

## City of Lynn – Employee Self Service

Qualifying events for purposes of Health and Dental Insurance are as follows:

- ) Birth/Adoption of a child
- ) Death of a dependent
- ) Divorce
- ) Loss of Coverage
- ) Marriage

The City of Lynn allows qualifying life events a 30 day window to enroll.

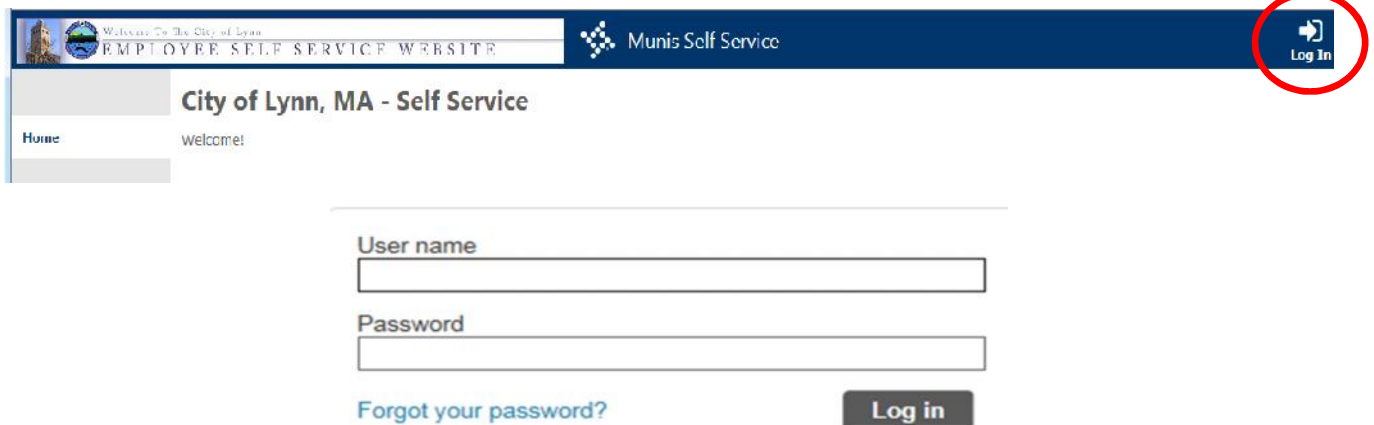
EVERY qualifying life event requires proper documentation to be submitted. **BE PREPARED**, you will need one of the following documents available to submit electronically during this process.

- ) Birth Certificate
- ) Death Certificate
- ) Marriage Certificate
- ) Proof of loss of coverage

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 Employee Self Service website. At the top, there is a dark blue navigation bar with the City of Lynn logo on the left and the text 'Munis Self Service' on the right. 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'. The main content area contains a 'User name' field, a 'Password' field, a 'Forgot your password?' link, and a 'Log in' button.

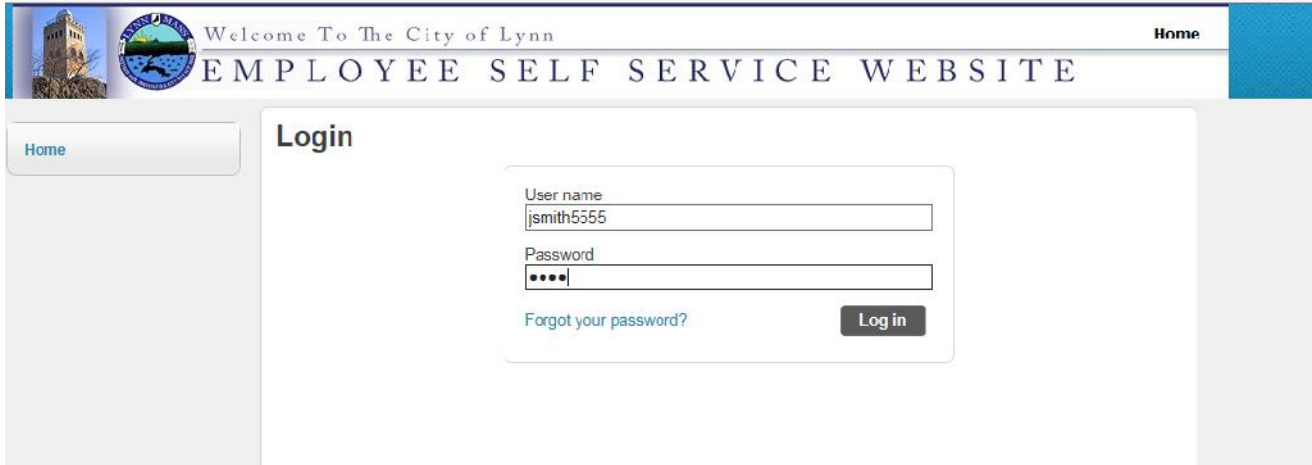
Your User name is your first initial of your first name, your last name and last 4 digits of your Social Security Number.

