



Web Benefits Employee User Guide

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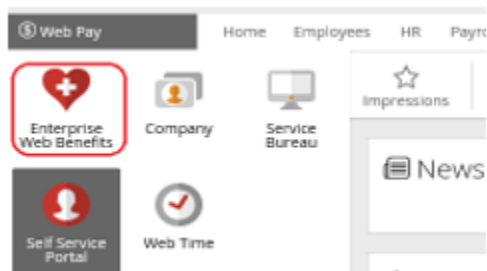
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1. Overview

You will be able to use the Web Benefits site to make your New Hire and/or Open Enrollment elections, view your current elections, make life event changes, update family and/or beneficiary information, access benefit materials (i.e. plan summary documents or forms), etc.

2. Accessing Web Benefits

You will be able to access the Web Benefits site directly from the Web Pay Employee Self Service Portal, by clicking on the Applications tab and selecting Enterprise Web Benefits from the dropdown options. You will not need a separate user ID or password when accessing the site via the Employee Self Service Portal.



You can also go directly to our online enrollment site using the web address <http://snoozeeatery.bswift.com>. 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.

Usernames and Passwords

All usernames and passwords have been set to the following:

- Username: The first letter of your first name followed by your last name.
- Password: The last four digits of your Social Security number.

Log In

Username This field is required.

Password This field is required.

[Forgot Password](#) Log In >



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.

3. Making Your Benefit Elections

From the homepage, click on Start Your Enrollment. If you do not see the Start Your Enrollment button, please contact your HR department.

[Home](#) | [My Benefits](#) | [My Profile](#) | [Library](#)

Welcome to your enrollment!

Enrollment Deadline **7/10/2017**

Your Status **Not Started**

[Start Your Enrollment](#)

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 at the bottom of the page.

Demographics

First Name TEST

Middle Initial

Last Name NEWHIRE10

Social Security Number 000-00-0010

1 Your Info

- Employee Information
- Family Info

2 Your Benefits

3 Enroll

4 Complete

[Continue](#)

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 Family Member. 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.

<p>TEST NEWHIRE1</p> <p>Male Employee 41 years old (10/10/1975) SSN: 000-00-0010 Edit ></p>	<p>Test Spouse</p> <p>Female Spouse 42 years old (1/1/1975) SSN: 222-33-4444 Edit ></p>	<p>Add Dependents</p>
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I agree that the above information is accurate.

I agree

- 1 Your Info
 - Employee Information
 - Family Info
- 2 Your Benefits
- 3 Enroll
- 4 Complete

Continue

MAKING BENEFIT ELECTIONS

Modify based on the client's benefits

Medical, Dental, and Vision Plans

To review all available plan options, click the View Plan Options link. If you would like to waive coverage, click the I don't want this benefit (waive) 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

*Selection Required

I don't want this benefit (waive)

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.

[Back to Benefits](#) | Medical

Who will be covered by this plan?

TEST NEWHIRE10 Employee
 Test Spouse Spouse
 [+ Add Dependents](#)

[Back to Benefits](#) [Continue](#)

From here, you can use the View All Plans Side-by-Side section to compare all available plans. Once you have chosen the plan you wish to enroll in, click Select to the corresponding plan.

[Back to Benefits](#) | Medical

Who will be covered by this plan?

TEST NEWHIRE10 (Employee)
 Test Spouse (Spouse)
 [+ Add Dependents](#)

[View All Plans Side-by-Side](#)

BCBS HDHP Blue Cross Blue Shield View plan details	Your Cost per pay period: \$69.23 <input type="text"/> <small>Tier: Employee + Spouse</small>	Select
BCBS HMO Blue Cross Blue Shield View plan details	Your Cost per pay period: \$103.85 <input type="text"/> <small>Tier: Employee + Spouse</small>	Select
<input checked="" type="checkbox"/> Waive Medical		Waive

[Back to Benefits](#)

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

Medical \$69.23
Your Cost per pay period

PLAN BCBS HDHP / Blue Cross Blue Shield / [View plan details](#)

COVERAGE Employee + Spouse

TEST NEWHIRE10	Employee	<input checked="" type="checkbox"/> Cover
Test Spouse	Spouse	<input checked="" type="checkbox"/> Cover

Completed
 [I don't want this benefit \(waive\)](#)
[View Plan Options](#)

Health Savings Account

To elect the Health Savings Account and make a contribution, click View Plan Options to review any necessary information and then click Select. The amount you are eligible to contribute will be limited by any contribution that your employer makes. 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.

Health Savings Accounts | HSA Bank

Selected

Employee Contribution Amount:

\$

annually [Calculate Costs](#)

Minimum Annual Contribution Amount: \$0.00
Maximum Annual Contribution Amount: \$3,350.00

[Continue](#)

Waive Health Savings Account [Waive](#)

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 Employee Life / Lincoln

COVERAGE \$135,648.00

✔ 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 | Vendor

Selected

Coverage Amount:

Guaranteed Coverage Amount: \$100,000.00

Cost Summary (per pay period)

Total Premium	\$105.23
Employer Contribution	\$0.00
Your Cost (Pre-Tax)	
Your Cost (Post-Tax)	\$105.23

[Continue](#)

Waive Voluntary Employee Life [Waive](#)

Employer-Provided Disability Plans

Long-term disability is provided to you by your employer at no cost to you. To view additional plan information, click View Plan Details or View Information.

