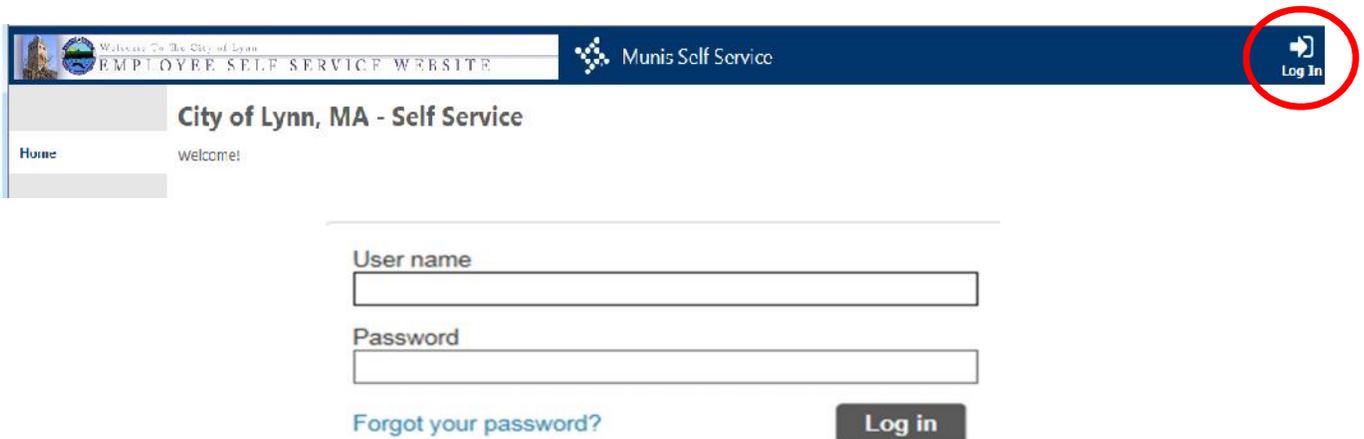


****If you are not enrolling in or making changes to your benefits, you do not need to do anything. Your benefits will continue as they are.****

Employee Self Service can be accessed directly from the link below:

<https://lynnma.munisselfservice.com/LogOffConfirmation.aspx>

The following page will open. Click on Log In and a User Name and Password box will open.



The screenshot shows the login interface for the City of Lynn, MA Self Service website. At the top, there is a dark blue navigation bar containing the City of Lynn logo, the text 'Welcome To The City of Lynn EMPLOYEE SELF SERVICE WEBSITE', and 'Munis Self Service'. A 'Log In' button is circled in red in the top right corner. Below the navigation bar, the page title is 'City of Lynn, MA - Self Service'. There is a 'Home' link and a 'Welcome!' message. The main content area contains two input fields: 'User name' and 'Password'. Below the 'User name' field is a link for 'Forgot your password?'. At the bottom right, there is a 'Log in' button.

Your User name is your first initial of your first name, your last name and last 4 digits of your Social Security Number.

Example: Jsmith5555

Initially your password will be the last 4 of your Social Security Number. The first time you log on you will be prompted to change your password. Keep this password – there is no expiration on this password so you'll be able to keep it. **Please note: If you have logged in before, your password has changed to whatever personal password you chose. It will not be the last 4 of your SSN after your very first log in.**

If you are locked out after a number of incorrect attempts, please contact your Personnel Department to reset your account.

City of Lynn – Employee Self Service

Welcome To The City of Lynn

EMPLOYEE SELF SERVICE WEBSITE

Home

Home

Login

User name
jsmith5555

Password
●●●●

[Forgot your password?](#)

Enter your user name and password and click on Log in.

Please note: If you have already changed your initial password to a personal password, please skip to page 3.

You will then be prompted with the below screen to change your password.

Your new password needs to be at least 8 characters long, contain at least 1 number and contain at least one uppercase character and one lowercase character.

Welcome To The City of Lynn

EMPLOYEE SELF SERVICE WEBSITE

Home

Home

Login

Before proceeding you must change your password.

