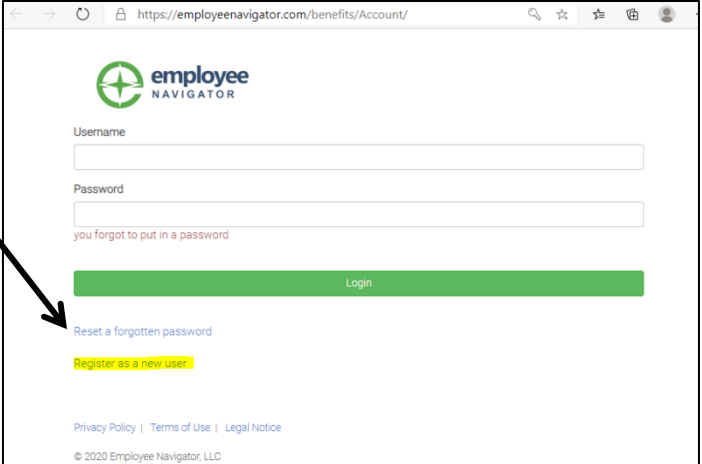


## Employee Navigator Instructions

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



https://employeenavigator.com/benefits/Account/

employee NAVIGATOR

Username

Password

you forgot to put in a password

Login

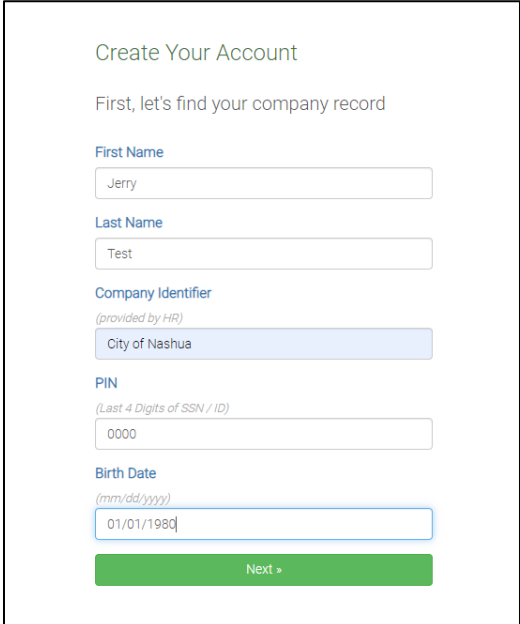
Reset a forgotten password

Register as a new user

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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



Create Your Account

First, let's find your company record

First Name

Jerry

Last Name

Test

Company Identifier

(provided by HR)

City of Nashua

PIN

(Last 4 Digits of SSN / ID)

0000

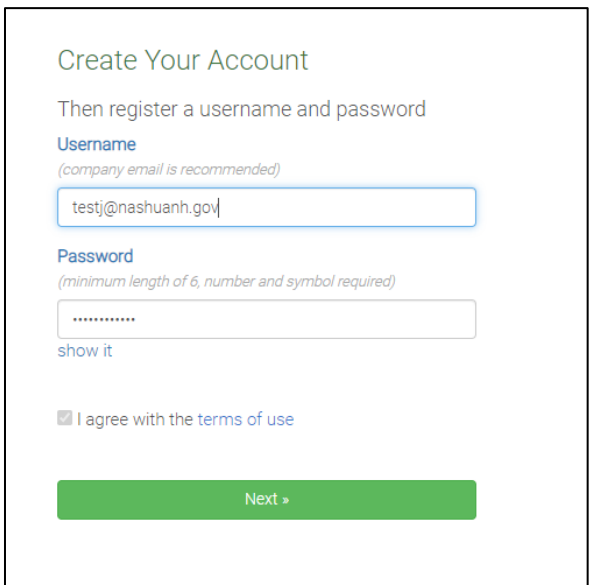
Birth Date

(mm/dd/yyyy)

01/01/1980

Next >

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**.



