Bswift Enrollment

NOTE: You are required to make a selection for all benefits. You must add any dependents you wish to cover to the system at this year's annual enrollment.

To Begin:

- 1) From the "Home Page" click on the "Enroll Now" link, to begin the election process.
- 2) On the "Personal & Family Page", verify your information is accurate and "Add" all eligible dependents you wish to cover under any benefits.

HOW TO ENROLL

Go to http://catoosaboc.bswift.com.

At this time, make sure to disable your pop up blocker.

- At the enrollment website enter your Username and Password.
- Username is the first letter of your first name, your full last name and the last four digits of your social security number (ex.jdoe2257)
- Password is the last 4 digits of your Social Security number (ex. 4567).

You will then be prompted to create a permanent password.

| Log In Username | |
|--|--|
| Password First Time User Forgot Password | |
| Wecome to our site | |

3) To make a plan selection, select the button beside the newly elected plan. if you are covering dependents, make sure to "Select" them by checking off next to their name under Select who to cover with this plan. Then press "Next" at the bottom of the screen.

Bswift Enrollment, Cont'd

| SPECIAL ENROLLMENT | 1 | Plan Selection | | | | |
|---|----------|--|---|------------|-----------|--|
| ✓ Dental | 1 | Vision Plan (2014) | Employee + Family | | \$17.20 - | |
| ✓ Vision | Cal | | Add Dependents | | | |
| ✓ Basic Employee Life | Sei | ect who to cover wit | | | | |
| ✓ Voluntary Employee Life | () | Sally Test | spouse test | Child TEST | | |
| ✓ Supplemental Employee Life | | Linpioyee | opours | | | |
| ✓ Supplemental Spousal | | CURRENT PLAN | | | | |
| Life | 6 | Vision Plan (2 | 2014) | | \$17.20 🔽 | |
| Supplemental Child Life | | Ameritas Dental | per pay period Tier: Employee + Family | | | |
| ✓ Supplemental Employee AD&D | | View plan details - | | | | |
| ✓ Supplemental Spousal AD&D | | You will receive new vision ID cards effective 1/1/2014. | | | | |
| ✓ Supplemental Child AD&D | 6 | Walva Vision | | | | |
| ✓ Short Term Disability | C | y waive vision | | | | |

4) Once you have reviewed and completed your enrollment, click on "I Agree and I am finished with my enrollment", then click on "Save My Enrollment".

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 on a pre-tax basis (before tax dollars) unless I submit a declination election. I reserve the right to revoke this deduction authorization at any time upon written notice.

I agree, and I'm finished with my enrollment

✓ Save My Enrollment!

5) You will now be taken to the final confirmation page to either print or email.

Qualifying Events (refer to your 2016 Summary Plan Description - Special Enrollment Rights)

- Contact ShawHankins by calling 800-994-7429 to speak with an enroller regarding enrollment.
- You must enroll within 30 days from the effective date of your qualifying event.

How to Enroll

