

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS, LOGIN TO BENEFITFOCUS FROM MYSWARTHMORE

CLICK ON EMPLOYEE AT THE TOP OF THE MAIN MENU

SWARTHMORE

[• Main](#) [• Employee](#)

Main Menu

For assistance with any directory information that you are unable to update, please contact the following offices:

Faculty members, please contact the Provost's Office at provost@swarthmore.edu
Staff members, please contact the Human Resources information systems team at hris@swarthmore.edu
Students, please contact the Registrar's Office at registrar@swarthmore.edu

For technical support, visit support.swarthmore.edu to enter a help ticket or search our knowledge base.

General Information

Review your biographical and demographic information, emergency contact, personal pronoun and direct deposit allocation(s).

Request a Parking Permit

Enter your vehicle information to request a parking permit from Public Safety.

Athletic Facilities Waiver & PAR-Q

Sign a waiver for use of the Athletic Facilities.

Directory Information

Maintain your information that appears in the online directory.

Emergency Evacuation Assistance Form

Information provided will be used by public safety in the event you need assistance in an emergency evacuation.

CLICK ON THE LINK FOR BENEFITFOCUS EMPLOYEE LOGIN (PLEASE NOTE, YOUR TILES MAY BE IN DIFFERENT LOCATIONS BECAUSE EMPLOYEES HAVE ACCESS TO DIFFERENT THINGS DEPENDING ON THEIR ROLE IN THE COLLEGE)

[• Main](#) [• Employee](#)

Employee Menu

For assistance with any directory information that you are unable to update, please contact the following offices:

Faculty members, please contact the Provost's Office at provost@swarthmore.edu
Staff members, please contact the Human Resources information systems team at hris@swarthmore.edu
Students, please contact the Registrar's Office at registrar@swarthmore.edu

For technical support, visit support.swarthmore.edu to enter a help ticket or search our knowledge base.

Every effort has been made to ensure information is accurate and up-to-date. The College will not be held responsible for issues that arise from reliance on this website's material.

Employee Dashboard

View and print your W-4 and W-2 (2022 and prior). View your earnings, deductions history, pay stubs, sick and vacation balances. Submit/Approve time sheets. Submit/Approve leave reports.

2023 W-2 Form, ADP

To access your 2023 W-2, click here to get to the ADP portal, where you will be able to view, download, and print your form. W-2s from 2022 and prior are accessible in the Employee Dashboard.

Annual Notices and Disclosures

Annual Notices and Disclosures.

Attendance Enterprise Employee Self-Service Login

Track your time electronically through Attendance Enterprise Employee Self-Service.

Benefitfocus Employee Login

View your current Benefit enrollment information and make any changes for Qualifying Life Events as allowable under IRS rules.

Bright Horizons

Enroll in Bright Horizons back up daycare and eldercare program here.

Change Home Address with HR

Crisis Communications Contact Information

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS


UNDER EMPLOYEES ON THE RIGHT, CLICK ON “CLICK HERE TO ENROLL IN OR CHANGE YOUR BENEFITS”



[Home](#) | [Enroll in Benefits](#) | [403\(b\)](#) | [VIDEOS & RESOURCES](#)

QuickLinks

- 2024 Benefits Guidebook
- Swarthmore College Summary Plan Description
- Independence Blue Cross
- Delta Dental
- Teladoc (Telehealth)
- Davis Vision
- Payflex (Healthcare FSA, Dependent Care FSA & Transit)
- Health Advocate
- Carebridge
- Vanguard
- TIAA
- HTA Medicare Services

Welcome Valerie!

Welcome to your benefits portal. This site gives you easy access to information about your employee benefits with Swarthmore College. We recommend that you bookmark this site and check here first when you have a human resources related question or need information about your benefits.

Employees

[Click Here to Enroll in or Change your Benefits](#)

Current Employees


[Click Here to Access your 1095c Tax Form](#)

Access your benefits anywhere with the Benefitfocus App


Available for Apple & Android.

Use this code on your 1st login to get started:

Swarthmore

Benefitfocus Mobile App

CLICK NEXT



Welcome to Swarthmore College!

BenefitFocus will be the platform you will use to enroll in all of the benefits you are eligible to participate in for the current plan year. You will be offered various Medical, Dental, and Vision options, as well as, voluntary benefit offerings such as Flexible Spending, Dependent Care, Health Savings Account, etc.

If you will be enrolling any spouse/domestic partner and/or dependents you will want to have their date of birth and social security numbers handy as you move forward with the enrollment process. You will also need the date of birth and social security numbers for anyone that you will be designating as your beneficiary for the basic and voluntary life insurance benefits.

Please note, the selections you make will remain in force for the current plan year and are not able to be changed unless you have a special enrollment qualifying life event (such as marriage, divorce, birth, etc.) so make your benefit choices carefully. The only exceptions to mid-year plan changes that do not require a special enrollment qualifying life event will be for the Health Savings Account and Transit/Commuter Accounts.

[Next](#)

CLICK ON GET STARTED OR BEGIN OPEN ENROLLMENT – IF YOU ARE ENROLLED IN ANY PART OF MEDICARE, CLICK ON VIEW YOUR MEDICARE INFO FIRST BEFORE STARTING YOUR OPEN ENROLLMENT PROCESS

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

Welcome to your Swarthmore College benefits portal!

Welcome Valerie!

Benefitfocus gives you access to your personal benefits information, and allows you to make changes to your benefits, as allowed by plan rules. Your current benefits are effective through

Show more

Get started >

Welcome back, Valerie

Tuesday, September 16 at 9:50 AM EDT

41

**DAYS LEFT TO
ELECT BENEFITS**

Begin open
enrollment

6

ACTIVE BENEFITS

View benefits



Begin open
enrollment



Change your
current benefits



Print your benefits



View your
medicare info



Manage your
beneficiaries

REVIEW YOUR DEMOGRAPHIC INFORMATION – IF YOUR NAME, GENDER, MARITAL STATUS, SSN, DOB, ADDRESS, OR PHONE # ARE INCORRECT, PLEASE EMAIL HRIS@SWARTHMORE.EDU (FOR STAFF) OR PROVOST@SWARTHMORE.EDU (FOR FACULTY) WITH THE CORRECT INFORMATION ASAP BEFORE COMPLETING YOUR ENROLLMENT SO THAT ALL YOUR CORRECT INFORMATION IS UPDATED AT THE BENEFIT CARRIERS. IF EVERYTHING LOOKS CORRECT, CLICK NEXT

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

About you

Communication preferences

What to do if any of your personal or contact information is incorrect:

Please log out of Benefitfocus and login to your mySwarthmore portal to make any necessary changes. If you have difficulties making the changes, Staff can email HRIS@swarthmore.edu and Faculty can email provost@swarthmore.edu for assistance.

Your personal information

 Edit

Name 

Preferred name

Gender ☐ Female


Marital status ☐ Married


Social security number 

Date of birth 


Your contact information


 Edit

Physical address 

Work email 

Personal email *Please provide*

Home phone 

Cell phone 

Work phone ☐

Work cell phone ☐

Alternate phone ☐

Next step: Review communication preferences

Cancel and return home

REVIEW YOUR COMMUNICATION PREFERENCES, YOU CAN USE YOUR SWARTHMORE OR PERSONAL EMAIL.

