

Bswift Instructions

Instructions on navigating Paylocity to enroll or change your benefits elections via Bswift.

- [Paylocity Bswift Instructions](#)

Paylocity Bswift Instructions

How to Access Benefits:

- Login through Paylocity like you normally do via a web browser (Chrome or Safari on your phone) or via a computer browser. Benefit elections cannot be completed via the Paylocity app at this time. There will be a link from the app that will take you right to the web page on your device.



Welcome

Company ID

Username

Password

 [Show](#)

Remember My Username

Login

This is the same login you have been using.

Company ID Reminder:

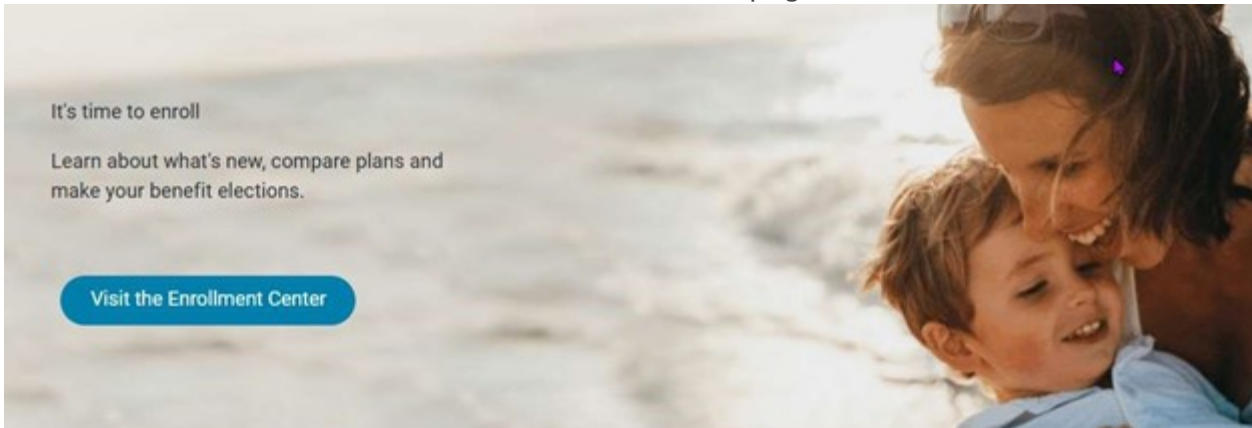
- 166794 - SC Swiderski, LLC (Leasing)
- 166795 - SC Swiderski Management (Development & Corporate Ops)

- 166796 - SC Swiderski Construction (Field Ops & Project Management)

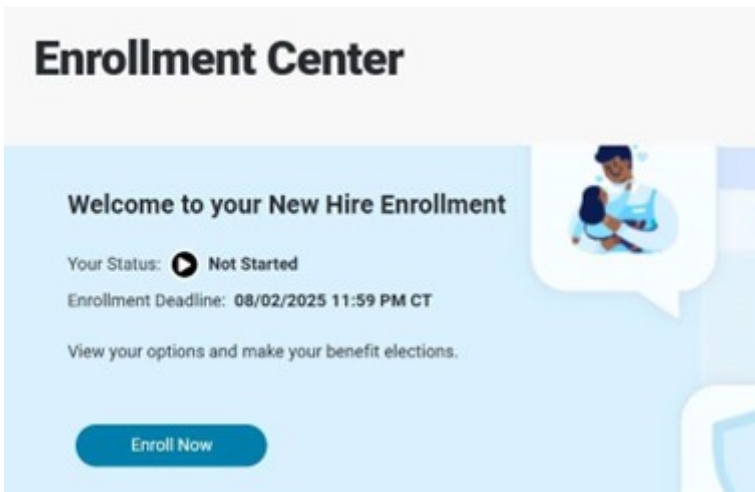
Username should be your first initial followed by your last name. There are a few exceptions, and you know who you are. :)

* Select "Forgot Password" if you don't remember your credentials.

1. [Access bswift.](#)
2. Select **Visit the Enrollment Center** from the homepage.



