



Bswift Benefits Enrollment Guide

Access to Online Enrollment

You can go directly to our online enrollment site using the Web address www.jcschools.bswift.com. Google Chrome and Mozilla Firefox are the preferred supported web browsers. If you're using Microsoft Internet Explorer, your computer must have version 11.0 or higher in order to use the enrollment site.

Usernames and Passwords

To access the site, please use the following.

Username: firstname.lastname

Password: For New Employees, the password will be the last four digits of your Social Security Number. You will be asked to change your password after your initial login.

If you've forgotten your password, there is a Forgot-Password link on the page.



Log In

Username

Password

[Forgot Password](#)

Welcome to the JC Schools Benefits Website

To access the site, please use the following:

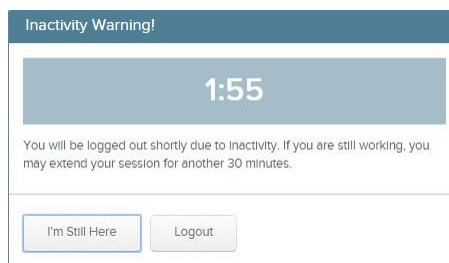
Username: firstname.lastname
Password: Enter your established password

Forgot Password?

If you have forgotten your password or are having trouble logging in, please click on the "Forgot Password?" link to reset it.

If you are still unable to log in, contact Human Resources at 573.659.3014 from 7:30

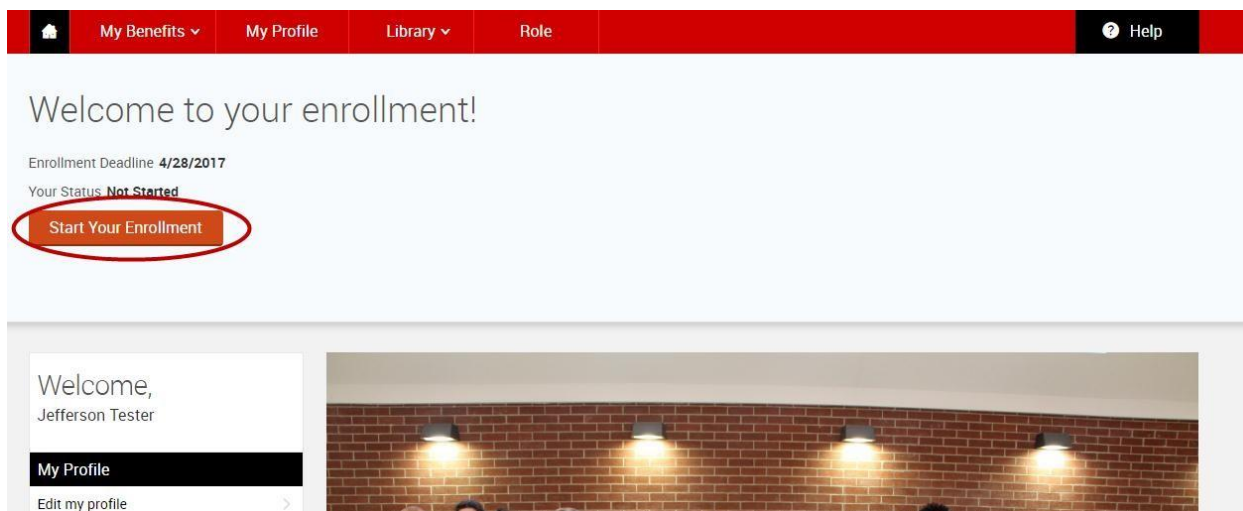
Please Note: Although the online benefits enrollment site is a secure site, and your information is encrypted during transit, it is important that you log off when you have completed your session. Click the Log Off icon in the upper right-hand corner of the enrollment site to log off. For security purposes, the system will automatically logout if you leave your system idle for more than 30 minutes. Two minutes prior to logging out, the system will provide a warning and the ability for you to continue working.



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 blue navigation bar located on the left hand side of the screen.

Begin the Enrollment Process

Once you have logged in you will be directed to your employee home page. To begin your enrollment from the Home page, click on the “**Start Your Enrollment**” button.



Check Your Personal Information

Before beginning your enrollment, please verify the accuracy of all of your personal information. If you need to update your name, social security number, date of birth, gender, work email, home phone, cell phone, or home address please contact your HR Representative.