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

Your profile

Review and complete the required (*) information for your profile below.

**About you**

Communication preferences

Please set your communication preferences

From Benefitplace

EDIT

Would you like to receive Benefitplace communications? Yes

Communication method Email: [REDACTED]

From your employer

EDIT

Communication method Email: [REDACTED]

Continue to next step **Cancel and return home**

REVIEW YOUR CURRENT DEPENDENTS AND MAKE ANY UPDATES BY CLICKING THE EDIT BUTTON. IF YOU NEED TO ADD A NEW DEPENDENT, CLICK ON CREATE DEPENDENT PROFILE. OR CLICK NEXT IF YOU ARE NOT ADDING ANY DEPENDENTS.


Before you enroll in benefits

Employees who are eligible to participate in Swarthmore College's benefit programs may also enroll their dependents.

For the purposes of our benefit plans, your dependents are defined as follows:

Your spouse: wife/husband or domestic partner(as affirmed in Affidavit of Domestic Partner Relationship); Your/your domestic partner's dependent children to age 26 (your dependent children are eligible for medical coverage until the end of the plan year in which they turn 26, regardless of student status, marital status, residency or financial dependency); Your/your domestic partner's children age 26 and over who are mentally or physically disabled and dependent upon you for support and maintenance (proof of condition and dependence must be submitted)

You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits. Please remember to review who you are covering on each benefit, make any necessary updates to your covered dependents, update your domestic partnership or marital status, add/remove beneficiaries, etc.

Name	Relationship	Date of Birth	Gender	Actions
[REDACTED]	Spouse	[REDACTED]	Male	
[REDACTED]	Child	[REDACTED]	Female	
[REDACTED]	Child	[REDACTED]	Male	
Create dependent profile				
Next				

IF YOU ARE ADDING DEPENDENTS, COMPLETE THE APPLICABLE INFORMATION FOR THE DEPENDENT, YOU WILL NEED THEIR SSN & DOB, IF THEY HAVE A DIFFERENT ADDRESS THAN YOU, UNCHECK THE BOX FOR USE EMPLOYEE ADDRESS.

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

CLICK SAVE IF YOU ONLY HAVE 1 DEPENDENT, OR CLICK SAVE & ADD ANOTHER TO ADD MORE DEPENDENTS THAT WILL BE COVERED ON YOUR BENEFITS OR AS BENEFICIARIES.

Add Dependent

First Name *

Middle Name

Last Name *

Suffix

---Please Select---

Preferred Name

Date of Birth *

Gender *

☐ Female ☐ Male ☐ Intersex

SSN

Relationship *

---Please Select---

Physical Address

☒ Use Employee Address

Save

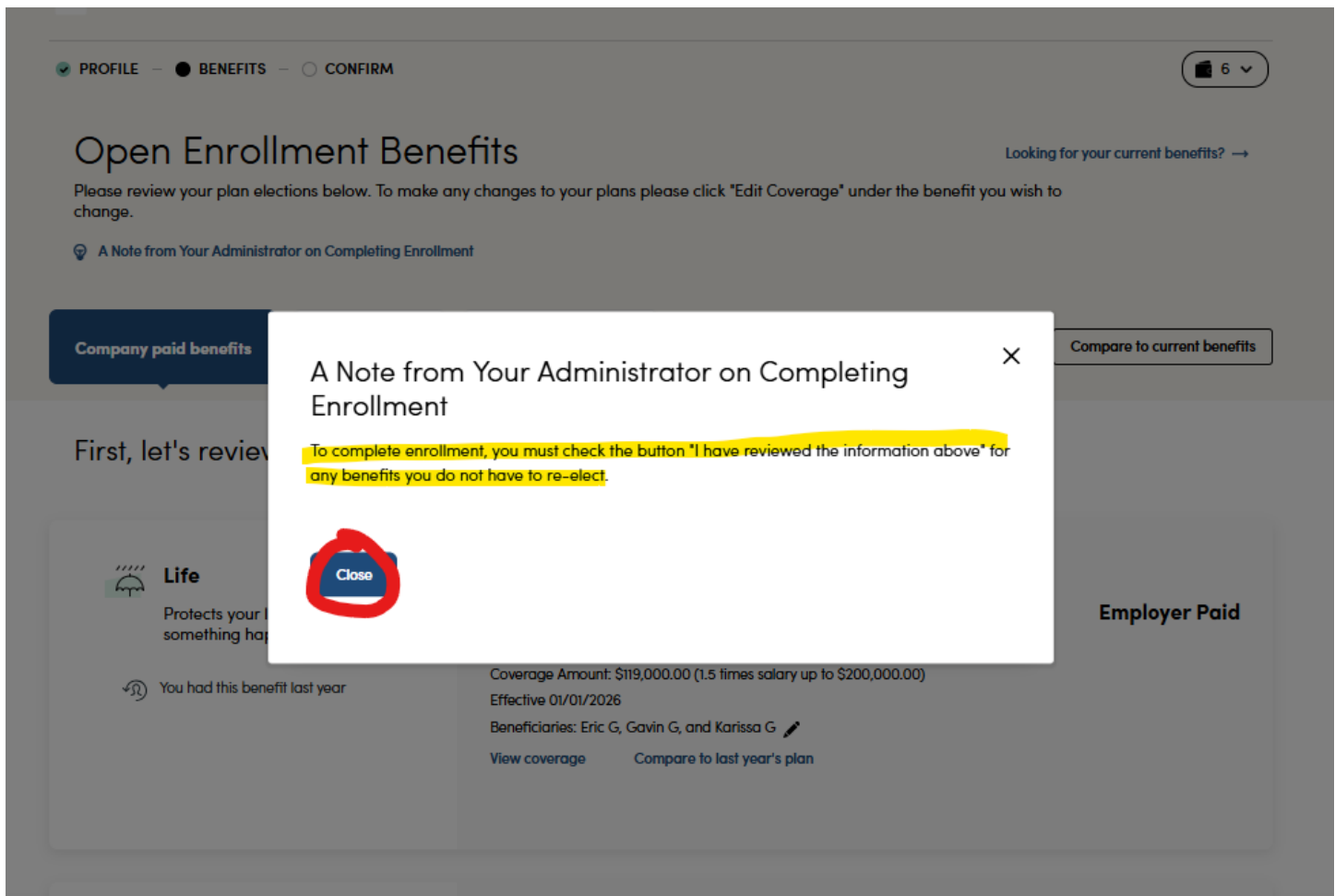
Save & Add Another

Cancel

CLICK NEXT WHEN YOU ARE DONE ADDING YOUR DEPENDENTS.

