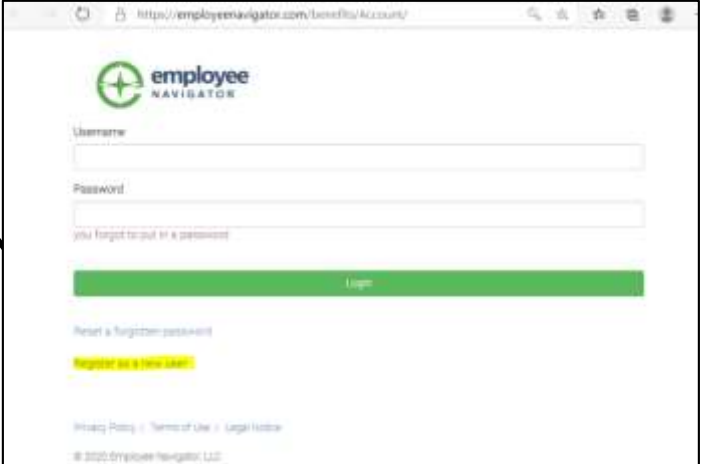


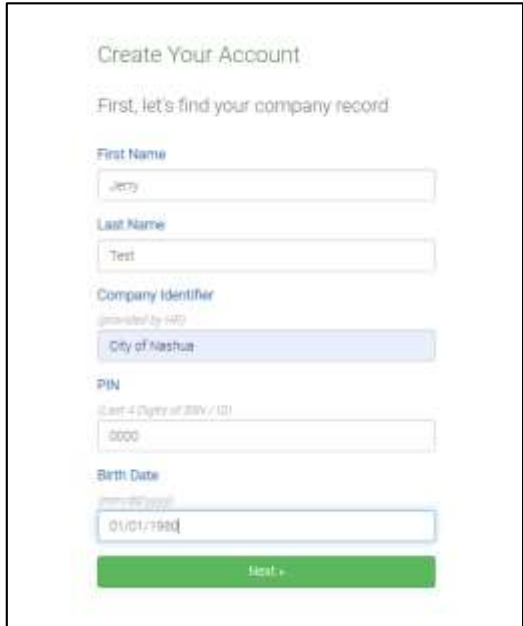
## Employee Navigator Instructions

1. Navigate to <https://employeenavigator.com/benefits/Account/>
2. Select **“Register as a new user”**



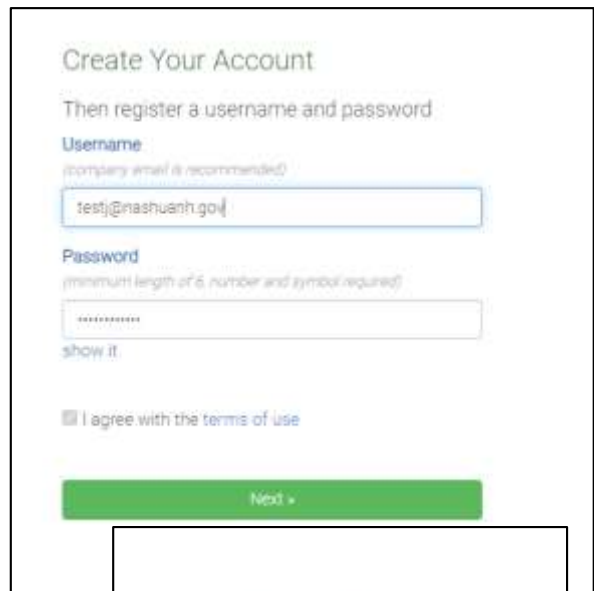
3. **Complete the following fields:**

- a. First Name
- b. Last Name
- c. Company Identifier (City of Nashua)
- d. Pin (last four of SSN)
- e. Birth Date