Employee Information

Prior to beginning your enrollment, you must verify all personal and family information. Please review the fields below. If any of the information is not accurate, please reach out to your HR Department by contacting 573-659-3014. You may also update your address information directly in [SISFin Employee Portal](#).

Demographics

First Name
 Middle Initial
 Last Name
 Social Security Number
 Date of Birth
 Gender
 Disabled

Address

Address 1
 Address 2
 City
 State
 Zip
 Home Email
 Work Email
 Preferred Email Home Email Work Email

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

Continue

Please review your confirmation email preference. The email you choose will be used for JC Schools benefits communication throughout the year. Once you have verified all of your personal information read the agreement text at the bottom of the page. If you agree, check the box next to "I agree" and then click "Continue."

By checking the box "I Agree" below, you agree that the information above is accurate to the best of your knowledge.

Please note: If you do give permission above to receive benefit information via email then you consent to receive Plan Documents and all related Plan communications electronically. I understand that I can receive a paper copy of all benefit information, upon request, by contacting the Human Resources Department at 573.659.3014.

I understand that:

- The following documents and/or notices may be provided to me electronically.
 - Summary Plan Descriptions
 - Summaries of Material Modifications
 - Summary Annual Reports
 - COBRA Notices (Not Qualifying Event Notices)
 - WHCRA Notice
 - Grandfathered Health Plan Notice
 - CHIPRA Notice
 - HIPAA Opt-Out Notice
 - Medicare Part D Coverage
 - Michelle's Law Notice
 - Patient Protection Disclosure
- I may provide notice of a revised email address or revoke my consent at any time by contacting Human Resources.
- I am entitled to request and obtain a paper copy of any electronically furnished document by contacting Human Resources.
- In order to access information provided electronically, I must have
 - A computer with Internet access
 - An email account that allows me to send and receive emails
 - Word processing software like Microsoft Word or Works, Word Perfect or Adobe Acrobat Reader 5.0 (or higher).

I agree

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

Continue

Verify Your Family Information

Please be sure to add all dependents that may be missing from the Family Information section before proceeding to the next section. To do this, click on the “**Add Dependents**” link. When all of your family information is accurate, check “**I agree**” and click “**Continue**.”

Family Information

To enter your dependents, click on the “+ Add Dependents” link. To verify or edit the information of a family member who has already been entered, click on the person's name.

Amy Tester
Female Employee
24 years old (11/22/1991)
SSN:

Add Dependents

Edit >

Dependent Information Notice
We have restrictions for qualified dependent coverage under our benefit plans. **Enrolling someone who is not qualified as a dependent is considered insurance fraud.**
To be eligible for Medical, Dental, or Vision coverage, your dependent must meet one of the following definitions:

- Spouse (same or opposite gender): your legally married husband/wife as defined by the state in which you reside
- Child(ren): unmarried children up to age 26
- Disabled Child: unmarried child who is mentally or physically handicapped and incapable of engaging in self-sustaining employment due to such incapacity, and claimed as a Dependent on your IRS tax return.
- Children include: natural children, stepchildren, legally adopted children, children placed for adoption, and children who you are legally appointed as guardian or limited guardian (cannot be temporary guardian).

Who is NOT a qualified dependent?

- Boyfriend/girlfriend/fiance
- Domestic Partner
- Parents
- Grandparents/relatives
- Brothers or sisters

Possible Consequences for Insurance Fraud

- Subject to corrective action up to and including termination
- Required to repay additional premium costs for covering ineligible person(s)
- Coverage for the non-qualified person(s) may be canceled back to the date they were first enrolled
- Pay costs of services received by the non-qualified person(s)
- Permanently barred from enrolling in any benefit plan

I have reviewed the above Dependent Information Notice. I consent that the dependents listed in the "Family Information" section is accurate and that all dependents listed are eligible for coverage under the Benefits program.

PLEASE NOTE: it is acceptable to list children here over the age of 26, but they may not be eligible for benefits.

I agree

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

Continue





Making Benefit Elections

Your enrollment selections are not considered complete until you check the **“Save & Continue”** button in each plan and click the **“Continue”** button at the bottom of this page.

Selecting Benefit Plans

Within each benefit type you can click the **“I don’t want this benefit (waive)”** button or you may compare plans by clicking on the **“View Plan Options”** link. Upon making your plan selection, you will be able to cover eligible dependents on file by selecting the check box next to each dependent’s name. After deciding which plan you’d like to enroll in, click the **“Select”** button next to the plan.