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.**

# City of Lynn – Employee Self Service

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



The screenshot shows the login page of the City of Lynn Employee Self Service Website. The header includes the City of Lynn logo and the text "Welcome To The City of Lynn" and "EMPLOYEE SELF SERVICE WEBSITE". A "Home" link is visible in the top right corner. The main content area is titled "Login" and contains a form with the following fields and elements:

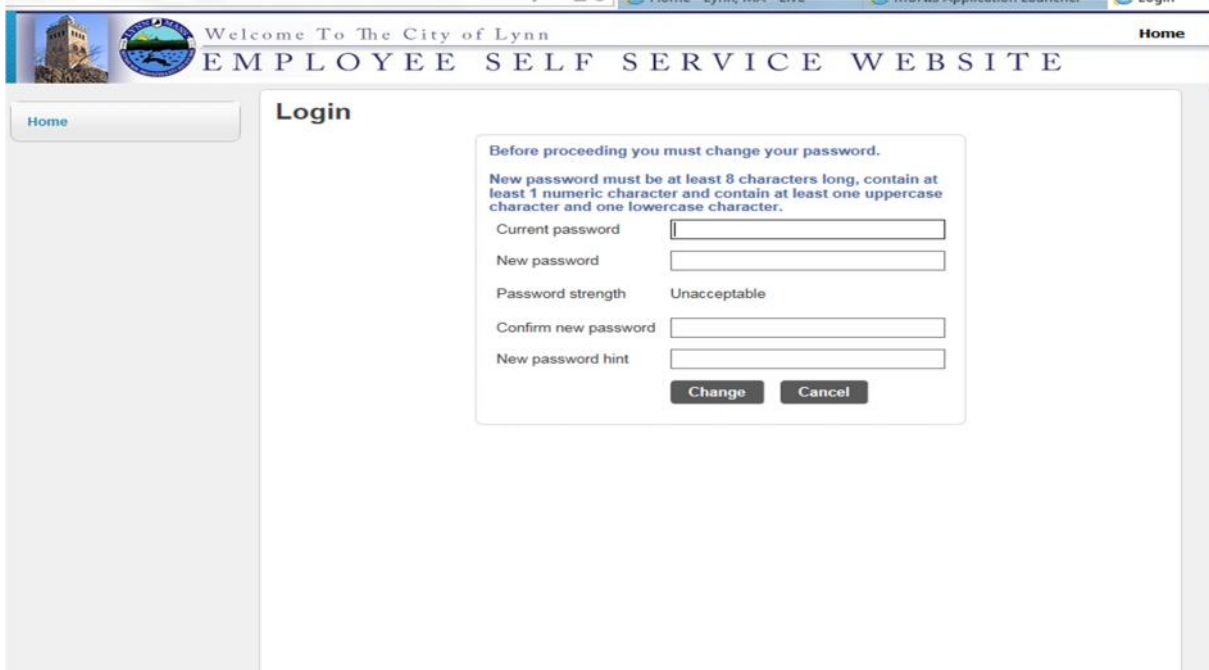
- User name:
- Password:
- Forgot your password? (link)
- Log in (button)

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 password change page of the City of Lynn Employee Self Service Website. The header is identical to the login page. The main content area is titled "Login" and contains a form with the following elements:

- 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:
- Change (button)
- Cancel (button)

# 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

Home

**Login**

Your password has been successfully changed.

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

- Home
- Employee Self Service
- Benefits**
- Certifications
- Pay/Tax Information
- Personal Information
- Substitute Teaching
- Time Off

Here, you will click the [Report/View Life Events](#)

Benefits	
Current Year Elections	
Benefit	Current Election
HEALTH INSURANCE	HEALTH - HMO - FAMILY - (SCHOOL) \$174.86   <a href="#">details</a>
DENTAL INSURANCE	DENTAL - ALTUS - LOW PLAN - INDIVIDUAL - (SCHOOL) \$15.26   <a href="#">details</a>

[Report/View Life Events](#)

Select the drop down arrow to choose your life event.