New password must be at least 8 characters long, contain at least 1 numeric character and contain at least one uppercase character and one lowercase character.

Current password

New password

Password strength Unacceptable

Confirm new password

New password hint

City of Lynn – Employee Self Service

Welcome To The City of Lynn
EMPLOYEE SELF SERVICE WEBSITE

Home

Home

Login

Before proceeding you must change your password.
New password must be at least 8 characters long, contain at least 1 numeric character and contain at least one uppercase character and one lowercase character.

Current password

New password

Password strength **Acceptable**

Confirm new password

New password hint

Note that a password hint is required to be filled out in case you forget your password it will be emailed to you.

Welcome To The City of Lynn
EMPLOYEE SELF SERVICE WEBSITE

Home

Login

Your password has been successfully changed.

Click on **Benefits** and then **Open Enrollment** on the left hand side of your screen:

Employee Self Service

Benefits

Open Enrollment

Certifications

Pay/Tax Information

Personal Information

Substitute Teaching

Time Off

City of Lynn – Employee Self Service

Here, you can make your elections for Health and Dental Insurance. This screen shows what options you are currently enrolled in in the **“Current Election”** column, as well as what you plan to enroll in for FY2021, **“New Election.”**

Open Enrollment

Make Elections

Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 6/30/2020.*

CAN BE EDITED Please select from the following options. Please be sure to list Primary Care Doctor Names, Address and Phone Numbers for all covered individuals. If you choose a family plan, you will be asked to provide dependent information.

Benefit	Current Election	New Election
HEALTH INSURANCE	HEALTH - HARVARD HMO INDIVIDUAL (CITY) \$51.70 details	Election Not Made Decline benefit No changes Make New Election
DENTAL INSURANCE	DENTAL - ALLIUS INDIVIDUAL LOW PLAN (CITY) \$11.15 details	Election Not Made Decline benefit No changes Make New Election

[Continue](#)

Let's start with Health Insurance!

If you do not want Health Insurance for FY2021, you can Click **“Decline Benefit.”** **Please Note: if you select this option, you will not be covered by our Health Insurance during fiscal year 2021!**

Benefit	Current Election	New Election
HEALTH INSURANCE	HEALTH - HARVARD HMO INDIVIDUAL (CITY) \$51.70 details	Election Not Made Decline benefit No changes Make New Election

If you are happy with your Health Insurance and do not want to change plans, you can click **“No Changes.”**

Benefit	Current Election	New Election
HEALTH INSURANCE	HEALTH - HARVARD HMO INDIVIDUAL (CITY) \$51.70 details	Election Not Made Decline benefit No changes Make New Election

If you want to change your Health Insurance Plan, please click on **“Make New Election.”**

Benefit	Current Election	New Election
HEALTH INSURANCE	HEALTH - HARVARD HMO INDIVIDUAL (CITY) \$51.70 details	Election Not Made Decline benefit No changes Make New Election

When you click “**Make New Election**”, the following screen appears.

(Please note all of the options listed below say (CITY). If you are logging in as a School Department employee, you will see (SCHOOL) instead of (CITY) in each of the plan names below. Pay Period Costs will also vary for Schools as you make 38 payments per year and City employees make 48 payments per year.)

Benefits

HEALTH INSURANCE

Choose one or decline.

- HEALTH - HARVARD HMO INDIVIDUAL (CITY)
Annual Costs: Employee Cost \$2,859.36 / Employer Cost \$8,577.60
Pay Period Costs: Employee Cost \$59.57 / Employer Cost \$178.70

- HEALTH - HARVARD HMO FAMILY (CITY)
Annual Costs: Employee Cost \$7,656.00 / Employer Cost \$22,967.52
Pay Period Costs: Employee Cost \$159.50 / Employer Cost \$478.49

- HEALTH - HARVARD PPO INDIVIDUAL (CITY)
Annual Costs: Employee Cost \$5,605.92 / Employer Cost \$13,080.96
Pay Period Costs: Employee Cost \$116.79 / Employer Cost \$272.52

