



New Hire Enrollment User Guide

Accessing Online Enrollment

To enroll in benefits your employer provides through the Association of California Water Agencies / Joint Powers Insurance Authority (ACWA/JPIA), please visit the online enrollment website at www.jpia.bswift.com.

You must complete your enrollment with 31 days of your effective date. It is recommended that you enroll prior to your effective date so that you may utilize your coverage once it becomes effective. If you do not complete your enrollment within 31 days of your effective date, your next opportunity to make changes to your benefits will be during Open Enrollment. This occurs every October / November with a January 1st effective date. Mid-year enrollment changes for birth, marriage, loss of other coverage and other life events are permitted with supporting documentation.



[en Español](#)

Logging In

Your username is your first initial + last name + 2-digit year of birth

Example: If John Smith was born in 1973, his username would be **jsmith73**. When entering your username, use your full last name (even if hyphenated) without a suffix (e.g. Jr). The username is not case sensitive.

Your password for your first login is the last 4 digits of your social security number. Upon logging into the system, you will be required to change it to something more secure. Your password will need to contain at least 8 characters, with both alpha and numeric characters. You will then be asked to select a security question and answer, in case you forget your password in the future.

If you cannot remember your password, click on the [“Forgot Password”](#) link. If you lock yourself out after 3 unsuccessful attempts, please email bswifthelp@acwajpia.com or call 1-800-736-2292 Monday through Friday 7:30 a.m. to 4:30 p.m.



*Tip: 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 on the left hand side of the screen.*

Verify your Personal Information

Before beginning your enrollment, you will be directed to the Employee Information section. Please verify the accuracy of all of your personal information (e.g. address, DOB, etc.). If you need to update your address, you can do so directly on the site. This will update your address on file with the insurance companies. **You must also notify your employer.** If your date of birth or social security number is incorrect, please contact your HR or Benefits department.

Employee Information

Sometime before beginning enrollment, all of your personal and family information must be complete. Please complete the 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.

Demographics

First Name Angela

Middle Initial

Last Name Simmons

Suffix

Nickname

Social Security Number 231-45-5487

Date of Birth 6/15/1970

Gender Female

Import User ID

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

Continue

When done, check “I agree” at the bottom of the page and click “Continue” on the right hand side.

I verify that my personal information is correct.

☐ I agree



Enter your Family Information

Next, you will be taken to the Family Information section. Add all dependents you wish to enroll in benefits before proceeding to the next section. To do this, click on the “Add Dependents” link. You will be prompted to enter your dependent’s information.

Enter all of the required fields. **SSN is a required field.** “This information is required in order to accurately report coverage to the IRS. Inaccurate reporting of insurance information could subject members to a tax penalty by the IRS when they file tax returns. These fees are meant to be applied to tax returns for uninsured individuals but can also be applied in error when coverage can’t be reported to the IRS due to a missing or inaccurate SSN.”

Family Information

Angela Simmons

Female Employee

46 years old (6/15/1970)

SSN: 231-45-5487

Edit >

Add Dependents

I agree that the above information is accurate.

☐ I agree

1

Your Info

Employee Info

Family Info

2

Your Benefits

3

Enroll

4

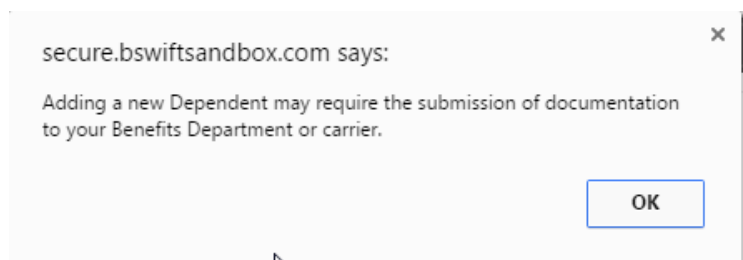
Complete

Continue

To update an existing family member’s information, click on their name, make changes/updates to their record, and click “Save & Continue”.

When all of your family information is accurate, check “I agree” and click “Continue.”

You will see the following message, as a reminder that you must upload proof of relationship documents. **When enrolling dependents for the first time, you must upload verification documents to the bswift website before your dependent's enrollment can be processed.**




Select Your Benefits

You will be taken to a page where available plans are displayed. Click on "View Plan Options" to choose or add dependents that will be covered (see 2nd screenshot below).