### Life Events

#### Pending Life Events

You have no pending life events.

#### Report a Life Event

Life event

Effective date

You will be prompted to attach the required documentation (PDF/Word file). Click the Browse button and select your file.

### Life Events

#### Pending Life Events

You have no pending life events.

#### Report a Life Event

Life event

Required documentation Attachments:

BIRTH/ADOPTION CERTIFICATE

Effective date

Enter the Effective date of the life event and then click submit

### Life Events

**Pending Life Events**

You have no pending life events.

**Report a Life Event**



**Life event**

**Required documentation**  [Remove](#)

**Effective date**

Once you click “**Submit**”, you will be directed to a confirmation and be able to view your life events.

### Life Events

 Your life event was successfully submitted. 

**Pending Life Events**

Code	Description	Effective Date	Election End Date	Status
BIRT	BIRTH OF CHILD	6/4/2020	7/4/2020	SUBMITTED

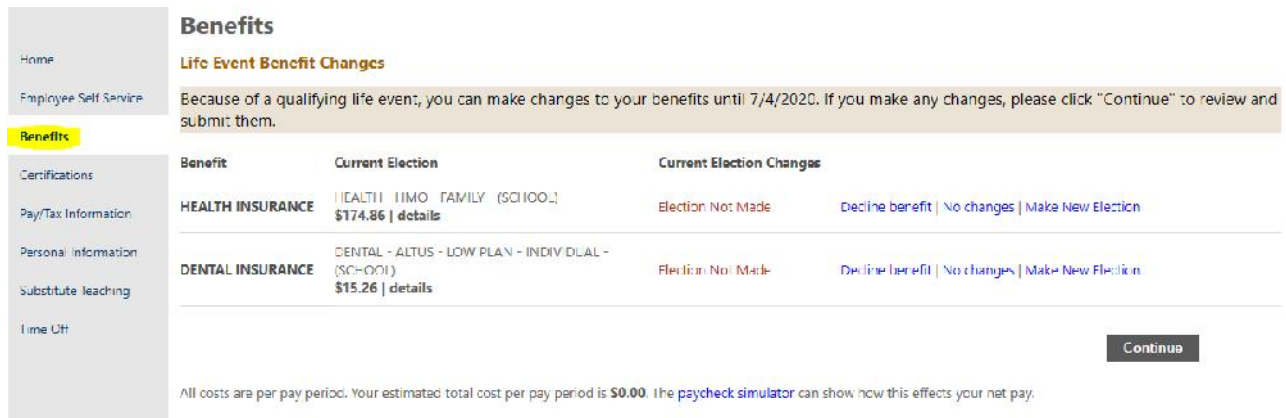
Life events are processed one at a time. When your pending life event is processed, you will be able to add another.

At this point you have submitted your request for a qualifying event to Personnel/Human Resources for review. Once they have approved the request, you will receive notification and you can continue with these directions.

Log into ESS and click on **“Benefits”**

**You have until the date indicated to make and submit your elections.**

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, **“Current Election Changes.”**



Let’s start with Health Insurance!

**If you no longer want Health Insurance you can Click “Decline Benefit.” Please Note: if you select this option, your health insurance will be cancelled!**

Benefit	Current Election	New Election
HEALTH INSURANCE	HEALTH - HARVARD HMO INDIVIDUAL (CITY) \$51.70   details	Election Not Made <a href="#">Decline benefit</a>   <a href="#">No changes</a>   <a href="#">Make New Election</a>

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 <a href="#">Decline benefit</a>   <a href="#">No changes</a>   <a href="#">Make New Election</a>

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

# City of Lynn – Employee Self Service

Benefit	Current Election	New Election
HEALTH INSURANCE	HEALTH - HARVARD HMO INDIVIDUAL (CITY) \$51.70   <a href="#">details</a>	<a href="#">Election Not Made</a>   <a href="#">Decline benefit</a>   <a href="#">No changes</a>   <a href="#">Make New Election</a>

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 **ALL** of 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 \* George

Middle initial M

Last name \* Banks

Suffix

Date of birth \* 8/21/2015

Gender MAI F

Relationship \* CHILD

SSN # (include dashes) 123-45-6789

LIST PCP NAME, ADDRESS AND PHONE NUMBER HFRF \* Alex Jamieson

OK Cancel



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	<a href="#">Change</a>   <a href="#">Delete</a>

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

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

**Benefits**

**Life Event Benefit Changes**

Because of a qualifying life event, you can make changes to your benefits until 7/4/2020. If you make any changes, please click “Continue” to review and submit them.

