

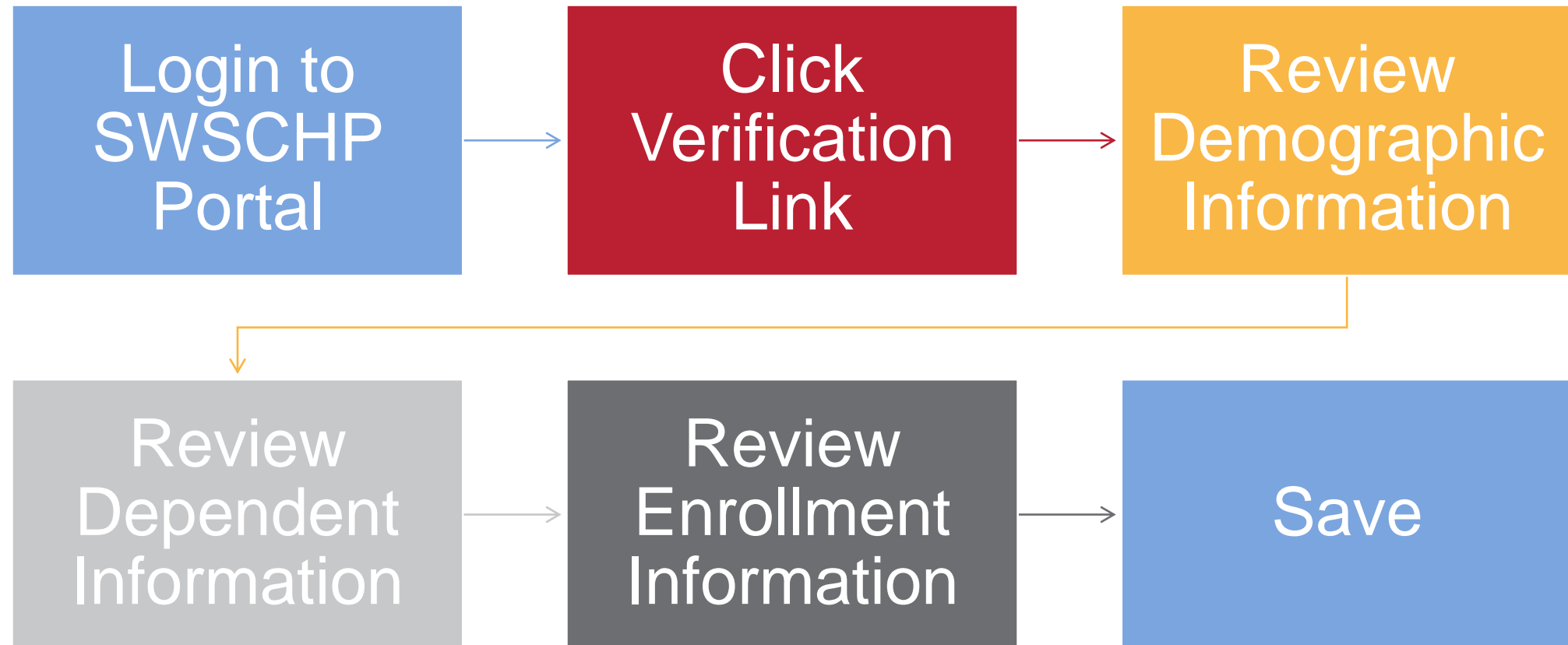


# SWSCHP ANNUAL VERIFICATION

**November 1 - November 30**

# Benefit Verification

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# Benefit Verification

- Access SWSCHP Website. Click **Find out How** to access bswift portal.  
<https://www.swschp.org/>
- First Time Users will register with **First Time User Link** on bswift SWSCHP homepage.  
» <https://SWSCHP.bswift.com>
- Verification Window will appear on homepage on November 1, 2023.

## Your SWSCHP Profile

SWSCHP partners with **bswift** to help our members manage their customer profiles.

Find Out How

## Log In

Username

chobbs

Password

.....

Forgot Password!

**First Time User**

Log In >

# Benefit Verification - Homepage

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- Click **Benefit Verification Not Started.**

## Benefit Verification

Enrollment Deadline **11/30/2023**

Enrollment Event **Benefit Verification**

Benefits Effective Date **1/1/2024**

Your Status **Not Started**

Benefit Verification Not Started



## Enrollment Highlights

- Once you start your benefit verification, first review your demographic information including your address.
- On the next screen, please review your dependent information (if applicable).
- Finally, please review your enrollment information and then save your recertification.
- Any enrollment changes will be effective January 1st.
- If you have any questions during your enrollment, please contact your Benefit Representative.