3. Select **Enroll Now**.



4. Review **Employee Demographic Information:**
 - Make any necessary updates in the **Self-Service Portal**. Those updates reflect in bswift within 24 hours.
 - Select **I agree** at the bottom of the page.
 - Select **Continue** in the right sidebar menu.
5. Review **Family Information:**
 - Select **Edit** to change an existing dependent's demographic information.
 - Select **Add Dependents** to enter a new dependent.
 - Select **I agree** at the bottom of the page.
 - Select **Continue** in the right sidebar menu.
6. Enter Benefit Elections:
 - Complete the following steps for Medical, Dental, and Vision Plans:

1. Select **View Plan Options**.
2. Select which **Dependents** to cover.
3. Select **Continue**.
4. Select **View plan details** to review any applicable plan information.
5. Select the appropriate **Plan** or **Waive** option. (Example, ours will have Anthem plans)

This screen will show our plans....

View All Plans Side-by-Side

<p>UHC HDHP</p> <p>United Healthcare</p> <p>View plan details</p>	<p>Your Cost per pay period:</p> <p>\$392.00 <input type="button" value="v"/></p> <p>Tier: Employee + Spouse</p> <div style="background-color: #c0392b; color: white; padding: 5px; text-align: center; width: 100px; margin: 0 auto;">Select</div>
<p>UHC PPO</p> <p>United Healthcare</p> <p>View plan details</p>	<p>Your Cost per pay period:</p> <p>\$497.00 <input type="button" value="v"/></p> <p>Tier: Employee + Spouse</p> <div style="background-color: #c0392b; color: white; padding: 5px; text-align: center; width: 100px; margin: 0 auto;">Select</div>
<p>Waive Medical Plan</p> <p>Waive</p>	<p>Your Cost per pay period:</p> <p>\$0.00 <input type="button" value="v"/></p> <div style="background-color: #c0392b; color: white; padding: 5px; text-align: center; width: 100px; margin: 0 auto;">Waive</div>

6. • Complete the following steps for Health Savings Accounts (HSAs):
 1. Select **View Plan Options**.
 2. Enter the appropriate **Employee Contribution Amount**. The allowable contribution amount gets limited by any applicable employer contributions.
 3. Select **Calculate Costs** to see what the annual amount entered breaks down to on a per-pay basis.

4. Select **Continue**.

Health Savings Account Discovery

Selected

Employee Contribution Amount:

\$ 0 annually

Minimum Annual Contribution Amount: \$0.00

Maximum Annual Contribution Amount: \$3,200.00

Continue

- Complete the following steps for Basic Life and Accidental Death and Dismemberment (AD&D) Plans:
 1. Employees do not need to make an election in these plans if the coverage is provided by the company. These benefits are typically provided by the employer at no cost to the employee.
 2. Select **View Information** to see more plan details.
- Complete the following steps for Voluntary Employee, Spouse, Domestic Partner, or Child Life and AD&D Plans:
 1. Select **View Plan Options**.
 2. Select **View plan details** to review any applicable plan information.
 3. Select appropriate **Plan** or **Waive** option.
 4. Select the appropriate **Coverage Amount** in the dropdown menu.

5. Select **Continue**.

[Back to Benefits](#) Voluntary Employee Life

CURRENT PLAN

Voluntary Employee Life & AD&D
Cigna

Selected

[View plan details](#)

Coverage Amount:

Guaranteed Coverage Amount: \$150,000.00

Cost Summary (per pay period)	
Total Premium	\$15.15
Employer Contribution	\$0.00
Your Cost (Pre-Tax)	
Your Cost (Post-Tax)	\$15.15

Waive Voluntary Employee Life

- Complete the following steps for Employer Provided Short Term Disability (STD) or Long Term Disability (LTD) Plans:
 1. Employees do not need to make an election in these plans. These benefits are typically provided by the employer at no cost to the employee.
 2. Select **View Information** to see additional plan details.
- Complete the following steps for Voluntary Short Term Disability (STD) or Long Term Disability (LTD) Plans:
 1. Select **View Plan Options**.
 2. Select **View plan details** to review any applicable plan information.
 3. Select the appropriate **Plan** or **Waive** option.