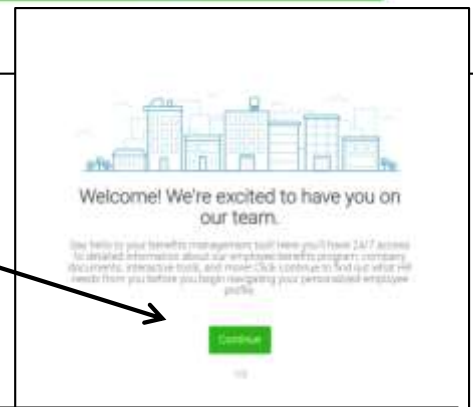


4. Now it is time to create your **Username and Password**

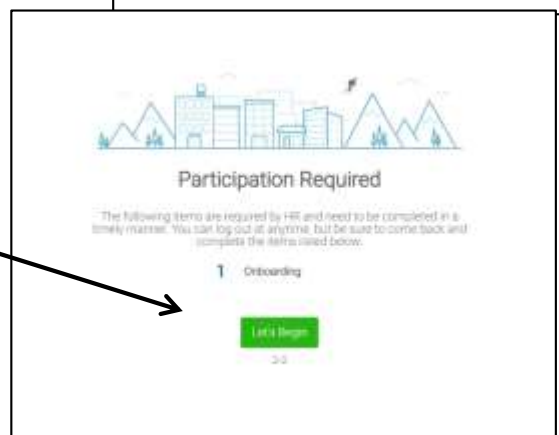
- a. **Username:** Please use your work email.
- b. **Password:** Something you won't forget! Password must be a string with a minimum length of 6 and a maximum length of 20, and include both a number and a symbol.
- c. Agree to the **terms of use**.
- d. Click **Continue** on the employee greeting.



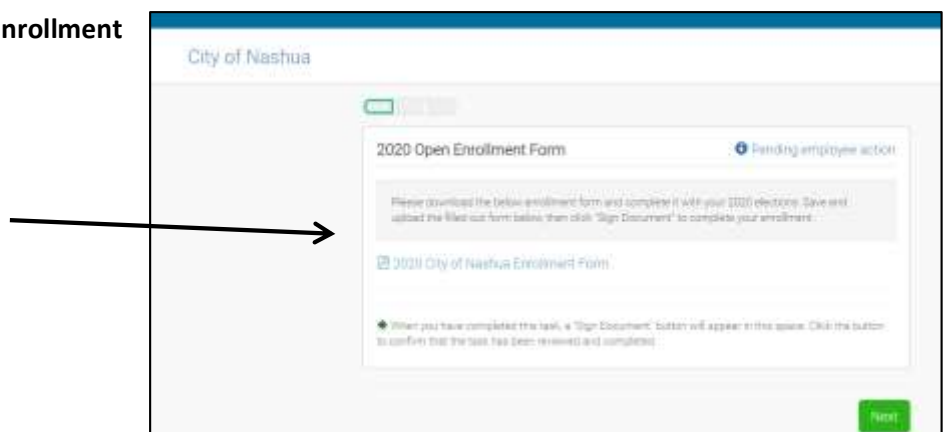
The screenshot shows a 'Create Your Account' form. It has a title 'Create Your Account' and a subtitle 'Then register a username and password'. There are two input fields: 'Username' with a hint '(company email is recommended)' and 'Password' with a hint '(minimum length of 6, number and symbol required)'. Below the password field is a 'show it.' link. There is a checkbox for 'I agree with the terms of use' and a green 'Next >' button at the bottom.



5. On the Onboarding screen click **Let's Begin**.



6. Click on the **"2020 City of Nashua Enrollment Form"**.



7. **Download and open** the 2020 City of Nashua Enrollment Form.

**NOTE:** If you only wish to complete the H.S.A. or F.S.A. enrollment form, you can bypass this form by clicking the signature button and then next.

out the applicable fields.

- a. Complete **personal information**
- b. Complete **dependent information** and **PCP Information**. (Information is only required if making a change).

**Human Resources Use Only**

Effective Date: \_\_\_\_\_

Employee #: \_\_\_\_\_

Payroll/Dependent Information: \_\_\_\_\_

HR Signature: \_\_\_\_\_

**Open Enrollment Election Form**

The City of Nashua offers a comprehensive benefit package including Medical, Dental, and Vision insurance. Please indicate selections below **only** if you are making a change or waiving coverage. (**Exception:** City Unaffiliated Employees must complete a health insurance form to change or confirm current plan selection.)

