

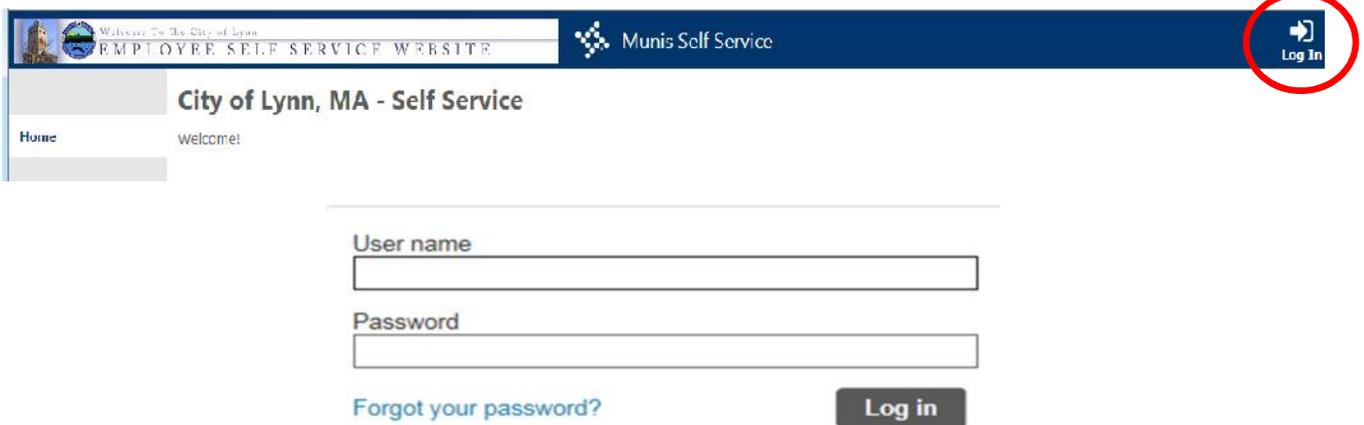
City of Lynn – Employee Self Service

HOW TO ENROLL IN BENEFITS IN ESS – NEW HIRES

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.



City of Lynn, MA - Self Service

User name

Password

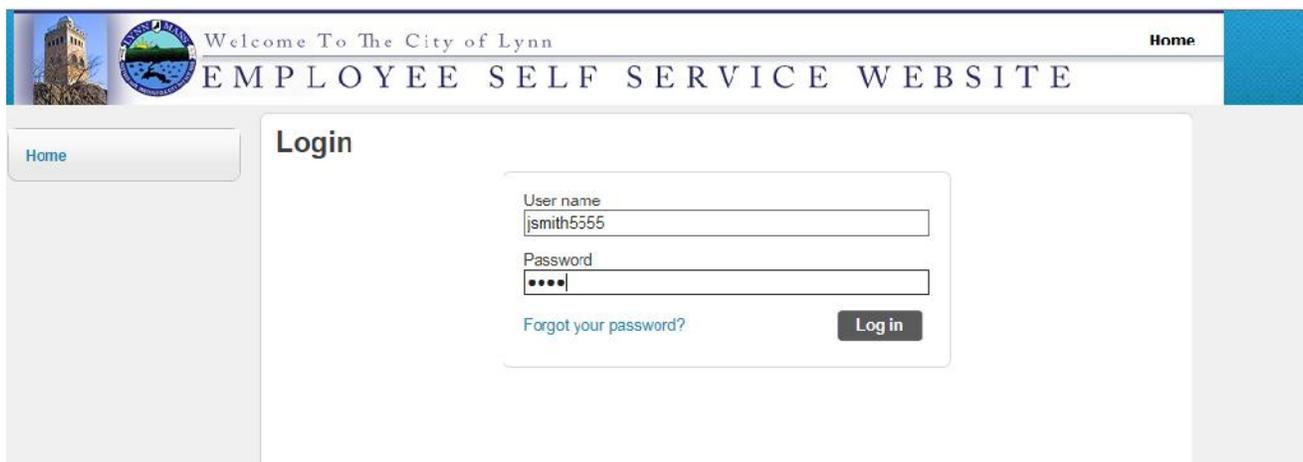
[Forgot your password?](#)

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.



Welcome To The City of Lynn

EMPLOYEE SELF SERVICE WEBSITE

Home

Home

Login

User name
jsmith5555

Password
••••

[Forgot your password?](#)

City of Lynn – Employee Self Service

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.

