## Important Tips for Adds & Drops

### How soon do you need your changes made?

<table>
<thead>
<tr>
<th>TIME</th>
<th>METHOD</th>
<th>INSTRUCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>48 Hours</td>
<td>Employer Portal</td>
<td>You’ll find a link, a User Guide and an Online Enrollment Guide on the Group Resources page at <a href="http://BSWHealthPlan.com">BSWHealthPlan.com</a>. If you don’t have access to the Employer portal, contact your Client Manager.</td>
</tr>
<tr>
<td>5 Business Days</td>
<td>Email</td>
<td>Email completed enrollment form(s) to <a href="mailto:HPGroupEnrollment@BSWHealth.org">HPGroupEnrollment@BSWHealth.org</a>. If enrollment forms are not completed in their entirety, the request will be rejected.*</td>
</tr>
<tr>
<td>More than 5 Business Days</td>
<td>Fax</td>
<td>Fax completed form(s) to 254.298.3199.*</td>
</tr>
</tbody>
</table>

*NOTE: Electronic file feed may also be an option. Contact your Client Manager for additional information.*

*To ensure emailed or faxed enrollment forms are processed, please double-check that the following required information is included:

- Employer Name
- Top Account Number
- Medical Plan (Benefit Plan Number)
- Date of Hire
- Section One of the Form

Incomplete forms will be returned to sender for correction. Enrollment forms are processed in the order they are received. If you have any questions, please contact your Client Manager for assistance prior to submitting your form.

**ALL completed eligibility forms should be submitted directly to Enrollment, NOT to your Client Manager.**
Eligibility forms

See the Eligibility Grid for Employers document for eligibility guidelines. You’ll find a link on the Employer Resources page of BSWHealthPlan.com. Eligibility forms include:

- **BSWHP application/enrollment form**
  Use for:
  - Name/address changes
  - Adding/deleting members and/or dependents
    - Marriage certificates or proof of common law marriage may be required when adding spouses, especially if the spouse uses a different last name.

- **Medical support orders**
  Should accompany enrollment form

- **Proof of prior coverage/HIPAA forms**
  Should accompany enrollment form

- **Notice of late enrollment rights form**
  For employees declining coverage. If an employee is currently covered and is declining to renew that coverage, an Enrollment Form must be submitted to terminate their current coverage.

**All forms must be signed.** Terminations may be signed by the Group Administrator.