Create Your Account

Then register a username and password

Username

(company email is recommended)

testj@nashuanh.gov

Password

(minimum length of 6, number and symbol required)

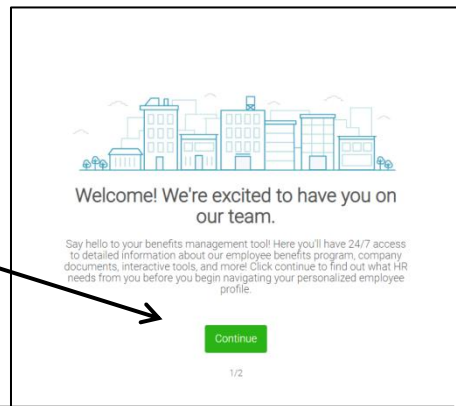
.....

show it

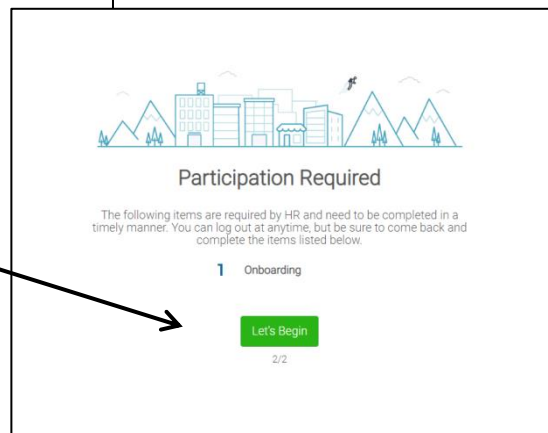
I agree with the terms of use

Next >

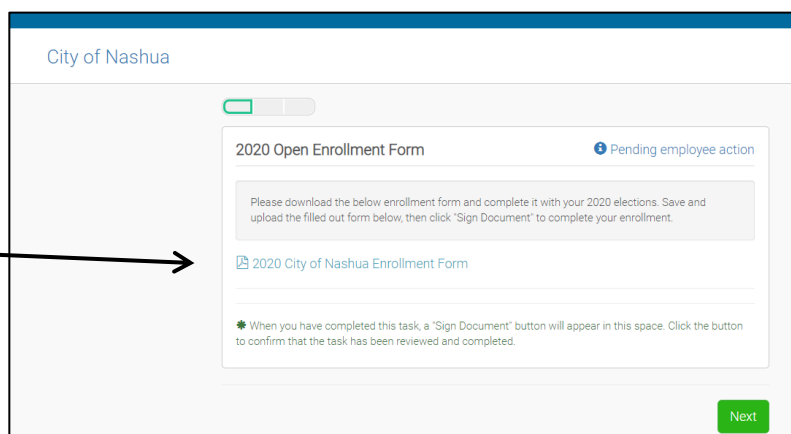
d. Click **Continue** on the employee greeting.



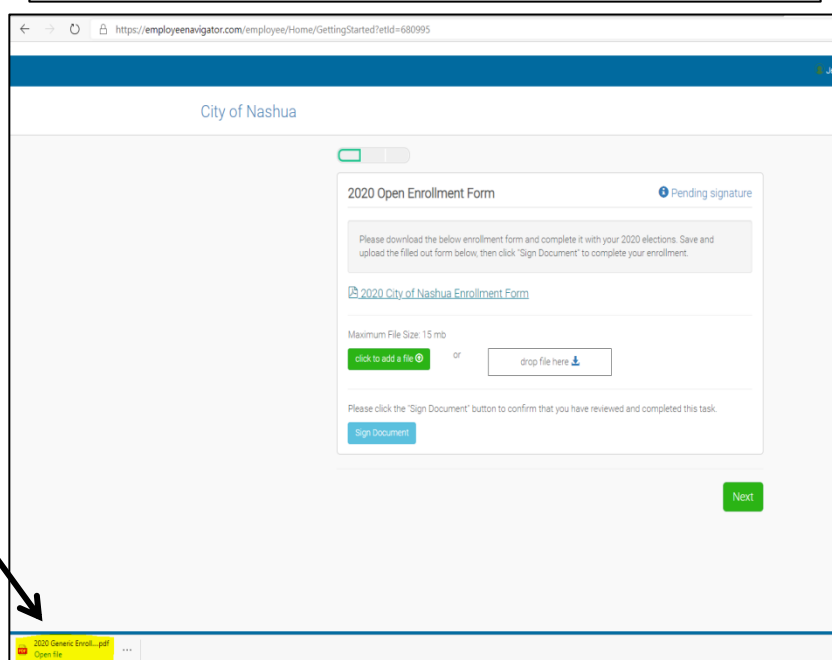
5. On the Onboarding screen click **Let's Begin**.