Benefit	Current Election	Current Election Changes	
HEALTH INSURANCE	HEALTH - HMO - FAMILY - (SCHOOL) \$174.86   <a href="#">details</a>	HEALTH - HMO - FAMILY - (SCHOOL) \$174.86   <a href="#">details</a>	<a href="#">Decline benefit</a>   <a href="#">Change New Election</a>
DENTAL INSURANCE	DENTAL - ALTUS - LOW PLAN - INDIVIDUAL - (SCHOOL) \$15.26   <a href="#">details</a>	Election Not Made	<a href="#">Decline benefit</a>   <a href="#">No changes</a>   <a href="#">Make New Election</a>

[Continue](#)

All costs are per pay period. Your estimated total cost per pay period is \$174.86. The [paycheck simulator](#) can show how this effects your net pay.

Next up, Dental Insurance!

If you no longer want Dental Insurance, you can Click **“Decline Benefit.”** **Please Note: if you select this option, you will be cancelling your Dental Insurance!**

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

DENTAL INSURANCE	DENTAL - ALTUS INDIVIDUAL LOW PLAN (CITY) \$11.15   <a href="#">details</a>	Election Not Made	<a href="#">Decline benefit</a>   <a href="#">No changes</a>   <a href="#">Make New Election</a>
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If you want to change your Dental Insurance Plan, please click on **“Make New Election.”**

DENTAL INSURANCE	DENTAL - ALTUS INDIVIDUAL LOW PLAN (CITY) \$11.15   <a href="#">details</a>	Election Not Made	<a href="#">Decline benefit</a>   <a href="#">No changes</a>   <a href="#">Make New Election</a>
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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.**

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There are no dependents to display.

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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

Relationship \*

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	<a href="#">Change</a>   <a href="#">Delete</a>
GEORGE M BANKS	8/21/2015	<a href="#">Change</a>   <a href="#">Delete</a>

This should bring you back to the original Open Enrollment Screen. Now you will see a **Current Election Changes** listed for both Health Insurance and Dental Insurance. In this example, I kept my family plan, just adding my new baby as a dependent and then went from an Individual Low Dental Plan to a Family Low 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.

**Benefits**

**Life Event Benefit Changes**

Because of a qualifying life event, you can make changes to your benefits until 7/4/2020. If you make any changes, please click “Continue” to review and submit them.

Benefit	Current Election	Current Election Changes
<b>HEALTH INSURANCE</b>	HEALTH - HMO - FAMILY - (SCHOOL) \$174.86   <a href="#">details</a>	HEALTH - HMO - FAMILY - (SCHOOL) \$174.86   <a href="#">details</a> <a href="#">Decline benefit</a>   <a href="#">Change New Election</a>
<b>DENTAL INSURANCE</b>	DENTAL - AETUS - LOW PLAN - INDIVIDUAL - (SCHOOL) \$15.26   <a href="#">details</a>	DENTAL - AETUS - LOW PLAN - FAMILY - (SCHOOL) \$42.50   <a href="#">details</a> <a href="#">Decline benefit</a>   <a href="#">Change New Election</a>

**Continue**

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

**Review your enrollment**

**Review**

**HEALTH INSURANCE**  
ELECTION - HEALTH - HMO - FAMILY - (SCHOOL)

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ANITA ROACH  
NEW BABY

Pay Period Employee Cost	\$174.86
Pay Period Employer Cost	\$585.10
Annual Employee Cost	\$8,393.28
Annual Employer Cost	\$28,099.20

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**DENTAL INSURANCE**  
ELECTION - DENTAL - ALTUS - LOW PLAN - FAMILY - (SCHOOL)

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ANITA ROACH  
NEW BABY

Pay Period Employee Cost	\$42.50
Pay Period Employer Cost	\$0.00
Annual Employee Cost	\$2,040.00
Annual Employer Cost	\$0.00

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TOTAL PAY PERIOD EMPLOYEE COST	\$217.36
TOTAL PAY PERIOD EMPLOYER COST	\$585.40
TOTAL ANNUAL EMPLOYEE COST	\$10,433.28
TOTAL ANNUAL EMPLOYER COST	\$28,099.20


[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.

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](mailto:ferrarok@lynnschools.org)

City – Nancie DeJoie [ndejoie@lynnma.gov](mailto:ndejoie@lynnma.gov)

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