

## Before You Enroll – Things to Know

You are REQUIRED to **provide the below information/documentation** for all dependents/beneficiaries:

- Name
- Date of Birth
- Social Security Number

### HOW TO ENROLL

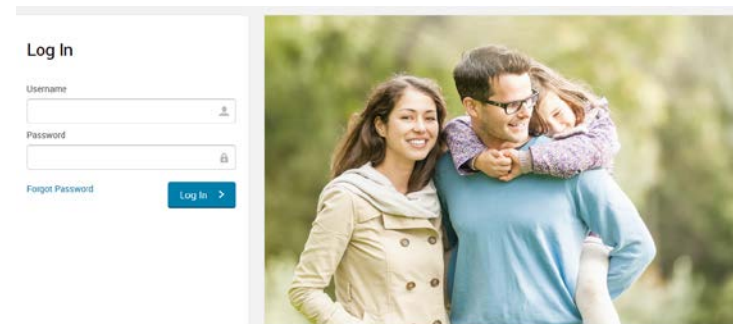
Go to [www.meriwether.bswift.com](http://www.meriwether.bswift.com).

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 last name, and last 4 digits of your Social Security number (ex. jdoe4567).
- Password is the last 4 digits of your Social Security number ( ex. 4567).

You will then be prompted to create a permanent password.



- Please go online and make your elections during the New Hire Orientation by the deadline provided
- Please contact ShawHankins at 800-994-7429 to speak with a Benefit Consultant if you need assistance with your enrollment.

**Failure to enroll within the enrollment time period will result in the forfeiture of your eligibility for enrollment until the next annual enrollment period unless you experience an eligible qualifying event**

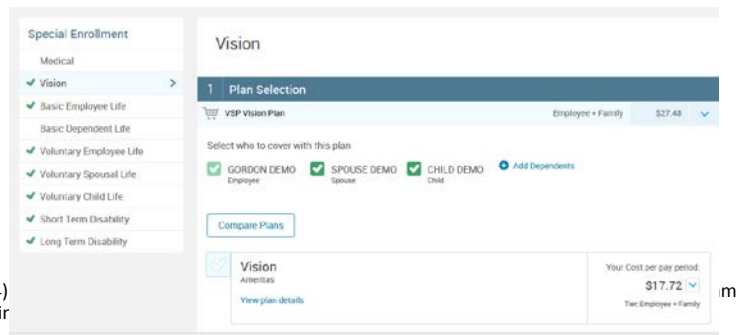
## How To Enroll

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.



- 3) When 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.



4) fir

### 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 contracts. 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 deduction election. I reserve the right to revoke this deduction authorization at any time upon written notice.

- 5)  I agree, and I'm finished with my enrollment

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Save My Enrollment!