You are now eligible to enroll in benefits. Please complete the enrollment process within 30 days of your date of hire.

	Medical	NO PLAN SELECTED	<input type="checkbox"/> I don't want this benefit (waive)	View Plan Options
	Health Savings Account	NO PLAN SELECTED	<input type="checkbox"/> I don't want this benefit (waive)	View Plan Options
	Dental	NO PLAN SELECTED	<input type="checkbox"/> I don't want this benefit (waive)	View Plan Options
	Vision	NO PLAN SELECTED	<input type="checkbox"/> I don't want this benefit (waive)	View Plan Options

To assist you in your plan selection, you can click the **“Estimate My Out-of-Pocket Costs”** button. From here, you can answer a series of questions. The system will then calculate an estimated out-of-pocket cost for you based on each plan and recommend a certain plan based on those costs.

Who will be covered by this plan?

- Amy Tester
Employee
- Child Tester
Child
- [+ Add Dependents](#)

[View All Plans Side-by-Side](#) [Estimate My Out-of-Pocket Costs](#)

HSA Plan **UMR**

Your Cost per pay period:
\$10.00
Tier: Employee

UMR **HSA** RX Maternity High Deductible

[View plan details](#) **DEDUCTIBLE:** Individual: \$1,500 Family: \$3,000 **OUT-OF-POCKET MAX:** Individual: \$3,000 Family: \$6,000 **CO-INSURANCE:** 100%

[Select](#)

- If you elect the HSA Plan, you are eligible to enroll into a Health Savings Account.
- For more information regarding Health Savings Accounts, click [HERE](#) to view a short video created by UMR called, 10 Things You Should Know About Health Savings Accounts.

YOUR ANNUAL COSTS <small>Explain this i</small>	PREMIUM X 12 PAY PERIODS		ESTIMATED ANNUAL OUT-OF-POCKET SPENDING		YOUR ESTIMATED ANNUAL TOTAL COST	IN-NETWORK MAXIMUM COST
	\$120	+	\$2,220	=	\$2,340	\$3,120

★ Based on your answers, we recommend this plan [Why?](#)

Buy Up Plan **UMR**

Your Cost per pay period:
\$105.00
Tier: Employee

UMR RX Maternity PPO

[View plan details](#) **DEDUCTIBLE:** Individual: \$500 Family: \$1,000 **OUT-OF-POCKET MAX:** Individual: \$1,500 Family: \$3,000 **CO-INSURANCE:** 90%

[Select](#)

YOUR ANNUAL COSTS <small>Explain this i</small>	PREMIUM X 12 PAY PERIODS		ESTIMATED ANNUAL OUT-OF-POCKET SPENDING		YOUR ESTIMATED ANNUAL TOTAL COST	IN-NETWORK MAXIMUM COST
	\$1,260	+	\$2,019.71	=	\$3,279.71	\$2,760

Base Plan **UMR**

Your Cost per pay period:
\$60.00
Tier: Employee

UMR RX Maternity PPO

[View plan details](#) **DEDUCTIBLE:** Individual: \$1,000 Family: \$2,000 **OUT-OF-POCKET MAX:** Individual: \$3,000 Family: \$6,000 **CO-INSURANCE:** 80%

[Select](#)

YOUR ANNUAL COSTS <small>Explain this i</small>	PREMIUM X 12 PAY PERIODS		ESTIMATED ANNUAL OUT-OF-POCKET SPENDING		YOUR ESTIMATED ANNUAL TOTAL COST	IN-NETWORK MAXIMUM COST
	\$720	+	\$3,273.79	=	\$3,993.79	\$3,720

Waive Medical [Waive](#)

For the most accurate out-of-pocket estimate, enter the annual total you expect for each of these services.

Pregnancies

Is anyone on your plan having a child this year?

No

Specialists Visits

Never

Chiropractic Services

Never

Generic Prescriptions

No prescriptions

Brand-Name Prescriptions

No prescriptions

Outpatient Surgery

No surgeries

Inpatient Surgery

No surgeries

Mental Health Outpatient

Never

Add a medical service


< Return to My Plans

Clear All Estimate My Costs

Health Care FSA, Dependent Care FSA & Health Savings Account Plans

To elect the FSA or HSA plans and make a contribution, select the “**View Plan Options**” button next to the plan, click “**Select**” and enter your contribution amount in the box provided. When you are satisfied with your election, click “**Continue**”.