Long Term Disability

\$0.00

Your Cost per pay period

PLAN LTD / Guardian

✔ Completed
View Information

Voluntary Disability Plans

To elect the Voluntary STD or LTD 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 see a summary of your coverage. Once you are satisfied with your election, click Continue.

Voluntary STD | Guardian

✔ Selected

Coverage Amount:

\$1,000.00

Guaranteed Coverage Amount: \$1,000.00

Cost Summary (per pay period)

Total Premium	\$2.31
Employer Contribution	\$0.00
Your Cost (Pre-Tax)	\$2.31
Your Cost (Post-Tax)	\$2.31

Continue

Flexible Spending Plans (Healthcare, Dependent Care, Parking, & Transportation)

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.

Healthcare FSA | HSA Bank

✔ Selected

Employee Contribution Amount:

\$

annually [Calculate Costs](#)

Minimum Annual Contribution Amount: \$0.00

Maximum Annual Contribution Amount: \$2,550.00

Remaining Pay Periods: 12

Continue

Waive FSA HealthCare

Waive

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.

	401k	<small>NO PLAN SELECTED</small>
<small>* Selection Required</small>	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.

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. *Contingent Beneficiary* 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"/> %
Test Spouse (Spouse)	<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.

2

3

4

Your Benefits

Enroll

Beneficiaries

Review and Confirm

Complete

Your Cost per pay period \$253.06

Continue

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 right side of the page

Your Total Cost	\$0.00 Per Pay Period
Your total cost (pending approval)	\$253.06 Per Pay Period

*Indicates changed benefits

Medical*
Your cost per pay period **\$103.85**

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

BCBS HMO Blue Cross Blue Shield
Coverage: **Employee + Spouse**

Who will be covered on this plan:

Name	Relationship	Coverage
TEST NEWHIRE10	Employee	✔ Cover
Test Spouse	Spouse	✔ Cover

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: **July 10, 2017**

You have completed your enrollment. Click the picture of a printer to 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, click on the Enrollment Complete button.

Your Confirmation Statement is ready

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



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.

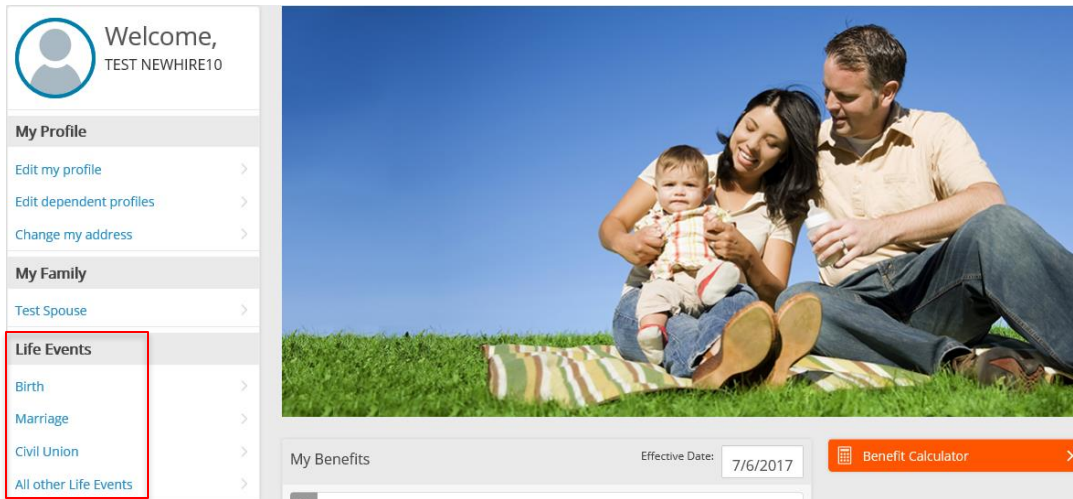
4. Viewing Your Current Benefits

To view a confirmation statement with all of your current benefits, go to My Benefits and select Current Benefits. You will be given the option to print the confirmation statement or email it to yourself. Note: You will only be given the option to email yourself the confirmation statement if you have a work or personal email address on file.

The screenshot shows a user interface with a top navigation bar containing 'My Benefits', 'My Profile', and 'Library'. A left-hand sidebar menu is open, with 'Current Benefits' highlighted by a red box. Below 'Current Benefits' are 'Life Events' and 'Benefit Calculator'. The main content area displays a 'Welcome, TEST NEWHIRE10' message with a user profile icon. Below this is a 'My Profile' section with three options: 'Edit my profile', 'Edit dependent profiles', and 'Change my address', each with a right-pointing arrow.

5. Entering a Life Event

Go to the Life Events section of your homepage on the left side of the page. 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.