The screenshot shows the 'EMPLOYEE SELF SERVICE WEBSITE' login page. A central box prompts the user to change their password. The text reads: '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.' Below this are four input fields: 'Current password', 'New password', 'Confirm new password', and 'New password hint'. The 'Password strength' indicator shows 'Unacceptable'. At the bottom of the box are 'Change' and 'Cancel' buttons.

This screenshot shows the same password change prompt, but with the 'New password' and 'Confirm new password' fields filled with asterisks. The 'Password strength' indicator now shows 'Acceptable' in green. The 'New password hint' field contains the text 'Patriots' and a small 'x' icon. The 'Change' and 'Cancel' buttons remain at the bottom.

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

City of Lynn – Employee Self Service



Click on **Benefits** on the left hand side of your screen:



Here, you can make your elections for Health, Dental and Life Insurance.

Benefits

New Hire Benefit Enrollment

You must complete this enrollment by 7/31/2020. After you choose your benefits, please click "Continue" to review and submit them.

Benefit	Current Election	Current Election	
HEALTH INSURANCE	No Election Made	Election Not Made	Decline benefit Make New Election
DENTAL INSURANCE	No Election Made	Election Not Made	Decline benefit Make New Election
LIFE INSURANCE	No Election Made	Election Not Made	Decline benefit 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	Current Election	
HEALTH INSURANCE	No Election Made	Election Not Made	Decline benefit Make New Election

City of Lynn – Employee Self Service

If you want to enroll in a Health Insurance Plan, please click on **“Make New Election.”**

Benefit	Current Election	Current Election	
HEALTH INSURANCE	No Election Made	Election Not Made	Decline Benefit 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

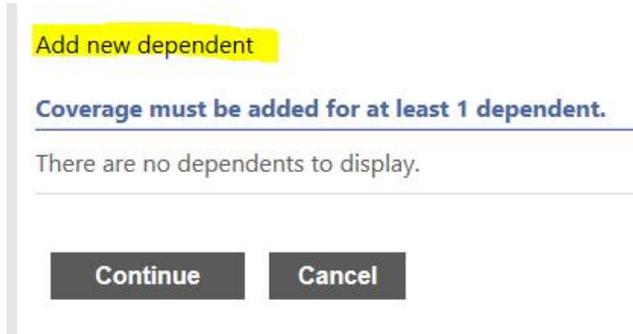
Select the Plan you would like to enroll in and then click **“Continue.”**

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.”**



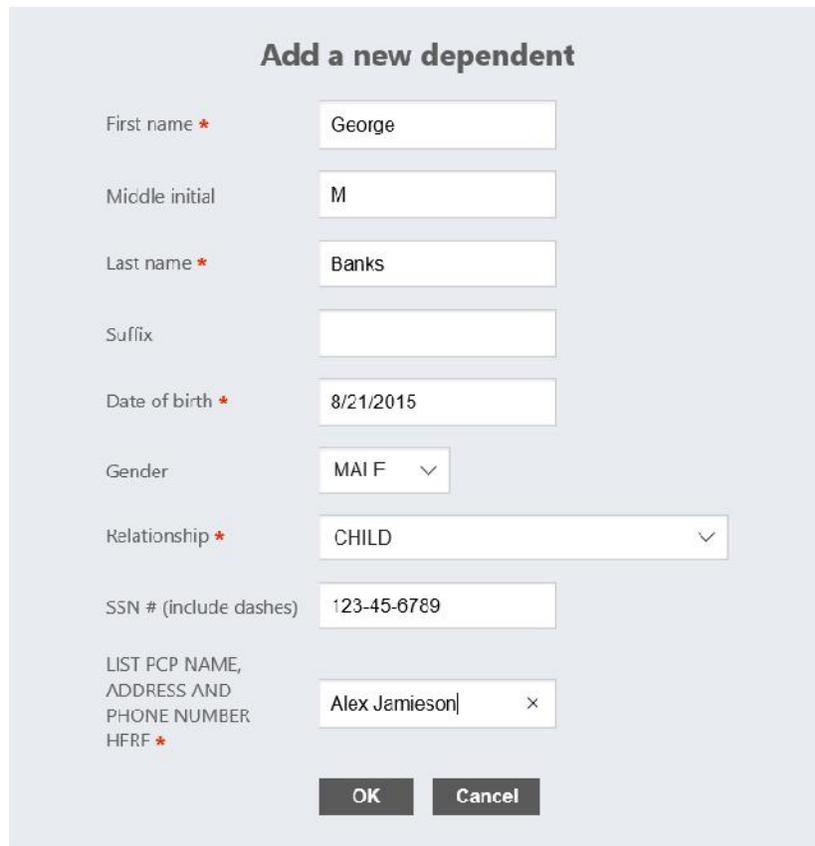
Add new dependent

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 chose an HMO Family Plan.