THIS WILL TAKE YOU TO THE ENROLLMENT SCREEN

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS



THE SCREEN LOOKS A LITTLE DIFFERENT THIS YEAR, IT IS BROKEN OUT INTO 3 SECTIONS:

1. EMPLOYER/COMPANY PAID BENEFITS (THAT YOU DO NOT NEED TO ENROLL IN BUT WHICH YOU MAY NEED TO ADD BENEFICIARIES FOR YOUR GROUP LIFE/AD&D – CLICK THE PENCIL ICON TO ADD OR MAKE UPDATES TO YOUR BENEFICIARIES), YOUR SHORT-TERM DISABILITY AND LONG-TERM DISABILITY (IF YOU ARE .75 FTE OR HIGHER)
 - a. IF EVERYTHING LOOKS OK, CLICK ON PROCEED TO CORE BENEFITS
2. CORE BENEFITS (MEDICAL, HSA, FSA, DENTAL, VISION, DEPENDENT CARE FSA)
 - a. **IF YOU WISH TO CONTINUE YOUR HSA AND/OR FSA ACCOUNTS, YOU MUST RE-ENROLL**
 - b. YOU CAN CHOOSE TO EDIT YOUR CURRENT MEDICAL, DENTAL, AND VISION ENROLLMENTS
3. ADDITIONAL BENEFITS (

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

[PROFILE](#) — [BENEFITS](#) — [CONFIRM](#)

6

Company paid benefits

Core benefits

Additional benefits

Compare to current benefits

First, let's review your company paid benefits.

Life

Protects your loved ones in case something happens to you.

You had this benefit last year

✓ Currently selected

2026 - BLF - Basic Life/AD&D

Employer Paid

Covers you

Coverage Amount: \$119,000.00 (1.5 times salary up to \$200,000.00)

Effective 01/01/2026

Beneficiaries:

[View coverage](#) [Compare to last year's plan](#)

Long-Term Disability

Pays a percentage of your income if you are unable to work because of a disability related to an accident, injury or illness.

You had this benefit last year

✓ Currently selected

2026 - LTD - Symetra - Long Term Disability (LTX/Taxable)

Employer Paid

Covers you

Effective 01/01/2026

[View coverage](#) [Compare to last year's plan](#)

Short Term Disability

Pays a percentage of your income if you are unable to work for a short period of time because of a disability related to an accident, injury or illness.

✓ Currently selected

Short Term Disability 2026

Employer Paid

Covers you

Effective 01/01/2026

Proceed to core benefits

Return home

You pay: \$8.06
Monthly Total

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

✓ PROFILE — ● BENEFITS — ○ CONFIRM

A Note from Your Administrator on Completing Enrollment

✓
Company paid benefits

Core benefits

Additional benefits

Compare to current benefits

Now it's time to decide on your core benefits.

Medical
Helps cover the cost of medical and surgical expenses.
 You had this benefit last year

✓ Currently selected

2026 – MEDICAL – Choosing to DECLINE 2026 medical coverage

\$0.00 per month

Covers you + Create dependent profile

Effective 01/01/2025
[Compare to last year's plan](#)

Edit coverage

Health FSA
Set aside pre-tax dollars to cover certain out-of-pocket costs for medical, dental and vision.

Decision required

Would you like Health FSA coverage?

Begin enrollment

Decline coverage


Dental
Provides coverage to save you money and help ensure a healthy smile.

✗ Declined


You have declined this benefit.
Change your mind? Hit "edit coverage" below.

Edit coverage

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS


**Vision**

Provides coverage for vision care including eye exams and glasses.

 You had this benefit last year

✓ Currently selected

2026 - VISION - Davis Vision - Enhanced Vision Plan


 [+ Create dependent profile](#)

Effective 01/01/2026

[Show plan details](#) [Compare to last year's plan](#)

[Edit coverage](#) [Decline](#)

\$4.58
per month

**Dependent Care FSA**

Pre-tax benefit account used to pay for eligible dependent care services, such as preschool, summer day camp, before or after school programs, and child or adult daycare.


Decision required

Would you like Dependent Care FSA coverage?

[Begin enrollment](#) [Decline coverage](#)

[Proceed to additional benefits](#)

[Return home](#)

You pay: \$8.06
Monthly Total 


YOU WILL EITHER CHOOSE BEGIN ENROLLMENT, DECLINE COVERAGE, OR EDIT COVERAGE DEPENDING ON YOUR ENROLLMENT CHOICES FOR EACH SECTION.

MEDICAL - IF YOU HAVE DEPENDENTS YOU WANT TO COVER, CLICK THEIR NAME AND IT WILL TURN THEIR NAME BUBBLE GREEN, OR YOU CAN CLICK THE ADD DEPENDENT LINK ON THE RIGHT-HAND SIDE. YOU CAN ALSO ADD DEPENDENTS HERE IF YOU FORGOT ANY ON THE EARLIER SCREEN. THEN CLICK NEXT.

IF YOU ARE CHOOSING TO STOP COVERING A SPECIFIC FAMILY MEMBER, YOU CAN CLICK THEIR NAME BUBBLE AND IT WILL TURN FROM GREEN TO WHITE INDICATING THEY ARE NOT COVERED. IF YOU ARE CHOOSING TO DECLINE COVERAGE FOR ALL FAMILY MEMBERS, UNCHECK ALL NAMES AND THE DECLINE MEDICAL WILL POP UP AS A PLAN CHOICE.

If you are choosing to decline medical coverage, please deselect all dependents under the Covered Persons section and the CHOOSING TO DECLINE 2026 plan option will appear

Please review your options and choose the plan that best meets your needs.

 Who do you want to cover on this plan?

☒ ☐ ☐ ☐

[Add Dependent](#)

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

Medical: Who do you want to cover?

You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits. Please remember to review who you are covering on each benefit, make any necessary updates to your covered dependents, update your domestic partnership or marital status, add/remove beneficiaries, etc.

Eligible For Coverage

Select	Name	Relationship	Date of Birth	Gender	Actions
<input checked="" type="checkbox"/>	[REDACTED]	Subscriber	[REDACTED]	Female	

Add Dependent

Next

Previous

Eligible dependents for plan coverage

YOU HAVE THE OPPORTUNITY TO COMPARE PLANS BY CLICKING THE CHECK BOX NEXT TO EACH PLAN.

IF YOU ARE ENROLLING YOURSELF, MAKE SURE JUST YOUR NAME IS IN GREEN IN THE WHO DO YOU WANT TO COVER ON THIS PLAN SECTION. IF YOU ARE COVERING ANY DEPENDENTS THEIR NAME SHOULD BE IN GREEN IN THIS SECTION. IF YOU ARE NOT COVERING THEM UNDER THIS PLAN CLICK ON THEIR NAME SO THEIR NAME BOX IS NO LONGER GREEN. IF YOU NEED TO ADD A DEPENDENT, CLICK ON ADD DEPENDENT.

If you are choosing to decline medical coverage, please deselect all dependents under the Covered Persons section and the CHOOSING TO DECLINE 2026 plan option will appear

Please review your options and choose the plan that best meets your needs.

Who do you want to cover on this plan?

Add Dependent

Having problems enrolling?

Compare plans to estimate your cost

Personalize your estimated cost

Your estimated annual cost is based on the details below. Personalize for a more accurate cost estimation.

