made or waive out of. Once all icons are green you can then complete your enrollment.

Beneficiaries Checkpoint

- A beneficiary is the person you have designated to receive any benefits that may be due after your death.
- You are required to designate a primary beneficiary. If the primary beneficiary is unable to serve as your beneficiary, the secondary beneficiary will become the recipient. For this reason, you should not designate the same person as both a primary and a secondary beneficiary. Secondary beneficiaries are optional on most plans. If adding secondary please be sure the percentage for primary and secondary equals 100% total amount.

Basic Employee Life & AD&D

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage	Remove
SpouseTester01 zzTester (Spouse)	100.0 %	

Total: 100.0000%

 Add Beneficiary

Secondary Beneficiaries (optional)

Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

 Add Beneficiary

Voluntary Employee Life

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage	Remove
ChildTester01 zzTester (Child)	100.0 %	

Total: 100.0000%

Review & Confirm

- The last step of your enrollment will be to review all of the elections and changes you've made to your benefits for the upcoming plan year. Once you've reviewed your selections, you will confirm that you agree by selecting the checkbox located at the bottom of the page.

Review and Confirm



Please Review All of Your Selections

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



Medical

Waived

Edit Selection

Hospital Indemnity

Your cost per pay period **\$9.28**

Hospital Indemnity Plan 2 Aetna

Coverage: **Employee**

Who will be covered on this plan:

Name	Relationship	Coverage 
WMC01 zzTester	Employee	 Cover
SourceTester01 zzTester	Source	 Waive

Cost Details (per pay period)

Total Premium	\$9.28
Employer Contribution	\$0.00
Your Cost	\$9.28

1

2

3

4

Your Info

Your Benefits

Enroll

Beneficiaries

Review and Confirm

Complete

Complete Enrollment

Congratulations! Your enrollment is complete! Please Email or Print the confirmation statement for your records.



Your enrollment is complete!

 You may make changes to your elections until: **October 11, 2024**

You have completed your Company-Wide Enrollment. If you would like a copy of your confirmation statement, you can click on email to send it to your email address on file or click print. If you would like to make any changes to your enrollment, click on the plan's Edit Selection button.

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

Revisiting your Benefit Information

- Don't fret, you can always log into your bswift benefits portal throughout the year to view your benefits information! You can make changes to your elections up until the last day of enrollment.

Questions?

If you have questions, please reach out to your Human Resources Department.