Benefits

New Hire Benefit Enrollment

You must complete this enrollment by 7/31/2020. After you choose your benefits, please click “Continue” to review and submit them.

Benefit	Current Election	Current Election	
HEALTH INSURANCE	No Election Made	HEALTH - HMO - FAMILY - (CITY) \$159.50 details	Decline benefit Change 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!

Benefits

New Hire Benefit Enrollment

You must complete this enrollment by 7/31/2020. After you choose your benefits, please click “Continue” to review and submit them.

Benefit	Current Election	Current Election	
HEALTH INSURANCE	No Election Made	HEALTH - HMO - INDIVIDUAL - (CITY) \$59.57 details	Decline benefit Change New Election
DENTAL INSURANCE	No Election Made	Election Not Made	Decline benefit Make New Election

If you want to enroll in a Dental Insurance Plan, please click on “**Make New Election.**”

Benefits

New Hire Benefit Enrollment

You must complete this enrollment by 7/31/2020. After you choose your benefits, please click “Continue” to review and submit them.

Benefit	Current Election	Current Election	
HEALTH INSURANCE	No Election Made	HEALTH - HMO - INDIVIDUAL - (CITY) \$59.57 details	Decline benefit Change New Election
DENTAL INSURANCE	No Election Made	Election Not Made	Decline benefit Make New Election

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.

City of Lynn – Employee Self Service

If you want to enroll in Life Insurance, please click on **“Make New Election.”**

This screen will appear. Please click on the link to the **“Boston Mutual Required Form”** in the top right corner (highlighted in the screenshot below.)

Please complete and sign this form and return to the Treasurer’s office as soon as possible. Click the radio button to select the Life Insurance Plan and then click **“Continue.”**

Benefits
LIFE INSURANCE Boston Mutual Required Form

This is a one-time option to enroll upon hire. All employees are required to fill out the Boston Mutual application and return to Human Resources Department. **If you decline, you will no longer qualify for this benefit.**

CITY LIFE INSURANCE - CITY EMPLOYEES
Annual Employee Cost: \$0.68
Pay Period Cost: Employee Cost: \$0.68

I Decline

This should bring you back to the original Open Enrollment Screen. If anything looks wrong, click on **“Change New Election”** and edit anything you need to. If everything looks correct, please click **“Continue.”**

Benefits
New Hire Benefit Enrollment

You must complete this enrollment by 12/31/2020. After you choose your benefits, please click "Continue" to review and submit them.

Benefit	Current Election	Current Election	
HEALTH INSURANCE	No Election Made	HEALTH - HMO - FAMILY - (CITY) \$159.50 details	Decline benefit Change New Election
DENTAL INSURANCE	No Election Made	DENTAL - ALTUS - HIGH PLAN - FAMILY - (CITY) \$37.85 details	Decline benefit Change New Election
LIFE INSURANCE	No Election Made	CITY LIFE INSURANCE - CITY EMPLOYEES \$0.68 details	Decline benefit Change New Election

All costs are per pay period. Your estimated total cost per pay period is \$198.03.

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

Review your enrollment
Review

HEALTH INSURANCE
ELECTION - HEALTH - HMO - FAMILY - (CITY)
GEORGE M BANKS
Pay Period Employee Cost: \$159.50
Pay Period Employer Cost: \$478.49
Annual Employee Cost: \$7,656.00
Annual Employer Cost: \$22,967.52

DENTAL INSURANCE
ELECTION - DENTAL - ALTUS - HIGH PLAN - FAMILY - (CITY)
GEORGE M BANKS
Pay Period Employee Cost: \$37.85
Pay Period Employer Cost: \$0.00
Annual Employee Cost: \$1,968.20
Annual Employer Cost: \$0.00

LIFE INSURANCE
ELECTION - CITY LIFE INSURANCE - CITY EMPLOYEES
Pay Period Employee Cost: \$0.68
Annual Employee Cost: \$32.64

TOTAL PAY PERIOD EMPLOYEE COST: \$198.03
TOTAL ANNUAL EMPLOYEE COST: \$9,656.84

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.

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!