4. Select **Continue** to enroll in the plan.

[Back to Benefits](#) Voluntary STD

STD | Cigna
Selected
[View plan details](#)

Coverage Amount:
0.6 X Salary \$1,000.00

Guaranteed Coverage Amount: **\$0.00**

Cost Summary (per pay period)	
Total Premium	\$21.50
Employer Contribution	\$0.00
Your Cost (Pre-Tax)	
Your Cost (Post-Tax)	\$21.50

Continue

Waive Voluntary STD **Waive**

- Complete the following steps for Flexible Spending Accounts (Healthcare, Dependent Care, Parking, & Transportation):
 1. Select **View Plan Options**.
 2. Select the appropriate **Plan** or **Waive** option.
 3. Enter the appropriate Employee Contribution Amount.
 4. Select **Calculate Costs** to see what the annual amount entered breaks down to on a per-pay basis.

5. Select **Continue**.

Back to Benefits | FSA Dependent Care

Dependent Care FSA Discovery

Selected

Employee Contribution Amount:

\$ annually

Minimum Annual Contribution Amount: \$130.00

Maximum Annual Contribution Amount: \$5,000.00

Remaining Pay Periods: 1

Waive FSA Dependent Care

- Complete the following steps for Information Only Plans:
 1. Employees do not enroll in these plans in the bswift system.
 2. Select **View Information** for more information on how to enroll.
- 7. Select **Continue** in the right sidebar menu after making all selections.
- 8. Enter any necessary **Beneficiary** Information.

9. Select **Continue**.

"Beneficiary" represents the person or persons designated in writing and in accordance with the terms of the plan to receive any benefits due after death of the employee/retiree. "Secondary Beneficiaries" represents the person or persons named to receive benefits if the Primary Beneficiary is not alive. Please review the options below and make changes as needed.

Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries **(required)**

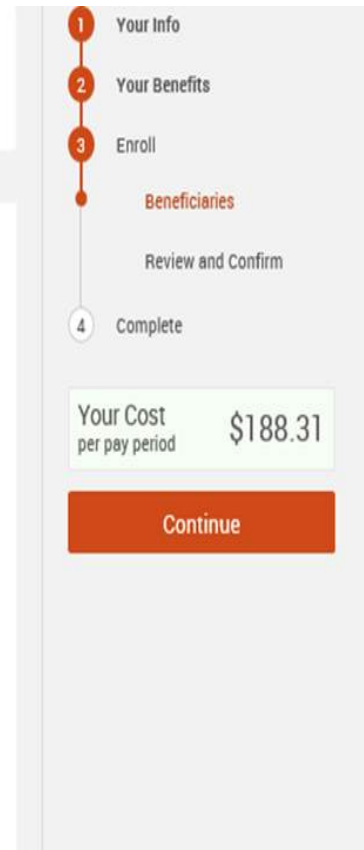
Name	Percentage
My Estate (Employee)	<input type="text"/> %

Total: 0% (must equal 100%)

[+ Add New Beneficiary](#)

[v Add Secondary Beneficiaries](#) (optional)

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



The progress bar on the right side of the page shows four steps: 1. Your Info, 2. Your Benefits, 3. Enroll, and 4. Complete. Step 2, 'Your Benefits', is currently active and highlighted in red. Below the progress bar, a summary box displays 'Your Cost per pay period' as '\$188.31'. At the bottom of this section is a large orange 'Continue' button.

10. Review all selections.

11. Select **Edit Selection** to make changes to any elections.

12. Select **I agree, and I'm finished with my enrollment** and **Complete Enrollment** to submit the enrollment.

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.

1 Your Info

2 Your Benefits

3 Enroll

Beneficiaries

Review and Confirm

4 Complete

Complete Enrollment

13. Select **View** to view a Confirmation Statement outlining the benefits elected.
14. Select **Email** to receive an email containing a Confirmation Statement outlining the benefits elected.

Select **Print** to print out a Confirmation Statement outlining the benefits elected.



Your enrollment is complete!



You may make changes to your elections until: **January 19, 2019**

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.

Questions?

Reach out to your HR Generalist for more assistance.

- Melissa - melissar@scswiderski.com
- Katie - katie.popelka@scswiderski.com