- HEALTH - HARVARD PPO FAMILY (CITY)
Annual Costs: Employee Cost \$15,049.44 / Employer Cost \$35,114.88
Pay Period Costs: Employee Cost \$313.53 / Employer Cost \$731.56

- I Decline

Continue

Cancel

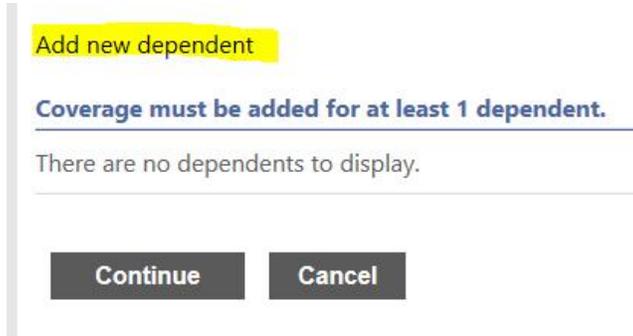
Select the Plan you would like to enroll in and then click “**Continue.**”

City of Lynn – Employee Self Service

If you are enrolling in a Family Plan, you will need to add your dependents.

- HEALTH - HARVARD HMO FAMILY (CITY)
Annual Costs: Employee Cost \$7,656.00 / Employer Cost \$22,967.52
Pay Period Costs: Employee Cost \$159.50 / Employer Cost \$478.49

Click **“Add New Dependent.”**



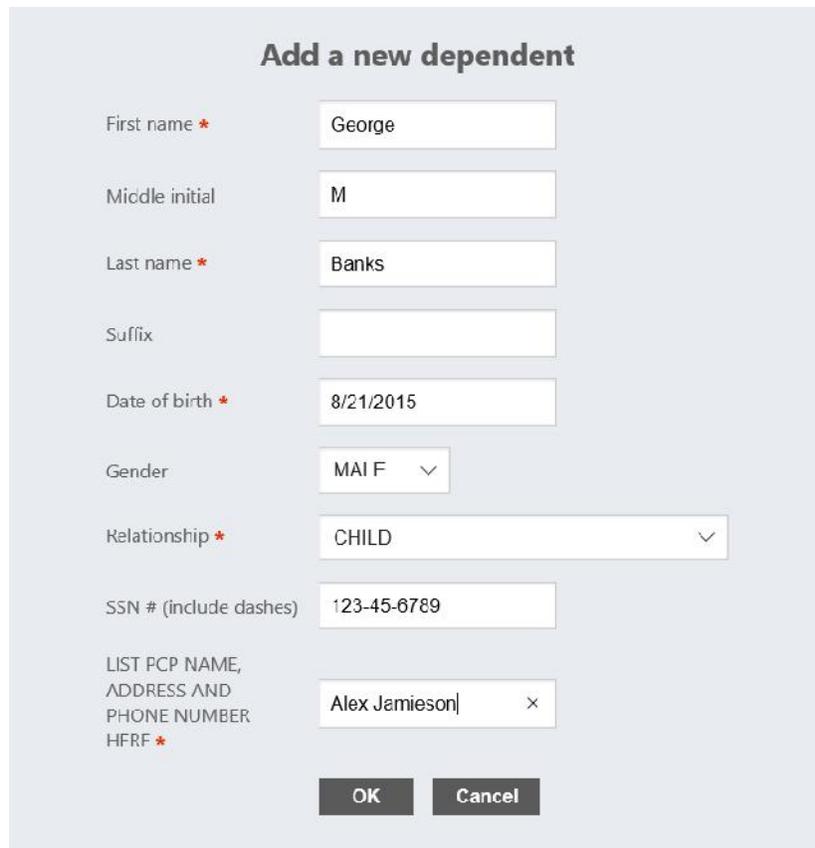
Add new dependent

[Coverage must be added for at least 1 dependent.](#)

There are no dependents to display.