New Hire Enrollment

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

View Plan Options




Dental

NO PLAN SELECTED

* Selection Required

☒ I don't want this benefit (waive)

View Plan Options




Vision

NO PLAN SELECTED

* Selection Required

☒ I don't want this benefit (waive)

View Plan Options



Basic Employee Life

\$0.00

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

Your Cost per month

\$0.00

Finished selecting benefits? Click the button below to continue.

Continue

Not ready to complete your benefits enrollment? No problem, you can click the button below to save your progress and return later.

Save and Finish Later



Choose dependent(s) that will be covered by clicking in the box next to their name. If you need to add a dependent click on that link. Upon completion hit "Continue."

[← Back](#) Medical

Who will be covered by this plan?

☒ Angela Simmons Employee

☐ Misty Simmons Child

[+ Add Dependents](#)

[← Back](#) [Continue](#)

You will be shown the plans available to you. You can compare the plans, in several different ways:

- Click on "Compare Plans" at the top to see a side by side comparison of benefits for all available plans.
- Click the "View plan details" link, which shows the same information as under "Compare Plans".
- Click the "Plan Brochure" link, which will bring up a printable plan summary for each plan.

If none of the above is needed, click "Select" on the plan you want. You will be directed back to the main New Hire Enrollment window and complete the same steps for all plans you want to enroll in.



Medical

Who will be covered by this plan?



Angela
Simmons
Employee



Misty
Simmons
Child



Add Dependents

Anthem Advantage PPO

Anthem Blue Cross PPO RX Maternity PPO

[View plan details](#)

[Plan Brochure](#)

☐ Compare

Your Cost per month:

\$169.13

Tier: Employee + 1

Select

The PPO plan has a nation-wide network. You have the freedom to see non-PPO providers (at a higher cost). Referrals to specialists are not required.

Anthem CalCare HMO

Anthem Blue Cross HMO RX Maternity HMO

[View plan details](#)

Your Cost per month:

\$400.98

Tier: Employee + 1

Select

Anthem HMO Enrollees: Entering your Primary Care Provider

If you elected Anthem HMO coverage, you will be prompted to enter the name and ID number of the Primary Care Provider for each **new** enrollee. Existing enrollees must contact Anthem at the number on the back of the ID card to change a Primary Care Provider designation. Making that change in **swift** for a currently enrolled participant will **not** update Anthem's records.

Medical

Call 1-800-227-3641 to change provider information.



Provider Website →

Tester Testing, Employee

Primary Physician:

Primary Physician Nam

Primary Physician ID

Spouse Testing, Spouse

1

Your info

2

Your Benefits

3

Enroll

Physician Selection

Beneficiaries

Other Coverages

Review and Confirm

4

Complete

Your Cost
per month

\$400.98

Continue



Once all elections have been made, there will be a green checkmark acknowledging the enrollment for that plan is complete.

The screenshot shows the 'Medical' enrollment page. At the top left, there is a green checkmark icon. Below it, the word 'Medical' is displayed. To the right, the cost is shown as '\$136.12' with a dropdown arrow, and below that, 'Your Cost per month'. The plan is identified as 'Kaiser North HMO with Chiropractic / Kaiser / View plan details'. The coverage is 'Employee + 1'. A table lists the covered individuals: Angela Simmons (Employee) and Misty Simmons (Child), both with a green checkmark and the word 'Cover'. At the bottom left, the word 'Completed' is circled in red. At the bottom right, there is a button labeled 'View Plan Options'.

Compare Window:

If the information displays in the same window, do not click your browser's back button to return to your enrollment. Instead click the link that says "Back" on the top left portion of the page.

The screenshot shows the 'Compare Window' for medical plans. At the top left, there is a 'Back' button with a left arrow, which is circled in red. The header 'Medical' is displayed. Below the header, it says '2 plans available'. The first plan is 'Anthem Advantage PPO' with a sub-option 'Anthem Blue Cross PPO'. The cost is '\$169.13 per month Employee + 1'. Below the cost, there are buttons for 'RX', 'Maternity', and 'PPO'. A large orange 'Select' button is at the bottom. The second plan is 'Anthem CalCare HMO' with a sub-option 'Anthem Blue Cross HMO'. The cost is '\$400.98 per month Employee + 1'. Below the cost, there are buttons for 'RX', 'Maternity', and 'HMO'. A large orange 'Select' button is at the bottom. At the bottom, there is a 'Plan Highlights' section with text for each plan.