Costs based on National Average

Tax Savings: Add Contribution

2026 - MEDICAL - Independence Blue Cross - Enhanced High Deductible Health Plan

HDHP

\$13.96

Monthly Cost

Estimated Annual Cost \$168

How was this calculated? WMA Tax Savings Add Contribution

Plan details

Compare to last year

Plan Documents

Select plan

2026 - MEDICAL - Independence Blue Cross - Basic High Deductible Health Plan

HDHP

\$0.00

Monthly Cost

Estimated Annual Cost \$0

How was this calculated? WMA Tax Savings Add Contribution

Plan details

Compare to last year

Plan Documents

Select plan

2026 - MEDICAL - Independence Blue Cross - Keystone HMO Plan

HMO

\$41.88

Monthly Cost

Estimated Annual Cost \$502.56

How was this calculated? FSA Tax Savings Add Contribution

Plan details

Compare to last year

Plan Documents

Select plan

TO CHOOSE YOUR MEDICAL PLAN, CLICK ON SELECT UNDER THE PLAN YOU WANT TO ENROLL IN.

IF YOU ARE DECLINING, CLICK THE SELECT PLAN FOR THE MEDICAL – CHOOSING TO DECLINE MEDICAL COVERAGE BOX – IT IS THE LAST ONE ON THE THIS PAGE

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

Compare

2026 - MEDICAL - Independence Blue Cross - Personal Choice PPO Plan

PPO
FSA

\$263.43
Monthly Cost

Estimated Annual Cost
\$3,161.16
How was this calculated?

FSA Tax Savings
Add Contribution

Plan details

Compare to last year

Plan Documents

Select plan

Next Previous Cancel

Compare

2026 - MEDICAL - Choosing to DECLINE 2026 medical coverage

MEC
FSA

\$0.00
Monthly Cost

Estimated Annual Cost
\$0.00
How was this calculated?

FSA Tax Savings
Add Contribution

Plan details

✓ Currently Selected

Next Previous Cancel

THIS WILL THEN TAKE YOU TO THE HSA PAGE IF YOU ENROLLED IN ONE OF THE HDHP MEDICAL PLANS. YOU WILL NEED TO ANSWER THE HSA SURVEY QUESTIONS TO DETERMINE YOUR ELIGIBILITY.

HEALTH SAVINGS ACCOUNT (HSA)

Health Savings Account (HSA)

HSA Eligibility 2026 (Swarthmore)

If you plan to enroll in Medicare Part A, Medicare Part B, or any other Medicare plan within the next 6 months, please review the HSA page on the Swarthmore College website to learn more about Medicare and HSAs and contact benefits@swarthmore.edu for further instructions.

Are you enrolled in Medicare Part A and/or Medicare Part B, or any other Medicare plan? *

---Please Select---

Are you enrolled in another health insurance plan, medical FSA, health reimbursement account, including health coverage through a spouse, domestic partner or parents plan? *

---Please Select---

Are you claimed as a dependent on another person's tax return? *

---Please Select---

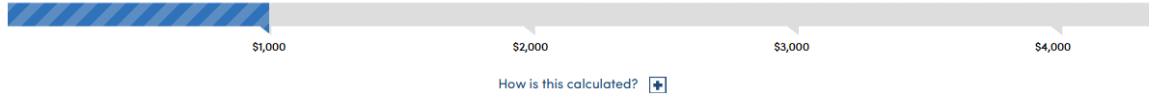
Next Previous Cancel

REVIEW YOUR ANSWERS FOR ACCURACY AND CLICK NEXT. CHOOSE TO ENTER AN EMPLOYEE HSA CONTRIBUTION AMOUNT, OR JUST CHOOSE THE EMPLOYER HSA CONTRIBUTION. YOUR EMPLOYEE HSA CONTRIBUTIONS CAN BE CHANGED THROUGHOUT THE BENEFIT CALENDAR YEAR. MAKE YOUR CHOICE AND CLICK CONTINUE.

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

\$1,000.00 of \$4,400.00 total projected 2026 contribution (this does not include wellness or after tax contributions.)

■ Employer contribution ■ Employee contribution



1. How would you like to contribute to your HSA?

☒ Custom amount

Contribute a custom amount to be deducted from one or multiple paychecks.

☐ Employer only

I don't want to contribute right now (you will still receive your employer's contribution).

Continue

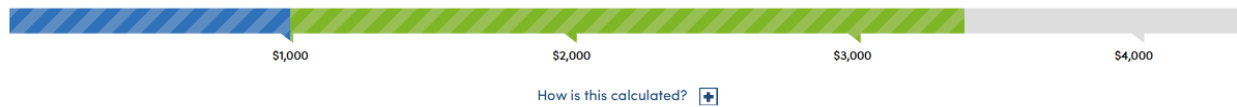
Previous

Cancel & return home

IF YOU CHOSE TO MAKE AN EMPLOYEE CONTRIBUTION, NOW YOU WILL NEED TO CHOOSE IF THIS WILL BE ONGOING FOR EACH PAYCHECK, OR JUST A ONE TIME CONTRIBUTION FROM ONE SPECIFIC PAYCHECK.

\$3,400.00 of \$4,400.00 total projected 2026 contribution (this does not include wellness or after tax contributions.)

■ Employer contribution ■ Employee contribution



2. Select a way to contribute to your HSA

☒ Ongoing Contribution

Schedule an amount to be deducted from every paycheck in the upcoming benefit year.

☐ One time Contribution

Schedule an amount to be deducted from one specific paycheck. ⓘ

\$ - Enter an amount per paycheck -
200.00

x 12 paychecks = \$2,400.00

Continue

Previous

Cancel & return home

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

2. Select a way to contribute to your HSA

☐ Ongoing Contribution
Schedule an amount to be deducted from every paycheck in the upcoming benefit year.

☒ One time Contribution
Schedule an amount to be deducted from one specific paycheck.?

\$ - Enter a one time amount -
500.00

- Select a paycheck -
01/15/2026



Continue

Previous

Cancel & return home

REVIEW YOUR HSA EMPLOYER AND IF APPLICABLE, EMPLOYEE CONTRIBUTIONS SUMMARY AND CONTRIBUTION SCHEDULE TO MAKE SURE IT IS CORRECT. IF IT IS NOT, CLICK EDIT OR ADD CONTRIBUTION. IF EVERYTHING LOOKS OK, CLICK ON SAVE & CONTINUE.

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS



Review your HSA contributions

At the end of this benefit year, the total amount contributed to your HSA is expected to be \$2,200.00. This does not include wellness or after tax contributions. Please make sure to set your annual goal accordingly.

Contribution summary Contribution schedule

Pending		
\$	Employer scheduled contribution Your employer scheduled contribution is scheduled for 01/15/2026	\$500.00 total contribution
Pending		
\$	Employer scheduled contribution Your employer scheduled contribution is scheduled for 07/15/2026	\$500.00 total contribution
Pending		
\$	Employee ongoing contribution Your ongoing contribution is scheduled from 01/15/2026 to 12/15/2026	\$100.00 / \$1,200.00 per paycheck / total contribution
Edit Delete		

Total 2026 Contributions: \$2,200.00

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

Review your HSA contributions

At the end of this benefit year, the total amount contributed to your HSA is expected to be \$2,200.00. This does not include wellness or after tax contributions. Please make sure to set your annual goal accordingly.

