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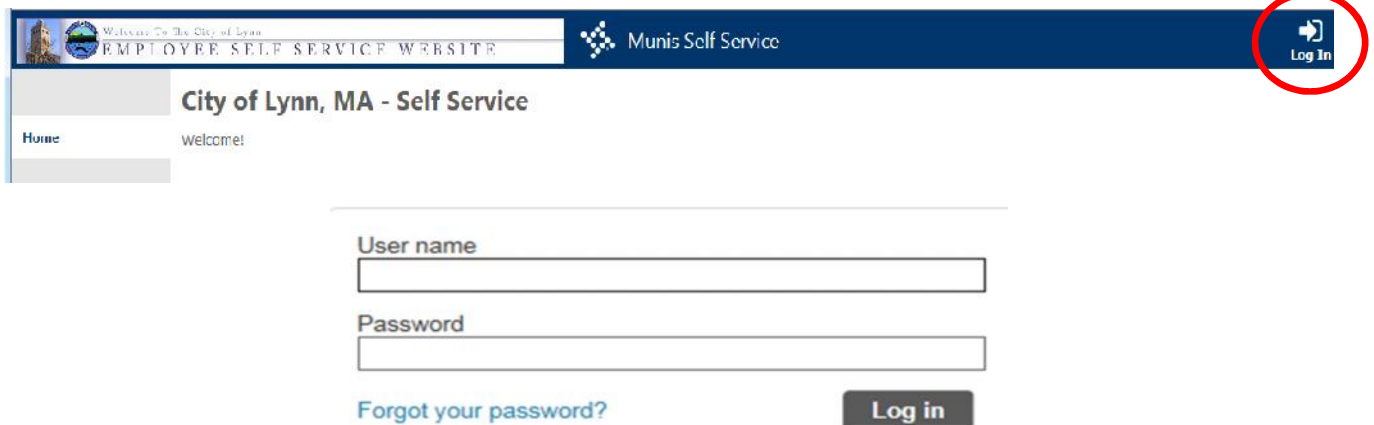
EVERY qualifying life event requires proper documentation to be submitted. **BE PREPARED**, you will need one of the following documents available to submit electronically during this process.

) 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.
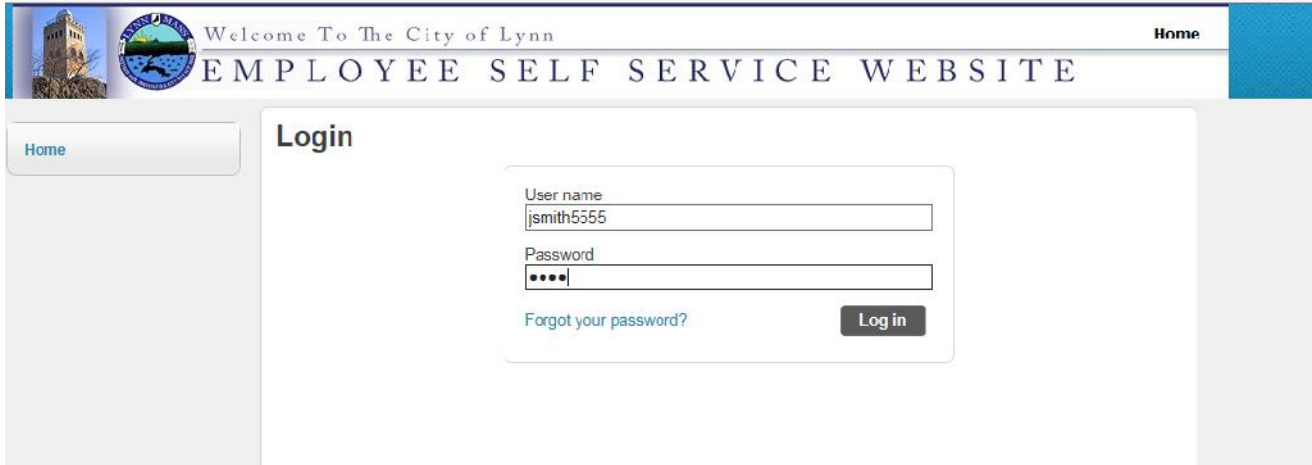

Your User name is your first initial of your first name, your last name and last 4 digits of your Social Security Number.

