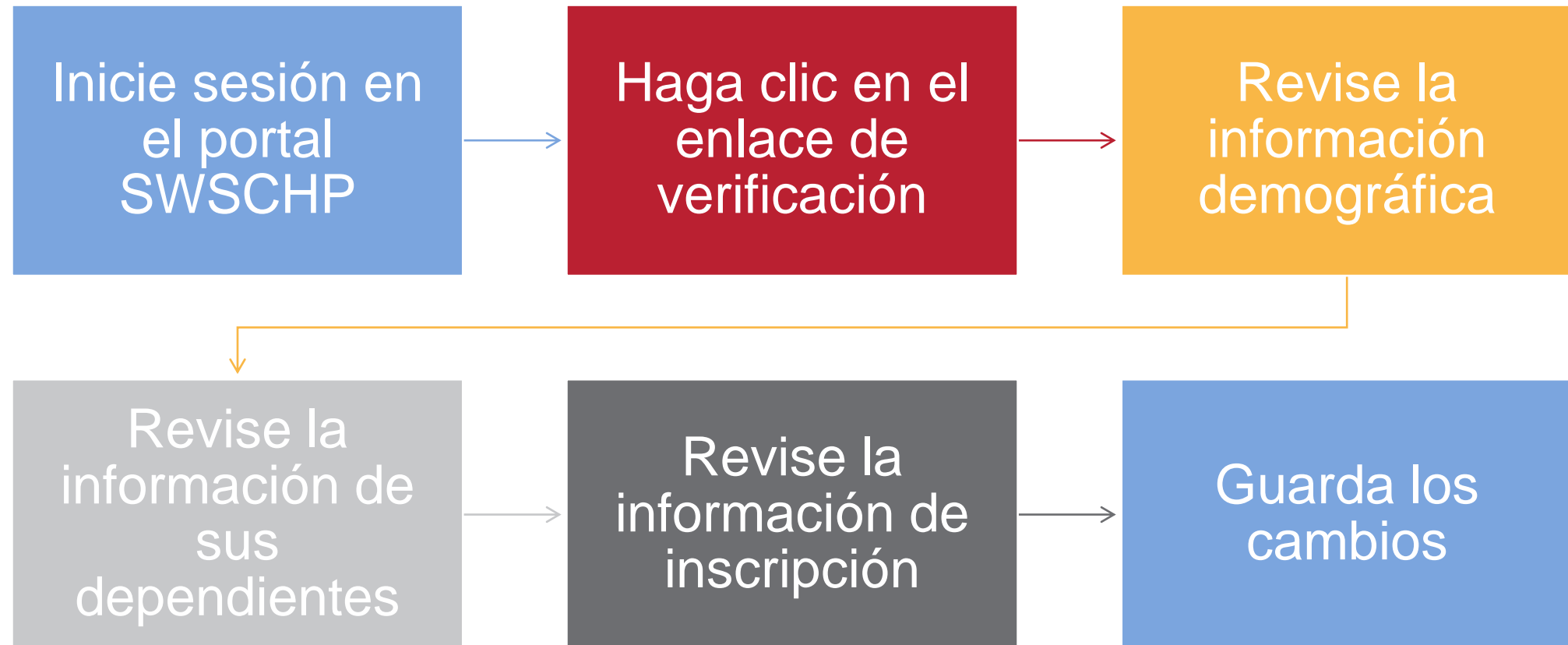




SWSCHP VERIFICACIÓN ANUAL

Noviembre 1 - Noviembre 30

Verificación de Beneficios



Verificación de Beneficios

- Acceda al sitio web de SWSCHP. Haga clic en **Find out How** para acceder al portal bswift. <https://www.swschp.org/>
- Si eres un usuario nuevo se registrarán con **First Time User Enlace** en la página de inicio de bswift SWSCHP.
» <https://SWSCHP.bswift.com>
- La ventana de verificación aparecerá en la página de inicio el 1 de Noviembre de 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 >

Verificación de Beneficios - Página de inicio

- Haga clic en **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.

Verificación de Beneficios - Revisión Demográfica

1. Revise su información demográfica.
2. Agregue o cambie los datos según sea necesario. Cualquier dato marcado * son requeridos.
3. Haga clic en **“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

Verificación de beneficios – Dependientes

1. Revise la información de sus familiares dependientes.
2. Agregue o cambie cualquier dato, según sea necesario.
3. Si necesita agregar dependientes a la cobertura, seleccione el **“Add New Dependent”** botón e ingrese los datos requeridos.
4. Haga clic en **“I Agree”** antes de pasar a la página de revisión de beneficios.

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)

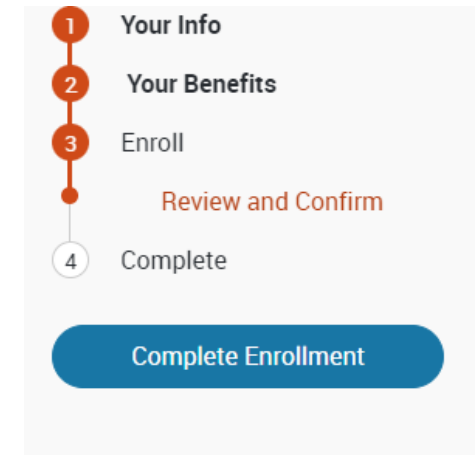
I have reviewed the above Dependent Information Notice. I consent that the dependents listed in the "Family Information" section is accurate and that all dependents listed are eligible for coverage under the employer's Benefits program.

I agree

Verificación de beneficios - Pantalla de Inscripción

1. Revise sus inscripciones. Agregue o elimine dependientes de la cobertura según sea necesario haciendo clic **View Plan Options** y completando las indicaciones.

- Si no se necesitan cambios, se puede hacer clic en **Continue** para pasar a **Finalización de verificación**.



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

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

Verificación de beneficios - Completo



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

Preguntas?

Comuníquese con su representante de beneficios.