[Contribution summary](#)

[Contribution schedule](#)

Type	Date	Status	Amount
■ Employer scheduled contribution	01/15/2026	Pending	\$500.00
■ Employee ongoing contribution	01/15/2026	Pending	\$100.00
■ Employee ongoing contribution	02/13/2026	Pending	\$100.00
■ Employee ongoing contribution	03/13/2026	Pending	\$100.00
■ Employee ongoing contribution	04/15/2026	Pending	\$100.00
■ Employee ongoing contribution	05/15/2026	Pending	\$100.00
■ Employee ongoing contribution	06/15/2026	Pending	\$100.00
■ Employer scheduled contribution	07/15/2026	Pending	\$500.00
■ Employee ongoing contribution	07/15/2026	Pending	\$100.00
■ Employee ongoing contribution	08/14/2026	Pending	\$100.00
■ Employee ongoing contribution	09/15/2026	Pending	\$100.00
■ Employee ongoing contribution	10/15/2026	Pending	\$100.00
■ Employee ongoing contribution	11/13/2026	Pending	\$100.00
■ Employee ongoing contribution	12/15/2026	Pending	\$100.00

Total 2026 Contributions: \$2,200.00

[Save & Continue](#)

[Add contribution](#)

[Cancel & return home](#)

THIS WILL THEN TAKE YOU TO THE LIMITED PURPOSE FSA PAGE. CLICK ON SELECT PLAN AND ENTER THE ANNUAL AMOUNT YOU WANT TO CONTRIBUTE, OR CLICK ON DECLINE COVERAGE.

Health FSA

How much money do you want to contribute to your Health FSA account?

You can contribute between \$50.00 and \$3,300.00 per plan year.

[Contribution Amount](#)

ENTER YOUR ANNUAL CONTRIBUTION AMOUNT

The amount you enter will be divided into individual deductions over the remainder of the year. Rounding may occur to ensure your paychecks are predictable and/or to ensure your contributions do not exceed IRS limits. Limited carryover permitted. Balances over permissible carryover amount are forfeited, "use it or lose it"

[Decline coverage](#) - I would like to decline Health FSA coverage.

[Next](#)

[Previous](#)

[Cancel](#)

REVIEW THE 2026 – HEALTH SUMMARY, MAKE ANY EDITS, OR SCROLL TO THE BOTTOM AND SAVE CHANGES.

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

● PROFILE — ● BENEFITS — ○ CONFIRM

Effective Date: 01/01/2026

Employer Contributions

Employer Scheduled Contributions: \$1,000.00 per benefit year

Total Employer Contributions: \$1,000.00 per benefit year

Total Employer and Employee Contributions: \$1,000.00 per benefit year

HSA Eligibility 2026 (Swarthmore) Edit

Additional Information

Show details

Edit contribution

Health FSA

2026 - FSA - Inspira Financial - Limited Purpose Health Care Flexible Spending Account

Effective Date: 01/01/2026

Contribution Amount: \$500.04 Per Plan Year \$41.67 per month

Additional Information

Show details

Edit contribution

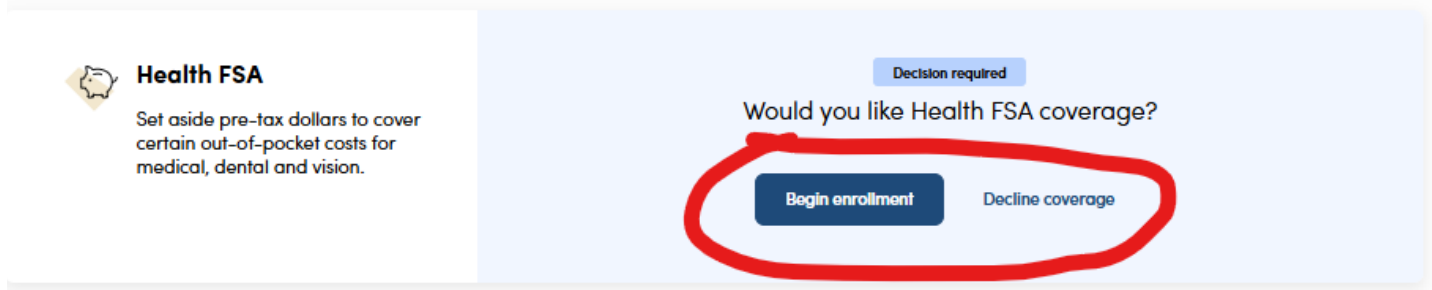
Edit coverage

Save

Cancel

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

IF YOU ARE DECLINING TO ENROLL IN A MEDICAL PLAN, OR YOU ARE ENROLLING IN THE HMO OR PPO MEDICAL PLAN, OR YOUR ARE NOT ELIGIBLE FOR THE HSA BECAUSE YOU ARE IN MEDICARE OR HAVE OTHER NON-HDHP INSURANCE, AFTER YOU MAKE YOUR MEDICAL ENROLLMENT CHOICES, THE NEXT STEP WILL BE TO ENROLL OR DECLINE THE HEALTH FSA. CLICK ON BEGIN ENROLLMENT OR DECLINE COVERAGE.



Health FSA

Set aside pre-tax dollars to cover certain out-of-pocket costs for medical, dental and vision.

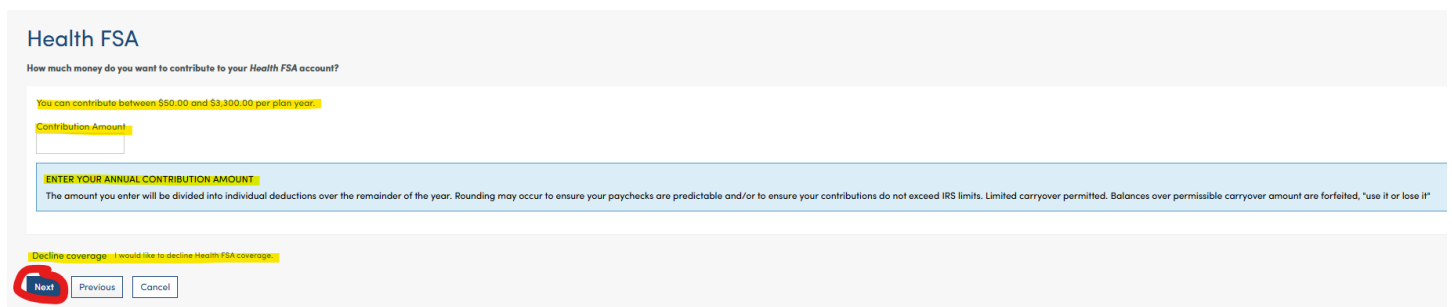
Decision required

Would you like Health FSA coverage?

Begin enrollment Decline coverage

CLICK SELECT PLAN IF YOU WANT TO ENROLL. OR CLICK DECLINE COVERAGE.