Note: FSA elections are only for the plan year (July 1-June 30). Each year, if you'd like to continue the benefit, you will need to enter a new amount.

 **Health Savings Account** NO PLAN SELECTED

I don't want this benefit (waive)

Health Savings Account Central Bank

Central Bank

To be eligible to contribute to a Health Savings Account, you must only be covered by an HSA-compatible health insurance plan, not enrolled in Medicare and not claimed as a dependent on another person's tax return. Any health plan that is not an HSA-compatible plan would make you ineligible for a Health Savings Account. This includes additional coverage under a spouse's plan which is not an HSA-compatible plan and coverage under a General Medical FSA (either through JCPS or through spouse's FSA plan).

Health Savings Account Central Bank Selected

Central Bank

To be eligible to contribute to a Health Savings Account, you must only be covered by an HSA-compatible health insurance plan, not enrolled in Medicare and not claimed as a dependent on another person's tax return. Any health plan that is not an HSA-compatible plan would make you ineligible for a Health Savings Account. This includes additional coverage under a spouse's plan which is not an HSA-compatible plan and coverage under a General Medical FSA (either through JCPS or through spouse's FSA plan).

How often would you like to make contributions into your Health Savings Account ?

Deduct the same amount each pay period

\$ per pay period = \$0.00 annually

Deduct my full contribution on a specific date (1-time deduction)

Minimum Annual Contribution Amount: \$0.00
Maximum Annual Contribution Amount: \$6,750.00

Continue

If at any time, you want to review or change your elections, click on the **“View Plan Options”** button next to the plan type. Once you have selected all your benefits, review to make sure each benefit has the green check next to it and then click **“Continue.”**

Accident WAIVED

You have waived this benefit.

Completed [View Plan Options](#)

Cancer WAIVED

You have waived this benefit.

Completed [View Plan Options](#)

3 Enroll
4 Complete

Your Cost per pay period **\$340.00**

Finished selecting benefits? Click the button below to continue.

Continue

Beneficiary Elections

You will be able to review and update your beneficiaries. You must choose a Primary Beneficiary for each plan. Secondary Beneficiaries are optional.

Please verify your beneficiary information is complete and accurate before proceeding.
"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. "Secondary Beneficiary" represents the person or persons named to receive benefits if the Primary Beneficiary is not alive.

Do your family a favor and be sure you've named an actual person as your beneficiary, not your estate.

Basic Life & AD&D

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	<input type="text"/> %
Child Tester (Child)	<input checked="" type="text" value="100"/> %
Total: 100%	

Add Secondary Beneficiaries (optional)
Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

1 Your Info
2 Your Benefits
3 **Beneficiaries**
Review and Confirm
4 Complete

Your Cost per pay period **\$340.00**

Continue

Almost Finished!

You will now be on the final review page. Review all of your benefit elections and covered dependents. Once you've completed your review, check the box next to **"I agree, and I'm finished with my enrollment"** and click the **"Complete Enrollment"** button.

403(b) No plan selected

Incomplete: Choose/Decline Coverage

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 a 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 for the coverages listed above are required, 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 (if eligible) unless I submit a declination election.

I certify that the dependents listed satisfy the eligibility criteria for group benefit coverage. I know that I am responsible for removing any enrolled dependent immediately when that person becomes ineligible, and that I may be required to provide proof of my dependent's eligibility.

I agree, and I'm finished with my enrollment

Review and Confirm

4 Complete

Complete Enrollment

Confirmation Statement

Once you complete your enrollment, you will be brought to a confirmation statement summarizing your benefit elections. It is highly recommended that you send yourself an e-mail confirmation of your elections. To do so, click on the email icon on the New Elections page after making your election. If you don't have an e-mail address in the system, please print out the confirmation page before you leave the site by clicking on the printer icon.

My Benefits My Profile Library Help

Your enrollment is complete!

You may make changes to your elections until: **September 7, 2016**

Please view your confirmation statement and verify that your elections are correct.

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

Questions?

If you have any benefits questions that cannot be answered on this website or you are having trouble signing on to the system, please contact your Human Resources department at 573-659-3014.

Please 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 log off.

 [Change Password](#)

 [Log Out](#)