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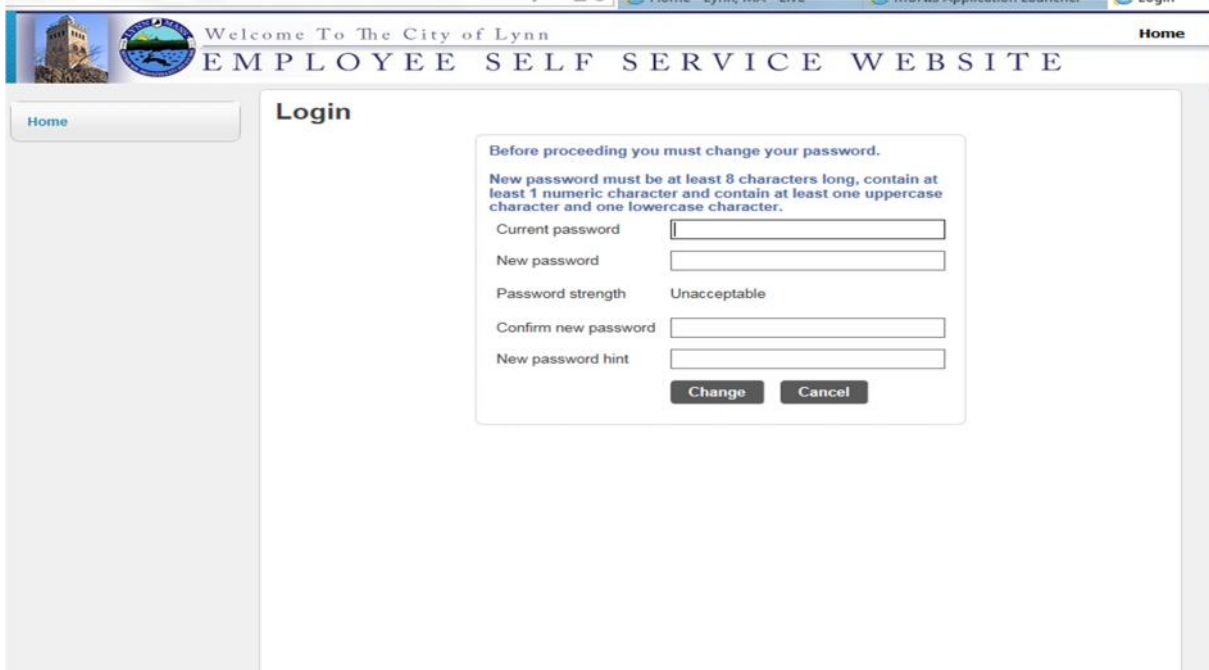
Enter your user name and password and click on Log in.

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.

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

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

Here, you will click the **Report/View Life Events**

Benefits

Current Year Elections   Report/View Life Events

Benefit	Current Election
HEALTH INSURANCE	HEALTH - HMO - FAMILY - (SCHOOL) $174.86 | details
DENTAL INSURANCE	DENTAL - ALTUS - LOW PLAN - INDIVIDUAL - (SCHOOL) $15.26 | details

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   6/25/2020

Submit   Cancel

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   BIRTH OF CHILD

Required documentation   Attachments: Browse...

BIRTH/ADOPTION CERTIFICATE

Effective date   6/25/2020

Submit   Cancel

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	BIRTH OF CHILD ⌄
Required documentation	Timmy's Birth Certificate.pdf Remove
	BIRTH/ADOPTION CERTIFICATE
Effective date	06/04/2020

Submit   **Cancel**

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

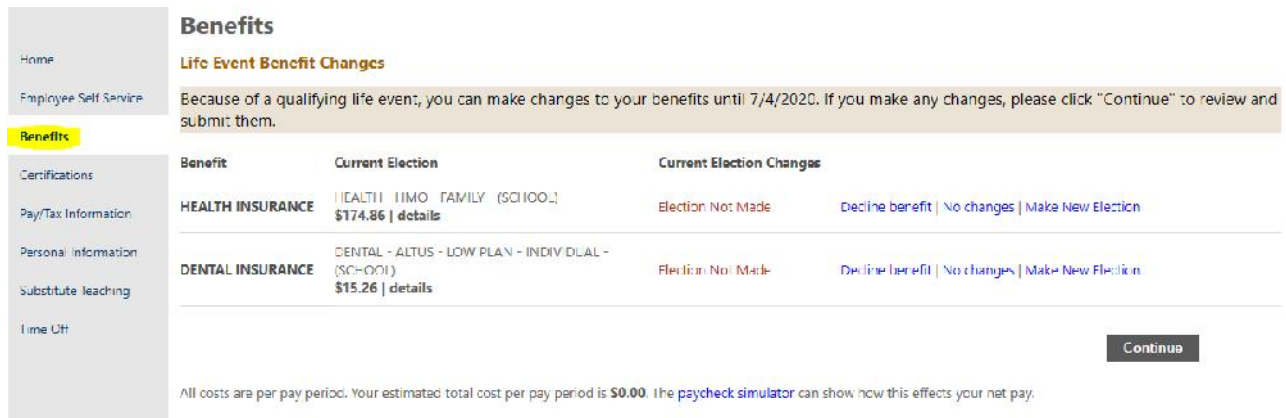| Code	Description	Effective Date	Election End Date	Status
BIRT	BIRTH OF CHILD	6/4/2020	7/4/2020	SUBMITTED

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!**

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

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.**"

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

Click "**Add New Dependent**."

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.)

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

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.

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!**

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

If you want to change your Dental Insurance Plan, please click on "**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 $12.96 / 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 $31.06 / 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.**"

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

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.

Once you click "**Continue**", you will be able to review your elections.

Review your enrollment

Review

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

ANITA ROACH

NEW BABY

Pay Period Employee Cost	$174.86
Pay Period Employer Cost	$585.40
Annual Employee Cost	$8,393.28
Annual Employer Cost	$28,099.20

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

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

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
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!