IF YOU CLICK ON ENROLL, **ENTER THE ANNUAL AMOUNT** YOU WANT TO CONTRIBUTE INTO THIS BENEFIT FOR THE CURRENT BENEFIT PLAN YEAR (JAN-DEC). OR YOU MAY CLICK DECLINE COVERAGE. THEN CLICK NEXT.



Health FSA

How much money do you want to contribute to your Health FSA account?

You can contribute between \$50.00 and \$3,300.00 per plan year.

Contribution Amount

ENTER YOUR ANNUAL CONTRIBUTION AMOUNT

The amount you enter will be divided into individual deductions over the remainder of the year. Rounding may occur to ensure your paychecks are predictable and/or to ensure your contributions do not exceed IRS limits. Limited carryover permitted. Balances over permissible carryover amount are forfeited, "use it or lose it"


Decline coverage I would like to decline Health FSA coverage.

Next Previous Cancel

IF YOU ARE NOT MAKING ANY CHANGES TO YOUR CURRENT ELECTIONS YOU WILL JUST SAVE YOUR HSA AND/OR HEALTH FSA ENROLLMENT CHANGES FOR THE UPCOMING BENEFIT CALENDAR YEAR.

IF YOU WANT TO MAKE CHANGES TO YOUR CURRENT DENTAL AND VISION, CLICK EDIT AND FOLLOW THE SAME STEPS AS OUTLINED ABOVE TO ADD OR REMOVE DEPENDENTS AND CHANGE PLANS.

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS




Dental

Provides coverage to save you money and help ensure a healthy smile.

✕ Declined

You have declined this benefit.
Change your mind? Hit 'edit coverage' below.

Edit coverage




Vision

Provides coverage for vision care including eye exams and glasses.

You had this benefit last year

✓ Currently selected

2026 - VISION - Davis Vision - Enhanced Vision Plan

Covers you  [+ Create dependent profile](#)

Effective 01/01/2026

[Show plan details](#) [Compare to last year's plan](#)

Edit coverage


Decline





\$4.58
per month

CLICK SELECT PLAN OR CLICK DECLINE COVERAGE.

Choose your Dental plan.

Please review your options and choose the plan that best meets your needs.

 Who do you want to cover on this plan?



Add Dependent

2026 - DENTAL - Delta Dental of PA - Basic Dental Plan

Calendar Year Maximum	\$1,000 per person per year
Diagnostic and Preventive Services	100% covered : Most Diagnostic & Preventive services do not count towards the Calendar Year Maximum
Basic Services	100% covered
Endodontics	Root canals : 100% covered

Select plan

Plan details

Compare to last year

Plan Documents

\$0.00
Monthly Cost

2026 - DENTAL - Delta Dental of PA - Enhanced Dental Plan

Calendar Year Maximum	\$2,000 per person per year
Diagnostic and Preventive Services	100% covered : Most Diagnostic & Preventive services do not count towards the Calendar Year Maximum
Basic Services	100% covered
Endodontics	Root canals : 100% covered

Select plan

Plan details

Compare to last year

Plan Documents

\$17.62
Monthly Cost

Decline coverage

Cancel this to decline dental coverage

Previous

Cancel

FOLLOW THE SAME STEPS ABOVE FOR YOUR VISION, INCLUDING ADDING OR REMOVING ANY DEPENDENTS.

CLICK SELECT PLAN OR CLICK DECLINE COVERAGE.

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

Choose your Vision plan.

Please review your options and choose the plan that best meets your needs.

Who do you want to cover on this plan? Add Dependents

2026 - VISION - Davis Vision - Basic Vision Plan \$0.00 Monthly Cost

Eye Examination	100% covered
Frames	100% for Fashion & Designer Collection, \$20 copay for Premier Selection, \$60 allowance for Visionworks and non-collection frames
Eyeglass Lenses: Standard Lenses, single vision, bifocal, trifocal, lenticular	100% covered
Eyeglass Lenses: Glass grey #3 prescription, tinting	100% covered

Select plan Plan details Compare to last year Plan Documents

2026 - VISION - Davis Vision - Enhanced Vision Plan \$4.58 Monthly Cost

Eye Examination	100% covered
Frames	100% covered for Fashion, Designer & Premier Collection, \$100 allowance for Visionworks & NonCollection frames
Eyeglass Lenses: Standard Lenses, single vision, bifocal, trifocal, lenticular	100% covered
Eyeglass Lenses: Glass grey #3 prescription, tinting	100% covered

Currently Selected Plan details Compare to last year Plan Documents

Decline coverage I would like to decline Vision coverage.

Next Previous Cancel

MOVE ON TO THE DEPENDENT CARE FSA SECTION. CLICK ON BEGIN ENROLLMENT OR DECLINE COVERAGE. **IF YOUR CHILD(REN) ARE OVER THE AGE OF 13 YOU ARE NOT ABLE TO ENROLL IN THIS BENEFIT FOR CHILD CARE.**

ENTER THE **ANNUAL** AMOUNT YOU WANT TO CONTRIBUTE INTO THIS BENEFIT FOR THE CURRENT BENEFIT PLAN YEAR (JAN-DEC). OR YOU MAY CLICK DECLINE COVERAGE. THEN CLICK NEXT.

Dependent Care FSA

How much money do you want to contribute to your Dependent Care FSA account?

You can contribute between \$50.00 and \$7,500.00 per plan year.

Contribution Amount

ENTER YOUR ANNUAL CONTRIBUTION AMOUNT

The dependent care Flexible Spending Account is separate from the health Flexible Spending Account and can be used for child care expenses related to your dependents (Example: Day care expenses for children under 13). Balances remaining after claim submission deadline are forfeited, there is no carryover, "use it or lose it"

Decline coverage I would like to decline Dependent Care FSA coverage.

Next Previous Cancel

REVIEW YOUR CORE BENEFITS ENROLLMENTS/DECLINATIONS, MAKE ANY NECESSARY UPDATES. OR CLICK ON PROCEED TO ADDITIONAL BENEFITS.

Proceed to additional benefits Return home

THIS WILL TAKE YOU TO THE SUPPLEMENTAL LIFE / AD&D, METLIFE LEGAL, PARKING FSA & TRANSIT FSA SECTIONS. CLICK ON EDIT COVERAGE OR DECLINE.

IF YOU ARE ADDING SUPPLEMENTAL LIFE, OR SUPPLEMENTAL EMPLOYEE AD&D, OR SUPPLEMENTAL FAMILY AD&D, YOU WILL NEED TO ADD AT LEAST 1 BENEFICIARY FOR EACH ENROLLED BENEFIT. YOU CAN CLICK THE PENCIL ICON TO

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

EDIT ANY EXISTING BENEFICIARIES. **YOU CANNOT BE IN BOTH THE SUPPLEMENTAL EMPLOYEE AD&D AND SUPPLEMENTAL FAMILY AD&D, YOU CAN ONLY ENROLL IN 1 OR THE OTHER SO MAKE SURE YOU ARE CHOOSING THE RIGHT ONE FOR YOU/YOUR FAMILIES NEEDS.**

IF YOU ARE NEWLY ENROLLING IN SUPPLEMENTAL LIFE FOR THE FIRST TIME, OR YOU ARE INCREASING YOUR COVERAGE AMOUNT MORE THAN 25K, OR MORE THAN 1X YOUR CURRENT AMOUNT, YOU WILL BE REQUIRED TO COMPLETE A HEALTH STATEMENT EVIDENCE OF ISURABILITY (EOI) VIA AN EMAIL THAT YOU WILL RECEIVE FROM SYMETRA SOMETIME IN DEC-JAN. YOU WILL HAVE 60 DAYS FROM THE DATE THE EOI REQUEST IS SENT TO YOU FROM SYMETRA TO COMPLETE THE PROCESS.

