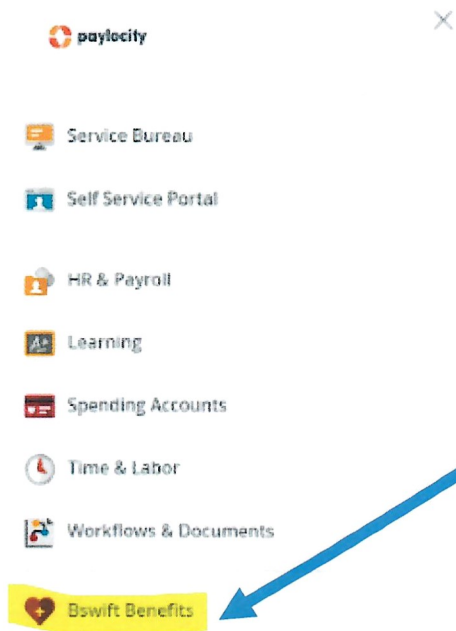




2024 OPEN ENROLLMENT EMPLOYEE GUIDE

1. Login to Paylocity.
2. Navigate to [HR & Payroll](#) > [bswift](#).



3. Click on Bswift Benefits

Note, that you can switch to Spanish



Welcome to your enrollment!

Enrollment Deadline 11/15/2023

Your Status **Not Started**

[Start Your Enrollment](#)

4. Select Start Your Enrollment



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En Español Change Password Log Out

Employee Information

All of your personal and family information must be complete sometime before beginning your enrollment. Please complete any 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".

If any of the information below is incorrect, please log into your Self Service Portal account and make the appropriate changes. Please allow 24 hours for the information to update in Bswift Benefits.

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

5. Check your Employee Information

Demographics

First Name TESTCLIENT
 Middle Initial
 Last Name OE7
 Social Security Number 000-00-0296
 Date of Birth 7/7/1965
 Gender Male

Address

Address

ADDRESS INFORMATION

Address 1 264 ANYWHERE
 Address 2
 City ANYWHERE

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

6. Check I agree your Employee Information

Home Phone
 Home Email oe7@yahoo.com
 Send Alerts in English Spanish
 Work Email oe7@dioslc.org
 Preferred Email Home Email Work Email None

Continue

I verify that my personal information is correct.
 I agree

7. Click Continue



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En Español Exit Enrollment

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 on the person's name. If you do not have any family members, click "Continue".

**TESTCLIENT
OE7**

Male Employee
58 years old (7/7/1965)
SSN: 000-00-0296



Add Dependents

Edit >

I agree that the above information is accurate.

I agree

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

Continue

- 8. Add Dependents as needed, whether or not they will be covered by your benefits.
- 9. Click "I agree"
- 10. Click Continue



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En Español Exit Enrollment

Special Enrollment

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.

Medical

NO PLAN SELECTED

* Selection Required

I don't want this benefit (waive)

View Plan Options

Health Savings Account

NO PLAN SELECTED

* Selection Required

I don't want this benefit (waive)

View Plan Options

FSA Health

NO PLAN SELECTED

* Selection Required

I don't want this benefit (waive)

View Plan Options

FSA Dependent Care

NO PLAN SELECTED

* Selection Required

I don't want this benefit (waive)

View Plan Options

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

Your Cost per pay period **\$0.00**

Finished selecting benefits? Click the button below to continue.

Continue

11. Go through each benefit as it applies to your elections.

- If you elect the General Plan, Value Care or Participating Network, you may also elect the Flexible Savings Account (FSA) Health and Dependent Care
- If you elect the High Deductible Health Plan (HDHP) Value Care or Participating Network, you may also elect the Health Savings Account and FSA Dependent Care
- 2024 Maximum Contributions as set by the IRS:
 - FSA Health - \$3200
 - FSA Dependent Care - \$5,000
 - HSA Self-only coverage - \$8,050
 - HSA Family coverage - \$16,100



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Basic Employee Life and AD&D

\$0.00 ▾

Your Cost per pay period

The displayed coverage amount is attached to the Basic Life and Basic AD&D benefit separately.

PLAN Basic Life/AD&D / LifeMap/USable Life

COVERAGE AMOUNT \$10,000

✔ Completed

[View Information](#)



Long Term Disability

\$0.00 ▾

Your Cost per pay period

PLAN Group Long Term Disability Insurance for the Roman Catholic Diocese of Salt Lake City / Lincoln Financial Group

✔ Completed

[View Information](#)

[Privacy Policy](#) | [Browser Requirements](#) | Technology powered by bswift

12. Basic Life and AD&D and Long Term Disability Eligibility:

- Full Time employees working 30+hours per week met the 600 worked hours in a calendar year, eligible on January first of the following year
- Part-Time employees working 20 hours per week and met the 600 worked hours in a calendar year, eligible on January first of the following year
- If you don't see this benefit and you have any questions, please contact your HR administrator.

13. Review all selections

14. Select **Edit Selection** to make any changes to any elections.

15. Select **I agree, and I'm finished with my enrollment** and **Complete Enrollment** to submit the enrollment.

16. Select **View, Email, and/or Print** to indicate preference on how to receive your **Confirmation Statement**.

17. Your HR Manager/Supervisor will review and approve your Open Enrollment.

THANK YOU FOR COMPLETING YOUR OPEN ENROLLMENT!