Beneficiaries

Basic Employee Life and Supplemental Employee Life require beneficiaries. If you have a spouse on file, the primary Beneficiary assignment will default 100% to your spouse. Otherwise, it will default 100% to "My Estate." You can adjust your primary and secondary beneficiary assignments by entering percentages in each column. Primary beneficiaries are required. Secondary beneficiaries are optional. The total percent in *each* column must equal 100%.



All dependents in your family information section will be listed here. If you would like to add additional beneficiaries, click on the “Add Beneficiary” link. Only name and address are required for beneficiaries.

New Hire Enrollment

Basic Employee Life

Please choose your beneficiaries

Primary Beneficiaries (required)

Name	Percentage
My Estate (Employee)	<input type="text" value="100.00"/> %
Misty Simmons (Child)	<input type="text"/> %

Total: 100%

[+ Add New Beneficiary](#)

[▼ Add Secondary Beneficiaries](#) (optional)

Secondary beneficiaries receive money if your primary beneficiaries are unable to inherit.

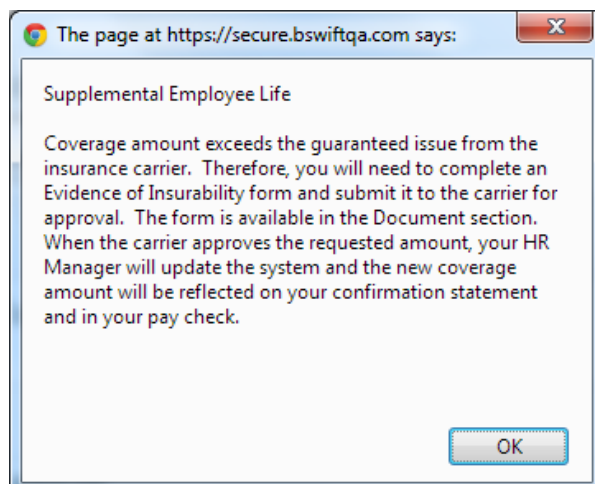
- 1 Your Info
 - 2 Your Benefits
 - 3 Enroll
 - 4 Complete
- Beneficiaries
- Other Coverages
- Review and Confirm

Your Cost per month \$136.12

[Continue](#)

Important information about Supplemental Life:

If this benefit is offered by your employer, new employee enrollments in Supplemental Life are subject to medical underwriting review by The Standard, ACWA/JPIA's life insurance carrier. If you choose to enroll in Supplemental Life, your coverage amount will equal your Basic Life coverage amount. This is a multiple of salary, or a flat dollar amount, predetermined by your employer's plan. There is no cost for coverage until it is approved. The following pop up will appear:





Supplemental Spouse Life and/or Supplemental Child Life: If this benefit is offered by your employer, Supplemental Spouse Life is equal to 50% of the employee's Supplemental Life coverage. The Supplemental Child Life benefit is \$5,000 for each child. The premium is the same regardless of how many children are covered. The employee must be enrolled in Supplemental Life to be eligible enroll in Supplemental Spouse Life or Supplemental Child Life. Spouses are subject to medical underwriting approval. Children are not subject to medical underwriting if enrolled at the first available opportunity. After that, children will be subject to medical underwriting approval as well. There is no cost for coverage until it is approved. **To apply for the coverage, complete a Medical History Form, found in the Documents section on your bswift home page, and send it to:**

ACWA/JPIA

Employee Benefits: Confidential or fax (916) 786-0906 or email benefits@acwajpia.com
PO Box 619082 (password protected for your security)

Roseville, CA 95661-9082

Original documents are not required. Please submit only once. Documents are handled confidentially and are never sent to the employer. Follow up communications will occur directly between the employee and The Standard life insurance company.

Other Coverage

If you or your dependent(s) are enrolled in Medicare, you will need to enter the information on this page. It is **VERY important** that you enter Medicare enrollment information, as it can determine which plan you should be enrolled in at retirement. Select the "Yes" radio button next to "Current or Prior Coverages" for each member with Medicare coverage. Complete the required information and click on the "Save" button at the bottom of each member. When done, click on the "Continue" button on the bottom of the page. If you and your dependents do not have Medicare, simply click "Continue" on the page. The page default is "No".