**EMPLOYEE INFORMATION: Please complete all required fields to ensure your information is accurate.**

Employee Name: Jerry Test

Social Security #: 000-00-0000 Date of Birth: 01/01/1980 ☒ M ☐ F

Marital Status: ☐ Single ☒ Married

Date of Hire: 04/01/2017 Occupation: Benefits Specialist

Hours Worked per Week: 20

Mailing Address: 229 Main Street City: Nashua

State: NH Zip Code: 03060 Home/Cell Phone #: (603) 886-1234 Work: (603) 886-5220

**EMPLOYEE & DEPENDENT INFORMATION – List yourself and all dependents to be covered**

Last Name, First Name	Social Security #	Date of Birth	Sex	PCP - Physician	Physician Identification #	Existing Patient
Employee (as shown above)	000-00-0000	01/01/1980	M	Dr. Smith	123,456	Y
Test, Jane	000-00-0000	02/01/1980	M	Dr. Smith	123,456	Y
Test, John Jr.	000-00-0000	03/01/2000	M	Dr. Smith	123,456	Y
			M			Y
			M			Y
			M			Y
			M			Y

- c. **Complete health insurance information** (leave blank if no changes requested. **Exception:** City Unaffiliated is required to complete this section.) Group # can be found on Insurance ID cards.

**HEALTH INSURANCE - ANTHEM**

I choose the following health insurance coverage categories:

☐ HMO ☐ POS ☐ City Unaffiliated HMO ☒ HDHP no HSA ☐ HDHP with HSA

☐ Single ☐ Two Party ☒ Family

☒ This is a change to my current election ☐ No changes requested (Only for City Unaffiliated)

☐ Waive: I choose not to participate in the health plan

Previous existing coverage: Will this medical coverage replace another medical plan? ☒ Yes ☐ No

If yes, Group Number: 1,234 Social Security of person covered: 000-00-0000

Will you or any family members be covered by another medical plan? ☐ Yes ☒ No

- d. **Dental Section** (complete only if changes are requested)

**DENTAL INSURANCE – NE DELTA DENTAL**

Please choose one of the following dental coverage categories:

☐ \$750 Plan   ☐ \$1500 Plan   ☒ \$2000 Plan

☐ Single   ☐ Two Party   ☒ Family

☒ Same dependent(s) listed in health coverage above

☐ Add dependent(s): \_\_\_\_\_

☐ Delete dependent(s): \_\_\_\_\_

☒ This is a change to my current election

☐ Waive: I choose not to participate in the dental plan – NE DELTA DENTAL

- e. **Vision Section** (complete only if changes are requested)

**VISION INSURANCE – VSP**

Please choose one of the following vision coverage categories:

☐ Single   ☐ Two Party   ☒ Family

☒ Same dependent(s) listed in health coverage above

☐ Add dependent(s): \_\_\_\_\_

☐ Delete dependent(s): \_\_\_\_\_

☐ This is a change to my current election

☐ Waive: I choose not to participate in the vision plan – VSP

9. Print your name at the bottom of the form **and then save the document to your desktop.**

deductions will be scheduled by arrangement of the City, usually a system of "double up until you are caught up".

**Certification:** All statements and answers I have given are true and complete to the best of my knowledge and belief. I understand it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include fines or denial of insurance benefits. I understand all benefits are subject to conditions stated in the group agreement and Certificate of Coverage.

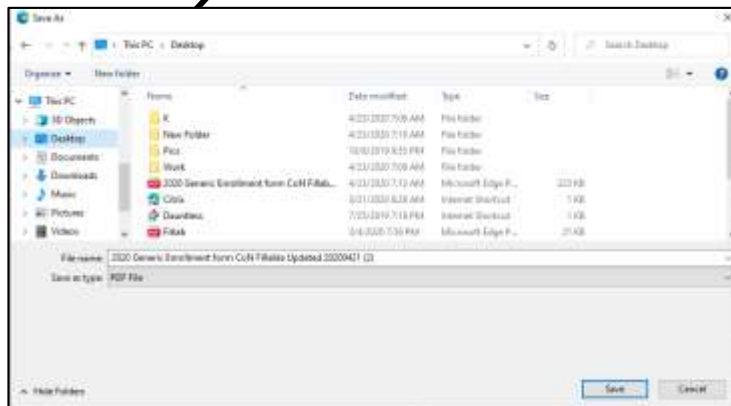
I understand the coverage(s) I have elected:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: **Jerry Test**

If you need to change your beneficiaries or have questions on your life insurance, please contact Human Resources.