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 HSA or FSA enrollment form, you can bypass this form by clicking the signature button and then next.**

8. Complete the form by filling 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 Deductions Entered: \_\_\_\_\_  
 HR Received Date: \_\_\_\_\_  
 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 40  
 Mailing Address 229 Main Street City Nashua  
 State NH Zip Code 03060 Home/Cell Phone # (603) 589-3200 Work (603) 589-3220

| 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

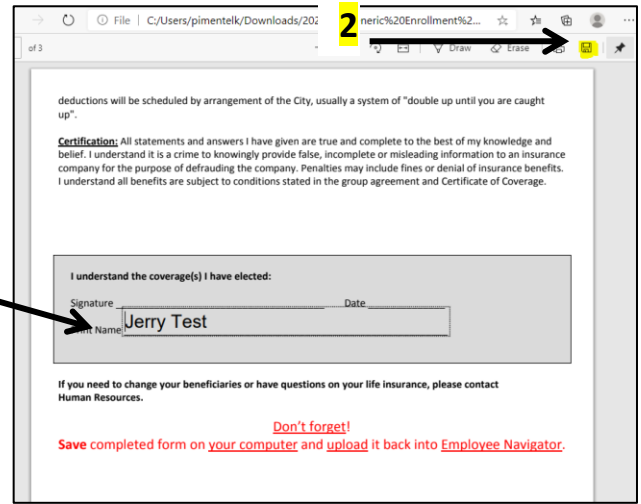
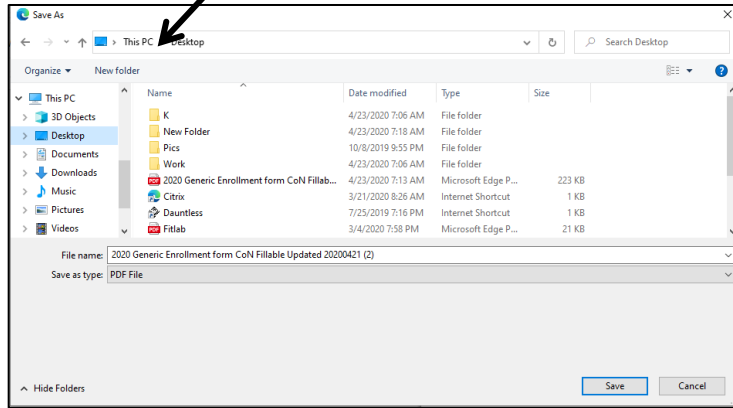
Add dependent(s): \_\_\_\_\_

Delete dependent(s): \_\_\_\_\_

This is a change to my current election

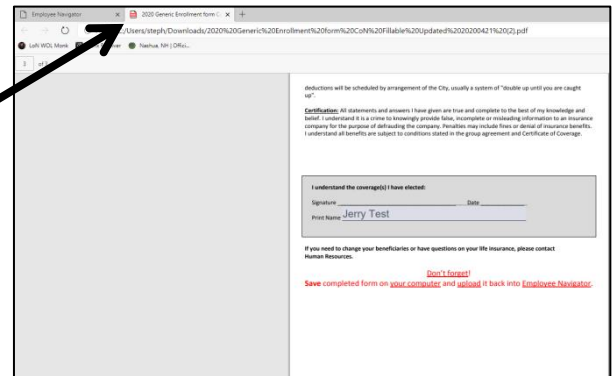
Waive: I choose not to participate in the vision plan