Life Event

If you had a recent life event such as a birth of a child or a marriage, you may be eligible to change your benefit elections. Please enter all information requested to complete your change in coverage.

[View History](#)

STEP 2 Enter your life event information

Birth

[Change life event](#)

When did your life event take place?

Enter a date:

(mm/dd/yyyy)

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 Demographic

* First Name

Middle Initial

* Last Name

* Date of Birth

Social Security Number

* Gender Male Female

Disabled Yes No

Tobacco User

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

Update	Name	SSN	Relationship	Date of Birth	Age	Gender	Additional Information
	TEST NEWHIRE10	000-00-0010	Employee	10/10/1975	41	M	
<input type="checkbox"/>	Test Spouse	222-33-4444	Spouse	1/1/1975	42	F	

Continue

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.

Life Event: **Divorce/Legal Separation**

Date of Event: **07/06/2017**

Removed from Family: **Test Spouse**

I agree that the above information is accurate.

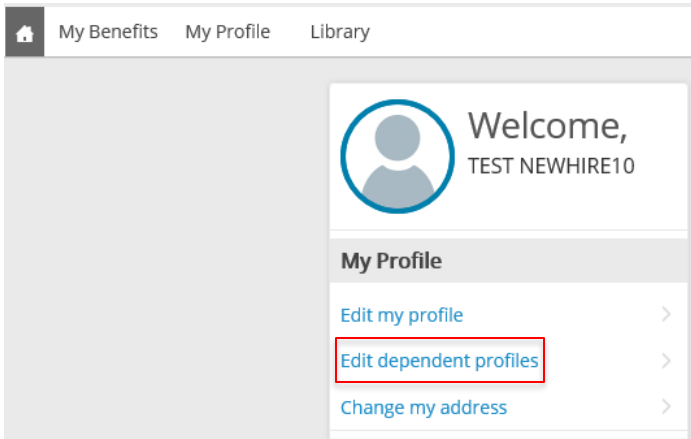
Save and Start Life Event Enrollment

Cancel

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

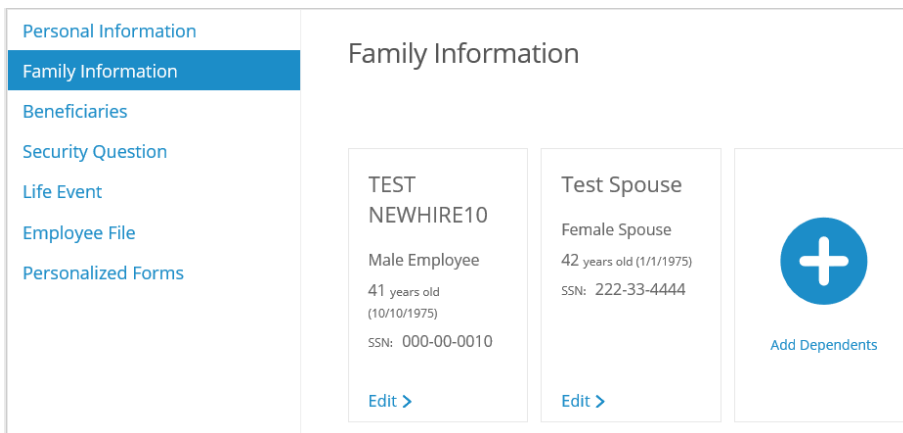
6. Updating Dependent Information

To view or edit the demographic information of any existing family members or add a family member without making benefit election changes, click Edit Dependent Profiles.



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.



7. Updating Beneficiary Information

To view your current beneficiaries or update your beneficiary designations, click Edit My Profile and then Beneficiaries.

My Benefits My Profile Library

Welcome, TEST NEWHIRE10

My Profile

- Edit my profile
- Edit dependent profiles
- Change my address

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

Beneficiaries
TEST NEWHIRE10

PRINT

Relationship	Name
(Employee)	My Estate
(Spouse)	Test Spouse

Add Beneficiary

Beneficiary Designation

Basic Employee Life

Beneficiaries

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Test Spouse (Spouse)	<input type="text" value="100.0"/> %

Total: 100%

To add a new beneficiary, click Add Beneficiary.

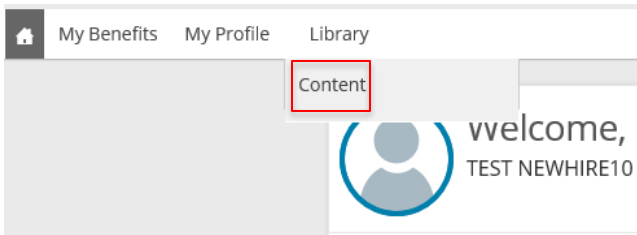
Fill out all required fields. When you are satisfied, click Save.

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.

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.

8. 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 Library and select Content in the dropdown.



Inside the Library are documents available to you. Click on the name of the document you would like to view. You will be given the option to save or open the document at the bottom of the page.

Content

Title	Category	Modified
new medical	Benefits	New 06/28/2017
Test Vision Doc	Benefits	New 06/28/2017
Welcome	Other	New 06/28/2017

Showing 1 to 3 of 3 entries