With your core benefits complete, the following benefits can help optimize your package!

Benefit Name	Status	Description	Action
Supplemental Life Protects your loved ones in case something happens to you.	❌ Declined	You have declined this benefit. Change your mind? Hit "edit coverage" below.	Edit coverage
Supplemental Employee AD&D Protects you and your family in the event of a covered unintentional injury or fatality.	❌ Declined	You have declined this benefit. Change your mind? Hit "edit coverage" below.	Edit coverage
Supplemental Family AD&D Protects your family's finances in case something happens to your covered dependent. You had this benefit last year	✅ Currently selected	2026 - VADFAM - Symetra - Supplemental Family AD&D Covers you Coverage Amount: \$158,000.00 (2 times salary) Effective 01/01/2026 Beneficiaries: [REDACTED] Compare to last year's plan	Edit coverage Decline

IF YOU ARE ENROLLING IN THESE SUPPLEMENTAL LIFE/AD&D COVERAGES, CLICK ON EDIT COVERAGE OR ENROLL, THEN REVIEW THE COVERAGE AMOUNTS AVAILABLE TO YOU BASED ON YOUR SALARY AND MONTHLY COSTS. CLICK ON THE ONE YOU WANT TO ENROLL IN AND CLICK ON SELECT PLAN OR CHOOSE TO DECLINE. CLICK NEXT.

TO ADD BENEFICIARIES FOR THESE SUPPLEMENTAL BENEFITS, CLICK THE PENCIL ICON, CLICK ON ADD BENEFICIARY.

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

LIFE
Life: Beneficiary information

You have no beneficiaries either populated with their Beneficiary Type, allocation amount, and/or selected to be covered.

Note: When replacing an existing beneficiary with a new one, first deselect the beneficiary, add the new beneficiary, then adjust the allocation percentage accordingly.

Use	Name	Relationship	Date of Birth	SSN/ID	Beneficiary Type*	Allocation %*	Actions
Add Beneficiary							

Please Note:
Secondary beneficiaries will receive proceeds in the event that all primary beneficiaries are no longer living.

[Next](#) [Previous](#) [Cancel](#)

CLICK ON THE APPLICABLE BENEFICIARY TYPE, THEN CLICK NEXT

LIFE
Life: Beneficiary information

Beneficiary type?

***Please note that you cannot list Swarthmore College as an organization.

☒ Person ☐ Estate
☐ Organization
☐ Trust

[Next](#) [Previous](#) [Cancel](#)

ENTER THE BENEFICIARIES DEMOGRAPHICS, YOU WILL NEED THEIR SSN AND DOB AND ADDRESS IF THEY DO NOT LIVE WITH YOU. CLICK NEXT.

LIFE
Life: Beneficiary information

Please note you cannot list Swarthmore College as a beneficiary.

First Name * Middle Name Last Name * Suffix

Relationship * Social Security Number Date of Birth

Address 1 Address 2 City State / Province

ZIP / Postal code Country Phone Number

[Next](#) [Previous](#) [Cancel](#)

CLICK THE DROP DOWN FOR BENEFICIARY TYPE AND THE ENTER THE % AMOUNT YOU WANT TO BE PAID OUT TO THE BENEFICIARY. IF YOU NEED TO ADD MORE THAN ONE BENEFICIARY, CLICK ADD BENEFICIARY AND FOLLOW THE SAME STEPS. YOUR TOTAL ALLOCATION AMONGST ALL PRIMARY BENEFICIARIES MUST EQUAL 100%. YOUR TOTAL AMONGST ALL SECONDARY BENEFICIARIES MUST EQUAL 100%. CLICK NEXT.

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

LIFE

Life: Beneficiary information

Please select the beneficiaries for this benefit, specifying whether they are Primary or Secondary as well as the allocation percentage(s).

Note: When replacing an existing beneficiary with a new one, first deselect the beneficiary, add the new beneficiary, then adjust the allocation percentage accordingly.

Use	Name	Relationship	Date of Birth	SSN/ID	Beneficiary Type*	Allocation %*	Actions
<input checked="" type="checkbox"/>	XXXX XXXXX XXXXXX	SPOUSE	12/31/1980	***-**-2222	Primary	100	Edit
<input checked="" type="checkbox"/>	XX XX XXXXXX	CHILD	01/14/2003	***-**-2222	Secondary	100	Edit
<div>Add Beneficiary</div>							

Please Note:
Secondary beneficiaries will receive proceeds in the event that all primary beneficiaries are no longer living.

Next

Previous

Cancel

REVIEW THE NEXT SCREEN AND CLICK THE DROP DOWN FOR VIEW DETAILS TO MAKE SURE YOUR BENEFICIARY INFORMATION IS CORRECT. CLICK EDIT IF YOU NEED TO MAKE CHANGES. CLICK SAVE IF EVERYTHING LOOKS CORRECT.

2024 - Basic Life Summary

Your 2024 - Basic Life benefit summary is shown below. Please note that your benefits have not been saved. You must click Save to complete the section.

Life

2024 - BLF - Basic Life/AD&D

Offered By: Symetra

Coverage Amount: \$200,000.00 (1.5 times salary up to \$200,000.00)

Effective Date: 08/01/2024

You Pay: \$0.00 per month

Beneficiaries

Hide details

Name: XXXX XXXXX XXXXXX

Relationship: SPOUSE

Date of Birth: 12/31/1980

Name: XX XX XXXXXX

Relationship: CHILD

Date of Birth: 01/14/2003

View coverage

Plan details

Cost Summary

This is a summary of your current benefit elections.

Benefit Elections (4 items)

Monthly

Medical

Life

Long-Term Disability

Short-Term Disability

\$0.00

\$0.00

\$0.00

\$0.00

You Pay

Monthly Total

\$0.00

Save

Cancel

THIS WILL TAKE YOU TO THE LEGAL COVERAGE.

IF YOU CHOOSE TO ENROLL OR WANT TO REVIEW MORE DETAILS ON THE PLAN OVERVIEW, YOU WOULD CLICK SELECT OR DECLINE COVERAGE.

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

Choose your Legal plan.

Please choose your coverage level and select your plan.

