

Online Enrollment for **Sewell** Team Members

Enrollment Instructions

Ligon to: <https://secure.bswift.com/default.aspx?abbrev=sewell> for Ford and Chevy.

<https://secure.bswift.com/default.aspx?abbrev=sewellbmw> for BMW

[sewellcadillac.bswift.com](https://secure.bswift.com/default.aspx?abbrev=sewellcadillac) for CADILLAC

Username: firstnamelastname (Ex: johnsmith)

Password: Last 4 digits of your Social Security Number

SEWELL
FAMILY OF COMPANIES

Log In

Username

Password

[Forgot Password](#) [Log In >](#)

Click on **Start Your Enrollment**

VERIFY YOUR INFORMATION

Once you click Start Your Enrollment, you'll see your demographic information. Please verify the information is correct. If you have a spouse and/or children that you would like to cover, simply enter their information under Family Information.

You will need to have the dependent(s) Social Security number to enroll. Once you've entered all of your family information, select agree and continue.

BENEFIT ELECTIONS

The right side of the screen will show your progress during enrollment.

Select "View Plan Options" for the first plan and decide what family members you would like to cover and click Continue.

The premiums that display are per month. There is also an option to waive coverage if you wish, simply click "waive" coverage if you choose to do so.

Click Select to choose plan and Continue once all plans have been selected or waived.

You'll complete this for each plan until the end of enrollment.

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[Change Password](#) [Log Out](#)

Employee Information

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 at the bottom of the page. If you need to make a change to your Personal Information which is not allowed on this page (i.e. Birthdate, Last Name, etc.), please contact your payroll supervisor.

Demographics

* Fields are required

First Name: Denzel
Middle Initial:
Last Name: Fox
Suffix:

1 Your Info
2 Your Benefits
3 Enroll
4 Complete

[Continue](#)

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. If you need to make a change to your Personal Information which is not allowed on this page (i.e. Birthdate, Last Name, etc.), please contact your payroll supervisor.

Medical NO PLAN SELECTED
Selection Required [I don't want this benefit \(waive\)](#) [View Plan Options](#)

Employee Assistance NO PLAN SELECTED
Selection Required [I don't want this benefit \(waive\)](#) [View Plan Options](#)

Dental 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 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](#)

If you have questions about the Bswift site, password, or benefit selections please contact Sherrilyn Mobley at her direct line 432-498-0175 or via her E-mail at sherrilyn.mobley@teamsewell.com

FSA Health* Your cost per month: **\$8.33**

FSA Limited Purpose Health 2019 American Benefits Group (ABG)

Contribution: \$100.00
Remaining Pay Periods: 24

[Edit Selection](#)

FSA Dependent Care*

Waived

[Edit Selection](#)

Accident Tier based* Your cost per month: **\$8.93**

Guardian Accident Guardian

Coverage: **Employee**

Who will be covered on this plan:

Name	Relationship	Coverage
Denzel W Fox	Employee	✓ Cover

[Edit Selection](#)

Cost Details Per Month:

Total Premium	\$8.33
Employer Contribution	\$0.00
Your Cost (pre-tax)	\$8.33
Your Cost (post-tax)	\$8.33

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

[Complete Enrollment](#)

ELECTION CONFIRMATION

Once you've completed your selections, review all of your benefit elections and make sure you **have covered any dependents** if you want them covered.

You can still make changes with the edit 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 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 are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on unless I submit a declination election.

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

Last Step!

Click to check "I agree, and I'm finished with my enrollment."

Click on Complete Enrollment at right.

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[Change Password](#) [Log Out](#)

[Home](#) [My Benefits](#) [My Profile](#) [Specials](#) [Library](#)

✓ **Your enrollment is complete!**

You may make changes to your elections until: **February 28, 2019**

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. You may click on "Home" to go back to your home page, or click on "log out" to log out.

Your Confirmation Statement is ready

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

[VIEW](#) [PRINT](#)

EMAIL / PRINT OPTION

Once completed, you can print or email a copy of your elections if you wish.

Then LOG OUT and you're finished!

Life Insurance / Beneficiary Information:

If your Company offers Life Insurance, please be sure to review your beneficiary information. (The system will default to "Estate".) You will need to have beneficiary Social Security numbers and dates of birth to update on your elected coverages.

If your dependents are already listed and you would like to name one of them as beneficiary, simply select their name from the drop down list.