**Don't forget!**  
**Save completed form on your computer and upload it back into Employee Navigator.**



Once the document has been saved, upload it back into the Employee Navigator.

- a. **Close the tab** with the completed form.  
b. **Be sure that the form is saved before closing.**

deductions will be scheduled by arrangement of the City, usually a system of "double up until you are caught up".

**Certification:** All statements and answers I have given are true and complete to the best of my knowledge and belief. I understand it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include fines or denial of insurance benefits. I understand all benefits are subject to conditions stated in the group agreement and Certificate of Coverage.

I understand the coverage(s) I have elected:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: **Jerry Test**

If you need to change your beneficiaries or have questions on your life insurance, please contact Human Resources.

**Don't forget!**  
**Save completed form on your computer and upload it back into Employee Navigator.**

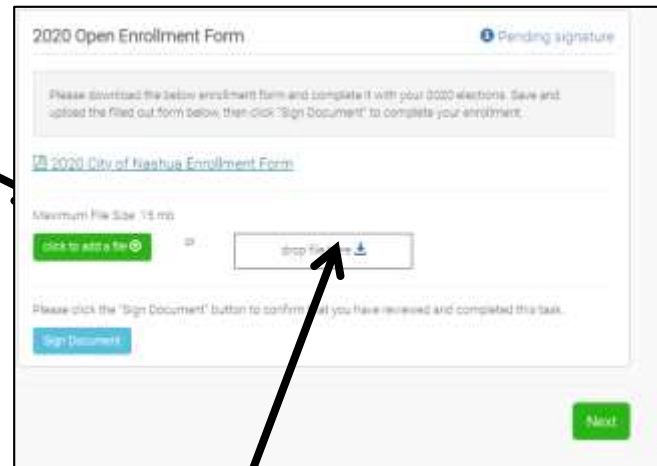
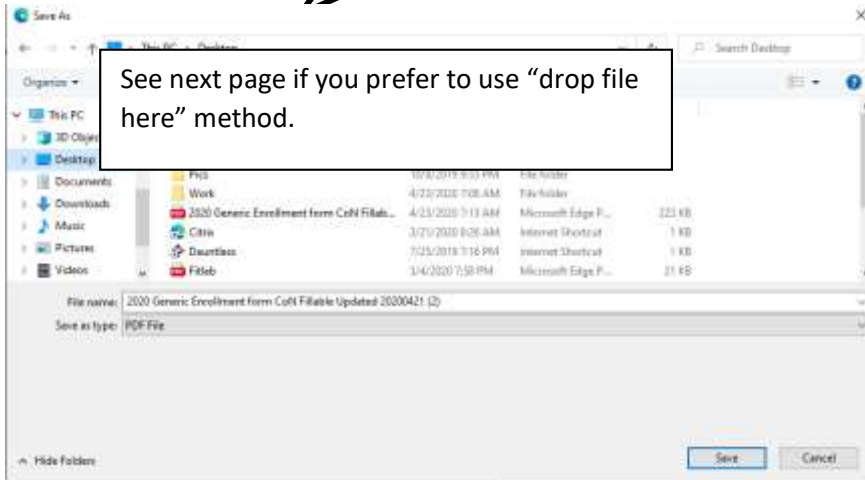
c. On the main page of the Employee Navigator select “click to add a file” or “drop a file here”.

a. “Click to add a file” – then Go into “Desktop”  
select the file and click open.