New Hire Enrollment

Medical

Angela Simmons (Employee)

Medicare:

Current or Prior Coverages ☐ Yes ☒ No

Misty Simmons (Child)

Medicare:

Current or Prior Coverages ☐ Yes ☒ No

- 1 Your Info
- 2 Your Benefits
- 3 Enroll
- Other Coverages
- Review and Confirm
- 4 Complete

Your Cost per month **\$136.12**

Continue

Review and Confirm Elections

You will now be on the final review page. Review all of your benefit elections and covered dependents.

The plans you changed during enrollment will be listed under “Changed Benefits.” As you scroll down, you will see each benefit you elected, your dependents and whether or not they are covered. Make sure none of the benefit categories are listed as “incomplete”. **The full cost of your benefits may show under Employer Cost. However, you may be responsible for a portion of the cost of your benefits. This varies from employer to employer. Check with your HR or Benefits department to confirm your cost share for your benefits.**

To make any changes to your elections, click on the “Edit Selection” button.

Review and Confirm

Please Review All of Your Selections

Once you have completed your review, click the "Complete Enrollment" button at right side of the page

CHANGED BENEFITS:
Medical
Dental
Vision
Supplemental Employee Life
Basic Dependent Life

*Indicates changed benefits

Your Total Cost
\$136.12
Per Month

Medical*

Your cost per month **\$136.12**

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

Kaiser North HMO with Chiropractic Kaiser

Coverage: **Employee + 1**

Who will be covered on this plan:

Name	Relationship	Coverage
Angela Simmons	Employee	✔ Cover
Misty Simmons	Child	✔ Cover

Edit Selection

COST DETAILS PER MONTH

Employer Contribution	\$1,161.58
Your Cost	\$136.12

1 Your Info

2 Your Benefits

3 Enroll

4 Complete

Complete Enrollment

If any elections show Incomplete, click on the box as shown below and it will allow you to select or waive the coverage.

Supplemental Employee Life

No plan selected

Incomplete: Choose/Decline Coverage



The below page will show for the incomplete election to Select or Waive coverage. Once chosen Bswift will take you back to the Beneficiaries page and you can hit continue on each page until you get to Review and Confirm page again.

Supplemental Employee Life & AD&D Standard	Select
<input checked="" type="checkbox"/> Waive Supplemental Employee Life	Waive

Once you are satisfied with the elections on the Review and Confirm page, check the box to agree and click "Complete Enrollment".

<p>physician, health care practitioner, hospital, clinic, or other medical or medically related facility to furnish an agent, designee, or representative of Anthem Blue Cross of California any and all records pertaining to medical history, services rendered, or treatment given to anyone enrolled here under or added here after for purposes of review, investigation, or evaluation of an application, or evaluation of an application or a claim. I also authorize Anthem Blue Cross of California and its affiliates, or its agents, designees or representatives to disclose to a hospital or health care service plan, self-insurer, or insurer any such medical information obtained if such disclosure is necessary to allow the processing of any claim. If my coverage is under a Group Master Agreement held by my employer, an association, trust fund, union or similar entity, this authorization also permits disclosure to them for purposes of utilization review or financial audit. This authorization shall become effective immediately and shall remain in effect as long as necessary to enable Anthem Blue Cross of California and its affiliates to process claims. A photocopy of this authorization shall be as valid as the original. Applicant must initial and date this medical information authorization.</p> <p>Dental</p> <p>I agree to continue membership in the programs in which the employer covers all employees, or all employees and dependents, during employment and while the program is in force.</p> <p>Vision</p> <p>I agree to continue membership in the programs in which the employer covers all employees, or all employees and dependents, during employment and while the program is in force.</p> <p>Basic Employee Life</p> <p><input checked="" type="checkbox"/> I agree, and I'm finished with my enrollment</p>	<p>Review and Confirm</p> <p>4 Complete</p> <p>Complete Enrollment</p>
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Confirmation Statement

It is highly recommended that you save/print/email your Confirmation Statement. **To see your elections click on "View"**

You can either Print, Save a PDF, or Email the statement to yourself.

To print or save a PDF, click "Print". The new window that opens up will be in PDF format. You may print or save the PDF.