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

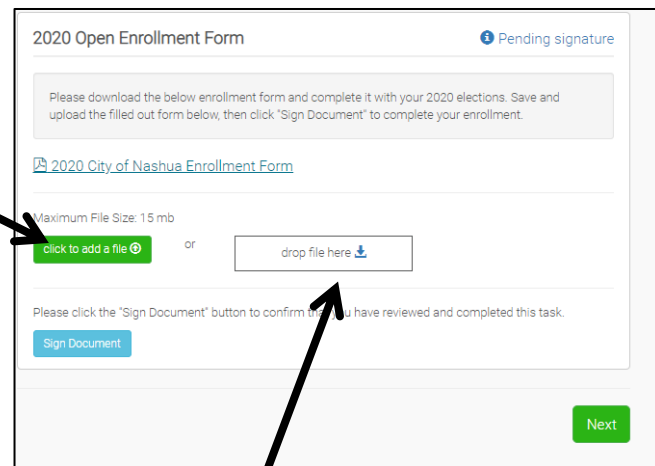
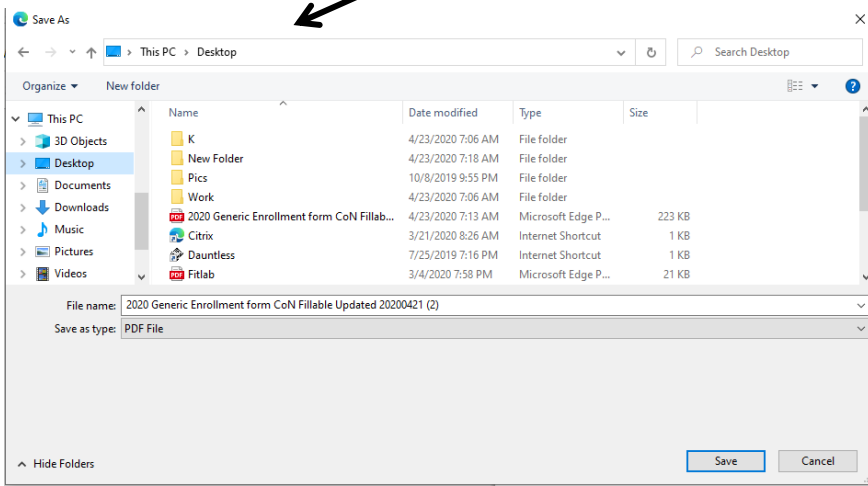


Once the document has been saved, upload it back into the Employee Navigator.

- a. Close the tab with the completed form.
- b. **Be sure that the form is saved before closing.**
- c. On the main page of the Employee Navigator select “click to add a file” or “drop a file here”.

