



# ST. JOHN'S UNIVERSITY

## Welcome to your Benefit Enrollment!

**IMPORTANT: TIME SENSITIVE BENEFITS ENROLLMENT INFORMATION – PLEASE READ!**

St. John's offers you a number of competitive benefits from which to choose. This flyer is your guide to help you enroll in your benefit coverage.

Enrolling is simple. You can enroll with 5 easy steps!

### HELPFUL HINTS

- Fields that show an asterisk are required.
- 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.
- **DO** use the navigation bar located on the left-hand side of the screen.

**1** Go to the St. John's Benefits enrollment website at [www.sju.bswift.com](http://www.sju.bswift.com) and enter your temporary user name and password.

**Username:** Email User Name without Domain which is the first 7 letters of your last name + first initial (Ex: Aaron Smith would have an email of "smitha@stjohns.edu" and his login would be "smitha")

**Temporary Password:** Your date of birth in the following format: mmddyyyy (Ex: If your Date of Birth is June 5, 1990, you would have a temporary password of "06051990")

**2** After logging in, you will be able to access your enrollment from the home page.

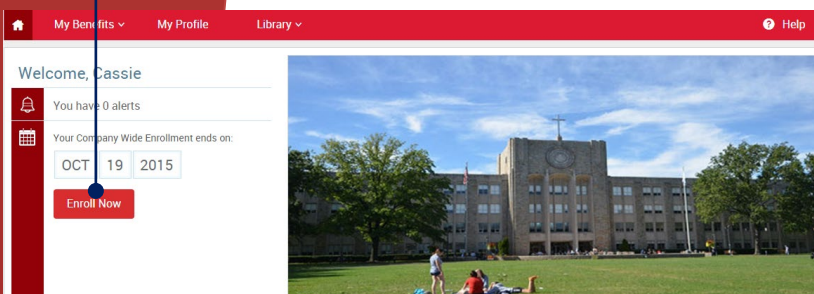
#### Important Deadlines

You have 31 days from your date of hire to make benefit elections. Otherwise, you will not be able to enroll until Open Enrollment, unless you experience a qualified life event.



**3** Click the **Enroll Now** button located on the home page:

- **Verify your personal information.**
- **Add or change dependent and beneficiary information within the benefits portal.**
- **Enroll in your benefit selections.** You can enroll or waive coverage for the various benefits offered to you.



# 4

Carefully review all your benefit selections. Complete your benefit enrollment by checking the “I agree, and I’m finished with my enrollment” box and then clicking the “Save My Enrollment” button.

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

**TIP:** If you need to edit any benefit election, you can click the “Edit” button next to the plan name to be directed back into the enrollment. You may also need to complete EOI (Evidence of Insurability) electronically.

# 5

Verification needed for all newly added Dependents. You are required to provide proof of eligibility for all dependents you choose to enroll in benefits. It is your responsibility to provide the documentation required (see chart below for details). **You may upload documents in the “Employee File” section of your profile. (Note, if mailing: Do not send original documents, as any hard copy records received will not be returned.)**

### Documentation Required by Dependent Relationship

Dependent Type	Required Documentation
Spouse	Marriage Certificate <b>OR</b> Federal Tax Return Filed Within Past 2 years (first two pages of the return only)
Child by birth or marriage	Birth Documentation (such as Birth Certificate or Hospital Certificate) <b>OR</b> Federal Tax Return Filed Within Past 2 years (first two pages of the return only)
Child by adoption	Adoption Certificate <b>OR</b> Court Order Verifying Placement
Child under legal guardianship/Foster Child	Court Order



**Questions?** 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, please contact bswift at 1-866-524-5063. Representatives are available Monday through Friday from 8:00 a.m. to 6:00 p.m. CST.