# Benefit Verification – Demographic Review

1. Review your demographic information.

2. Add or change any fields as necessary.

- Any fields marked \* are required.

3. Click “I verify that my personal information is correct.”

\* Address 1

Address 2

\* City

\* State

\* Zip

\* County

\* County

Home Phone

Cell Phone

Preferred Phone  Home Phone  Cell Phone  Work Phone

\* Home Email

I verify that my personal information is correct.

I agree

# Benefit Verification – Dependent Screen

1. Review your Dependent Family Members Information.
2. Add or change any fields, as necessary.
3. If you need to add dependent to coverage, please select “**Add New Dependent**” button and enter the required fields.
4. Click “**I Agree**” before moving on to the benefit review page.

## 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 Dependents. To verify or edit the information of a family member who has already been entered, click Edit in the panel for that person. If you do not have any family members, Check "I Agree" at the bottom of the page, and then click Continue.

You are required to submit documentation for verification for your dependent to be added to the plan.

### Documentation Required:

- For a covered Spouse: Marriage Certificate
- For a covered Domestic Partner: [Click Here to access Form](#)
- For a covered Child or Step-Child: Birth Certificate or Adoption Certificate
- For a covered Disabled Child: [Click Here to access Form](#)
- For a covered child of Legal Guardianship: Court Documents
- For a covered court ordered child: Qualified Medical Support Order (QMSCO)

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 employer's Benefits program.

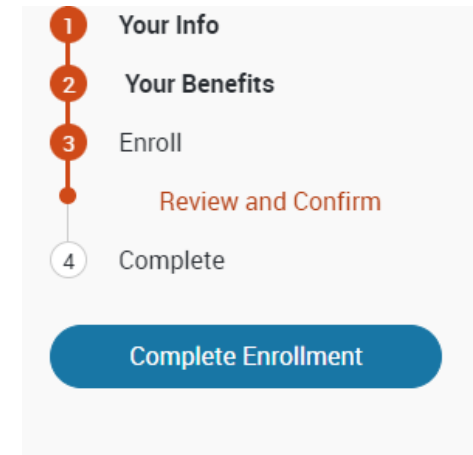
I agree

# Benefit Verification – Enrollment Screen

1. Review enrollments. Please add or remove dependents from coverage as necessary by clicking **View Plan Options** and completing the prompts.

- If no changes are needed, **Continue** can be clicked to move on to **Verification Completion**.

The screenshot shows the SWSCHP (State-Wide Schools Cooperative Health Plan) enrollment interface. At the top left is the SWSCHP logo. The main heading is "Benefit Verification". Below this, a message states: "You are now eligible to make changes to your benefits. Be sure to add any eligible dependents in the Family Information section prior to beginning your enrollment." A red note below says: "Please note that, in order to complete the enrollment process, you must click the 'Save & Continue' button for each benefit plan below, whether you are enrolling or waiving." The main content area is titled "Medical" and shows a cost of "\$0.00" per month. Below this, it lists the plan as "Active Medical Plan / Empire BlueCross" and the coverage as "Employee". A dependent named "EDWARD ABBATECOLATESTER" is listed with a "Cover" status. A "View Plan Options" button is visible at the bottom right of the plan details. On the right side of the screen, there is a progress indicator with four steps: 1. Your Info, 2. Your Benefits, 3. Enroll, and 4. Complete. The "Your Benefits" step is currently active. Below the progress indicator, it shows "Your Cost per month \$0.00" and a "Continue" button. A message below the button says: "Finished selecting benefits? Click the button below to continue." At the bottom of this section, it says: "Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later."



Select **“I Agree, and I’m finished with my Verification.”**

I agree, and I'm finished with my enrollment.

# Benefit Verification – Complete



**Your enrollment is complete!**



You may make changes to your elections until: **November 30, 2023**

You have completed your enrollment. Click the "Printer Friendly" link to print out a 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 Benefits as of 1/1/2024

View your benefits as of another date:

1/1/2024



Your enrollment is complete!

Last date to make changes **11/30/2023**

Enrollment Event **Benefit Verification**

Benefits Effective Date **1/1/2024**

Your Status **Complete**

Benefit Verification Complete



# Questions?

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Please contact your Benefit Representative