Continue **Cancel**

Fill in all required info and then click **“OK.”** (Please note someone from Administration will be emailing you for detailed info about your Primary Care Provider before approving your enrollment.)



Add a new dependent

First name *

Middle initial

Last name *

Suffix

Date of birth *

Gender

Relationship *

SSN # (include dashes)

LIST PCP NAME,
ADDRESS AND
PHONE NUMBER
HFRF *

OK **Cancel**

City of Lynn – Employee Self Service

Once all of your dependents are listed in this area, please click “**Continue.**”

[Add new dependent](#)

Coverage can be added for additional dependents.

Name	Date of Birth	
George M Danks	8/21/2015	Change Delete

[Continue](#) [Cancel](#)

This should bring you back to the original Open Enrollment Screen. Now you will see a **New Election** listed for Health Insurance. In this example, I went from an Individual HMO Plan to a Family HMO Plan.

Open Enrollment

Make Elections

Make a selection for each benefit, then click "Continue". You must submit this enrollment by 6/30/2020.

CAN BE EDITED - Please select from the following options. Please be sure to list Primary Care Doctor Names, Address and Phone Numbers for all covered individuals. If you choose a family plan, you will be asked to provide dependent information.

Benefit	Current Election	New Election	
HEALTH INSURANCE	HEALTH HARVARD HMO INDIVIDUAL (CITY) \$51.70 details	HEALTH HARVARD HMO FAMILY (CITY) \$159.50 details	Decline benefit Change New Election
DENTAL INSURANCE	DENTAL ALTUS INDIVIDUAL LOW PLAN (CITY) \$11.15 details	Election Not Made	Decline benefit No changes Make New Election

Next up, Dental Insurance!

If you do not want Dental Insurance for FY2021, you can Click “**Decline Benefit.**” **Please Note: if you select this option, you will not be covered by our Dental Insurance during fiscal year 2021!**

DENTAL INSURANCE	DENTAL ALTUS INDIVIDUAL LOW PLAN (CITY) \$11.15 details	Election Not Made	Decline benefit No changes Make New Election
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If you are happy with your Health Insurance and do not want to change plans, you can click “**No Changes.**”

DENTAL INSURANCE	DENTAL - ALTUS INDIVIDUAL LOW PLAN (CITY) \$11.15 details	Election Not Made	Decline benefit No changes Make New Election
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If you want to change your Health Insurance Plan, please click on “**Make New Election.**”

DENTAL INSURANCE	DENTAL - ALTUS INDIVIDUAL LOW PLAN (CITY) \$11.15 details	Election Not Made	Decline benefit No changes Make New Election
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When you click “**Make New Election**”, the following screen appears.

Benefits

DENTAL INSURANCE

Choose one or decline

- DENTAL - ALTUS INDIVIDUAL LOW PLAN (CITY)
Annual Costs: Employee Cost \$579.80 / Employer Cost \$0.00
Pay Period Costs: Employee Cost \$11.15 / Employer Cost \$0.00
- DENTAL - ALTUS INDIVIDUAL HIGH PLAN (CITY)
Annual Costs: Employee Cost \$673.92 / Employer Cost \$0.00
Pay Period Costs: Employee Cost \$12.95 / Employer Cost \$0.00
- DENTAL - ALTUS FAMILY LOW PLAN (CITY)
Annual Costs: Employee Cost \$1,615.12 / Employer Cost \$0.00
Pay Period Costs: Employee Cost \$31.05 / Employer Cost \$0.00
- DENTAL - ALTUS FAMILY HIGH PLAN (CITY)
Annual Costs: Employee Cost \$1,968.20 / Employer Cost \$0.00
Pay Period Costs: Employee Cost \$37.85 / Employer Cost \$0.00
- I Decline

Continue

Cancel

In this example, I am selecting a Family Plan. It has pulled the dependents I listed under my Health Insurance already, you just need to click on each of your dependents in the drop down and click “**Add Coverage.**”

- DENTAL - ALTUS FAMILY HIGH PLAN (CITY)
Annual Costs: Employee Cost \$1,968.20 / Employer Cost \$0.00
Pay Period Costs: Employee Cost \$37.85 / Employer Cost \$0.00

I Decline

BANKS, GEORGE M



Add coverage | Add new dependent

Coverage must be added for at least 1 dependent.