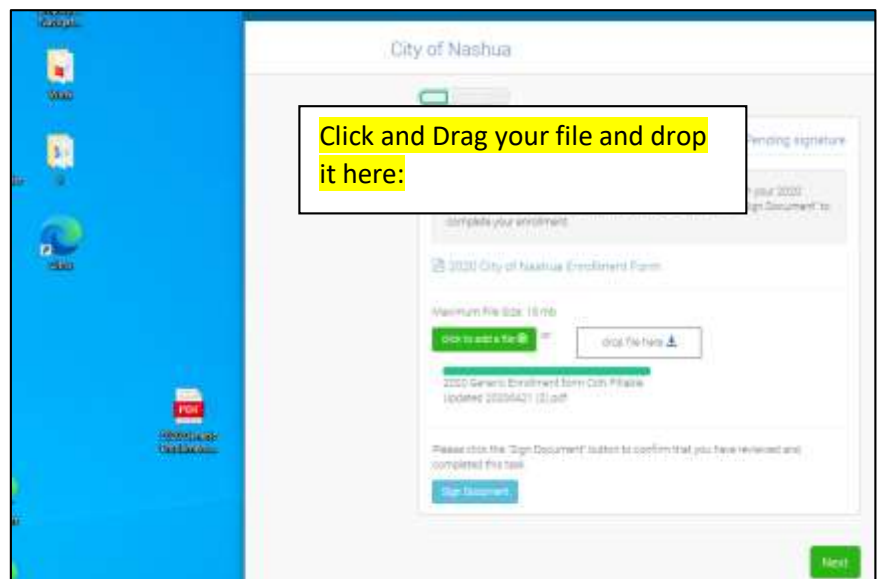
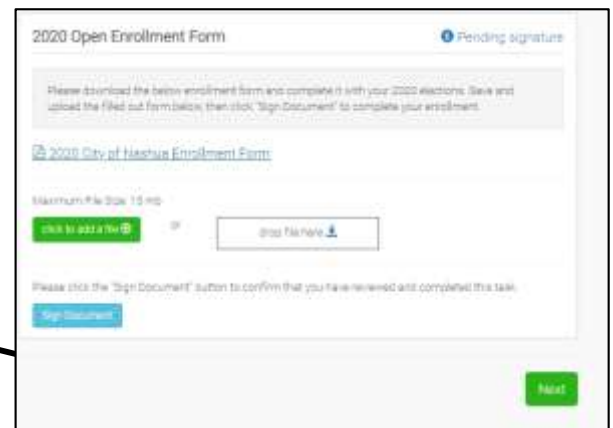
2

1

See next page if you prefer to use “drop file here” method.



b. “Drop file here” is another option to upload  
the saved form



10. Once the file is loaded to the Employee Navigator, click 'Sign Document'.

11. Once the electronic signature is added click "Next" to complete an HSA form or an FSA form if applicable (**If you do not have a health savings account or if you do not wish to participate in the flexible spending account you do not need to complete those forms**) . You will be required to click the form name and "Sign Document" before moving on regardless of whether you want to participate in the plan. You will complete the same process to upload the HSA or FSA form by entering your elections on the applicable form saving the form and uploading it back to the employee portal.

2020 Open Enrollment Form

Pending signature

Please download the below enrollment form and complete it with your 2020 elections. Save and upload the filled out form below then click "Sign Document" to complete your enrollment.

2020 City of Napa Enrollment Form

Maximum File Size: 15 MB

Click to add a file or drag file here

2020 Savings Enrollment Form City of Napa - Updated 1/23/2021 (2).pdf

Please click the "Sign Document" button to confirm that you have reviewed and completed this form.

Sign Document

Next

## HSA & FSA:

Follow the same process as above for these forms

1. Download the HSA or FSA Form
2. Complete the form
3. Save the form
4. Choose upload method
5. Upload Form
6. Click "Sign Form"

**NOTE: You must complete a new form each plan year for HSA and FSA payroll contributions.**

HSA Employee Payroll Deduction Authorization Form

Pending HR acknowledgment

Please download the below enrollment form and complete it with your HSA 2020 elections. Save and upload the filled out form below, then click "Sign Document" to complete your enrollment.

HSA Employee Payroll Deduction Authorization Form

Maximum File Size: 15 MB

Click to add a file or drag file here

HSA Employee Payroll Deduction Authorization Form PV21 REV0000817 F&A . pdf

Signed by Jerry Test on 4/23/2021

Back

Next

Example of not enrolling in the FSA but completing required signature: The 2020-2021 FSA Enrollment Form was clicked but not saved or uploaded. The signature box was then selected. Now 'Finish' can be clicked.

12. Once you have selected finish you will be brought to a completion page. Human Resources will review the completed forms.