Top 5 Reasons to enroll in a legal plan



Product Overview & How to use the Plan

[MetLife Legal Plan Plus Product Overview](#)

[How to use the Legal Plan](#)

Product in Action - Do the Math

[Product in Action - Do the Math MLP](#)

Digital Estate Planning

[Digital Estate Planning](#)

2026 - LEGAL - MetLife Legal Plan

If you opt to enroll, you will have access to an extensive network of attorneys through MetLife Legal plans for a number of legal matters. Services include, but are not limited to, estate planning, financial and real estate matters, defense of civil litigation, family law, and traffic offenses. MetLife provides you with telephone and office consultations for an unlimited number of matters with the attorney of your choice. This plan will also cover matters for you and your dependents.

All services below are available. Review the product overview in the plan documents section.

Adoption, Guardianship, Immigration, Prenuptial, Name Change, Garnishment Defense

Debt Collection & Identity Theft Defense, Personal Bankruptcy, Negotiations with Creditors

Title Disputes, Eviction Defense, Foreclosure, Refinancing & Home Equity Loan

[Select plan](#)

[Plan details](#)

[Compare to last year](#)

[Plan Documents](#)

\$19.50
Monthly Cost

[Decline coverage](#) - I would like to decline Legal coverage

[Previous](#)

[Cancel](#)

REVIEW YOUR LEGAL ENROLLMENT AND EITHER EDIT COVERAGE OR CHOOSE SAVE.

2026 - Ancillary Benefits Summary

Your 2026 - Ancillary Benefits benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section.



Legal

Coverage Declined as of 01/01/2026

[Edit coverage](#)

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30* days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30* days after the marriage, birth, adoption, or placement for adoption.

*You may have more than 30 days to notify your employer. Check with your HR Administrator.

[Save](#)

[Cancel](#)

THIS WILL TAKE YOU TO THE PARKING FSA COVERAGE, CHOOSE BEGIN ENROLLMENT OR DECLINE COVERAGE.



Parking FSA

Account used to cover parking expenses related to work.

Decision required

Would you like Parking FSA coverage?

[Begin enrollment](#)

[Decline coverage](#)

SELECT PLAN OR DECLINE COVERAGE.

IF ENROLLING ENTER THE **MONTHLY** AMOUNT YOU WANT TO CONTRIBUTE. OR YOU CAN CHOOSE TO DECLINE COVERAGE. CLICK NEXT.

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

Parking FSA

How much money do you want to contribute to your *Parking FSA* account?

You can contribute between \$1.00 and \$325.00 per month.

Monthly Contribution Amount

Decline coverage... I would like to decline *Parking FSA* coverage.

Next

Previous

Cancel

REVIEW AND SAVE, OR EDIT YOUR COVERAGE.

2026 - Commuter Summary

Your 2026 - Commuter benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section.



Parking FSA

Coverage Declined as of 01/01/2026

Edit coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30* days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30* days after the marriage, birth, adoption, or placement for adoption.

*You may have more than 30 days to notify your employer. Check with your HR Administrator.

Save

Cancel

DO THE SAME THING FOR THE TRANSPORTATION FSA. IF YOU ARE ENROLLED IN THE COLLEGE SPONSORED SEPTA KEY DISCOUNT PROGRAM, YOUR MONTHLY TRANSIT FSA CONTRIBUTION CANNOT EXCEED \$300.



Transportation FSA

Pre-tax benefit account used to cover transit and parking expenses related to work.

Decision required

Would you like Transportation FSA coverage?

Begin enrollment

Decline coverage

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

Transportation FSA

How much money do you want to contribute to your *Transportation FSA* account?

You can contribute between \$1.00 and \$325.00 per month.

Monthly Contribution Amount

Decline coverage I would like to decline Transportation FSA coverage.

Next

Previous

Cancel

REVIEW AND SAVE, OR EDIT YOUR COVERAGE.

2026 - Commuter Summary

Your 2026 - Commuter benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section.



Transportation FSA

Coverage Declined as of 01/01/2026

Edit coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30* days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30* days after the marriage, birth, adoption, or placement for adoption.

*You may have more than 30 days to notify your employer. Check with your HR Administrator.

Save

Cancel

THIS WILL TAKE YOU TO THE SUMMARY PAGE FOR YOUR ADDITIONAL BENEFITS. YOU CAN CLICK ON THE TOP HEADERS TO REVIEW COMPANY PAID BENEFITS, CORE BENEFITS, AND ADDITIONAL BENEFITS. IF EVERYTHING LOOKS OK, CLICK ON CONFIRM CHANGES.

CLICK THE LINK FOR BENEFIT SUMMARY REPORT, THIS WILL GIVE YOU A PAGE THAT YOU CAN SAVE OR PRINT OUT THAT SHOWS ALL YOUR BENEFIT ENROLLMENT CHOICES. YOU STILL HAVE THE OPTION TO VIEW AND EDIT ALL BENEFITS AS LONG AS THE OPEN ENROLLMENT WINDOW HAS NOT ENDED.

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

Congratulations [REDACTED], you have finished selecting your benefits!



Medical

2026 - MEDICAL - Choosing to DECLINE 2026 medical...

Just You



Vision

2026 - VISION - Davis Vision - Enhanced Vision Plan

You, +3 dependents



Life

2026 - BLF - Basic Life/AD&D



Supplemental Employee AD&D

2026 - VADEE - Voluntary Employee AD&D

Show all 6 of my benefits

Helpful things to do right now



Review and print a copy of your Benefit Summary Report

Thank you for completing your benefits enrollment or changes

Please be sure to save or print a copy of your Employee Benefit Summary Report as a confirmation of your benefit enrollment elections or changes. You can use this report to compare your elected benefits against the benefits payroll

deductions that w Show more

Continue to next page

View and edit all benefits

HOW TO ENROLL IN / DECLINE BENEFITS IN BENEFITFOCUS

Printed by Graf, Valerie on 09/16/2025

Employee Benefit Summary Report

Swarthmore College

Home Phone:

Cell Phone:

Work Email:

Employer Assigned ID

Date of Hire:

Gender:

Marital Status:

Open Enrollment Elections

Monthly Employee Costs: \$9.72

Relationship: Subscriber Date of Birth	
2026 - MEDICAL - Choosing to DECLINE 2026 medical coverage Employee Only	Effective: 01/01/2025 Monthly Cost \$0.00 as of 01/01/2026
2026 - FSA - Inspira Financial - Full Purpose Health Care Flexible Spending Account (HFSA) Declined	Declined Coverage
2026 - DENTAL - Delta Dental of PA - Basic Dental Plan Declined	Declined Coverage
2026 - VISION - Davis Vision - Enhanced Vision Plan Employee + Family	Effective: 01/01/2026 Monthly Cost \$4.58 Deducted Post-Tax\$0.00
2026 - FSA - Inspira Financial - Dependent Care Flexible Spending Account (DCFSA) Declined	Declined Coverage
2026 - BLF - Basic Life/AD&D \$119,000.00 (1.5 times Salary up to \$200,000.00)	Effective: 01/01/2026 Monthly Cost \$0.00
2026 - EEVTL - Voluntary Employee Life Declined	Declined Coverage

YOU ARE ALL DONE WITH YOUR NEW HIRE BENEFITS ENROLLMENT PROCESS.

PLEASE REACH OUT TO BENEFITS@SWARTHMORE.EDU WITH ANY QUESTIONS.