There are no dependents to display.

Confirm the information included in the required fields and click “OK.”

GEORGE M BANKS

First name * x

Middle initial

Last name *

Suffix

Date of birth *

Gender v

Relationship * v

SSN # (include dashes)

Once all of your dependents are listed in this area, please click “Continue.”

[Add new dependent](#)

Coverage can be added for additional dependents.

Name	Date of Birth	
GEORGE M BANKS	8/21/2015	Change Delete

This should bring you back to the original Open Enrollment Screen. Now you will see a **New Election** listed for both Health Insurance and Dental Insurance. In this example, I went from an Individual Low Dental Plan to a Family High Dental Plan. If this all looks correct to you, please click “Continue.” If anything looks wrong, click on “Change New Election” and edit anything you need to.

Open Enrollment

Make Elections

Make a selection for each benefit, then click “Continue”. *You must submit this enrollment by 6/30/2020.*

CANNOT BE EDITED - Please select from the following options. Please be sure to list Primary Care Doctor Names, Address and Phone Numbers for all covered individuals. If you choose a family plan, you will be asked to provide dependent information.

Benefit	Current Election	New Election	
HEALTH INSURANCE	HEALTH HARVARD HMO INDIVIDUAL (CITY) \$51.70 details	HEALTH HARVARD HMO FAMILY (CITY) \$159.50 details	Decline benefit Change New Election
DENTAL INSURANCE	DENTAL AETNA INDIVIDUAL LOW PLAN (CITY) \$11.15 details	DENTAL AETNA FAMILY HIGH PLAN (CITY) \$37.65 details	Decline benefit Change New Election

All costs are per pay period. Your estimated total cost per pay period is \$197.35. The [paycheck simulator](#) can show how this affects your net pay.

Once you click “Continue”, you will be able to review your elections.

Review your enrollment

Review

HEALTH INSURANCE	
ELECTION - HEALTH - HARVARD HMO FAMILY (CITY)	
GEOFFREY BANKS	
Pay Period Employee Cost	\$159.50
Pay Period Employer Cost	\$478.49
Annual Employee Cost	\$7,556.00
Annual Employer Cost	\$27,967.52

DENTAL INSURANCE	
ELECTION - DENTAL - ALIUS FAMILY HIGH PLAN (CITY)	
GEOFFREY BANKS	
Pay Period Employee Cost	\$2.85
Pay Period Employer Cost	\$0.00
Annual Employee Cost	\$1,968.00
Annual Employer Cost	\$0.00

TOTAL PAY PERIOD EMPLOYEE COST	\$197.35
TOTAL PAY PERIOD EMPLOYER COST	\$478.49
TOTAL ANNUAL EMPLOYEE COST	\$9,624.00
TOTAL ANNUAL EMPLOYER COST	\$24,967.52

[Submit Choices](#) [Modify](#) [Cancel](#)

From here you can either “Modify” your elections or click “Submit Choices.”

If done successfully, you should see this confirmation at the top of your screen:

Confirmation

Confirmation

 Your enrollment was submitted successfully. You can make changes until your choices have been approved. You may want to print this page for your records.

can be edited - Thank you for your enrollment

Up until the Personnel department approves your enrollment, you can still go back and make changes. The bottom of your screen should have these options:

You can now...

- [Make changes to your new elections](#)
- [Use other services](#)

CONGRATULATIONS! You’re done! At this point, you will want to send an email with your Primary Care Provider’s Name and Address to the following people:

School – Kim Ferraro ferrarok@lynnschools.org

City – Nancie DeJoie ndejoie@lynnma.gov

If they don’t hear from you they will be reaching out to you. Please reply as soon as possible!