Your enrollment is complete!



You may make changes to your elections until: **August 1, 2016**

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 Confirmation Statement is ready

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



[VIEW](#)



[PRINT](#)

The Email link will not appear above if you have not entered an email address under your profile. Once you are done here, you may enter your email address under "My Profile". This will also enable you to reset your password yourself, should you forget it in the future.

Dependent Verification

You will be required to provide documentation to verify every new dependent you enroll in benefits. Acceptable documents include marriage certificate, birth certificate, registration of domestic partnership, adoption paperwork or court paperwork. Please check with your HR or Benefits department if you have questions about acceptable documentation. If proof of dependent eligibility is not provided, your dependents will not be enrolled in coverage.

Once your enrollment is complete, click on My Profile → Employee File → Add Employee File Document.

Home My Benefits My Profile Library

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

Employee File

Mickey Mouse

Search for Uploaded Documents

Title [Add Employee File Document](#)

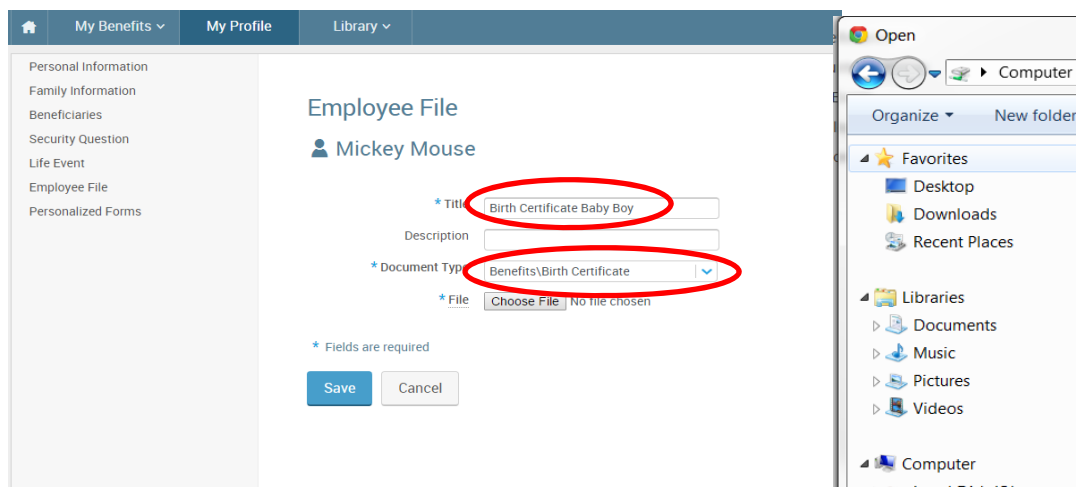
Description

Document Type

[Reset Fields](#)

Specified search criteria returned no results

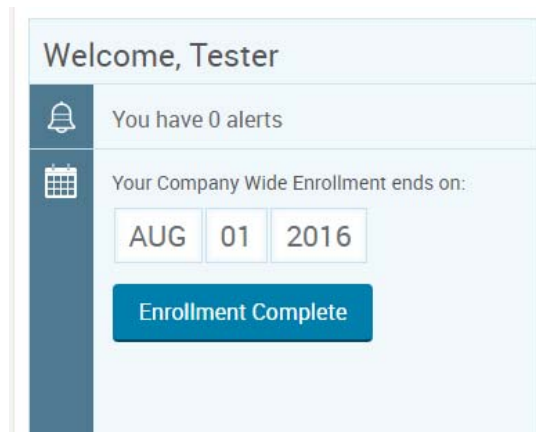
Enter a title for the document, click “Choose File” to browse to the document on your computer, and click “Save”.



Once the document is saved successfully, it will appear in your Employee File.

Revisiting/Revising Your Elections

You may return to the bswift website to make changes to your elections at any time throughout Open Enrollment. Once you have completed the Open Enrollment process the first time, you will be taken to the following screen upon login. Click "Enrollment Complete" and you will be taken back through the steps to update your Open Enrollment elections.




Questions

If you have benefit related questions that cannot be answered on this website, please contact your HR department. If you have technical bswift questions, including login issues, email bswifthelp@acwajpia.com or call 1-800-736-2292 Monday through Friday 7:30 a.m. to 4:30 p.m.