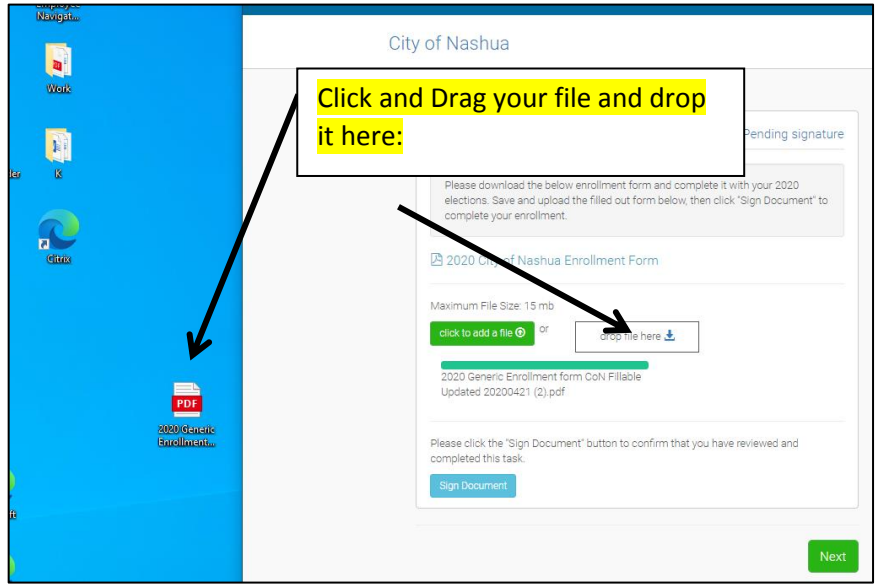
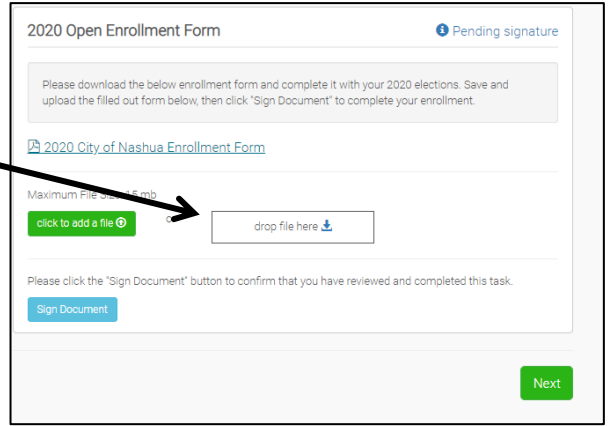


- a. “Click to add a file” – then Go into “Desktop” select the file and click open.



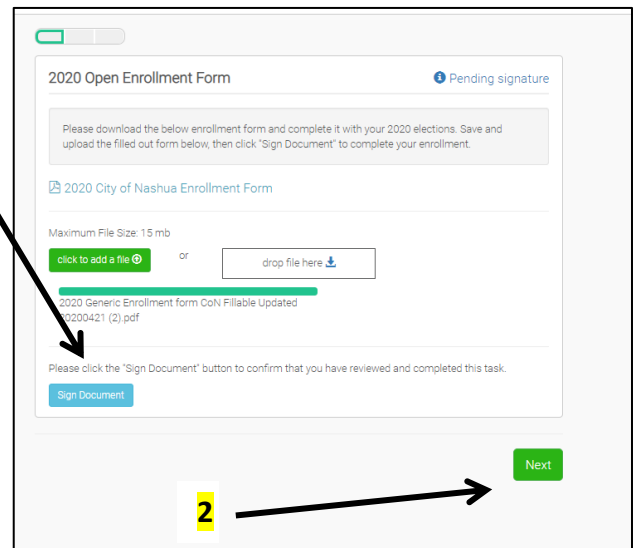
See next page if you prefer to use “drop file here” method.

- 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.

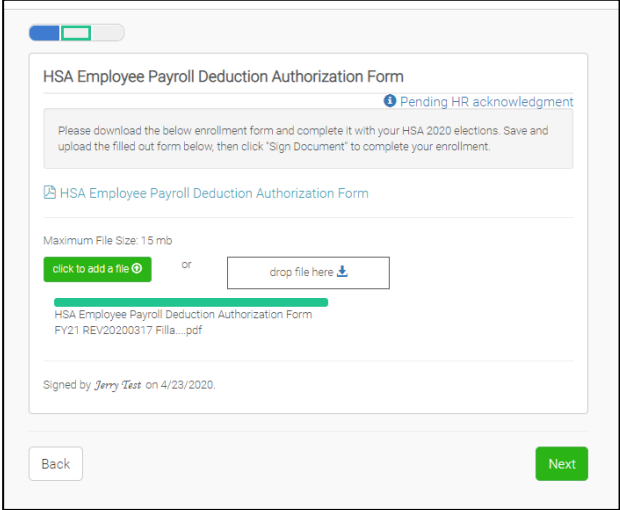


## HSA & FSA:

Follow the same process as above for these forms

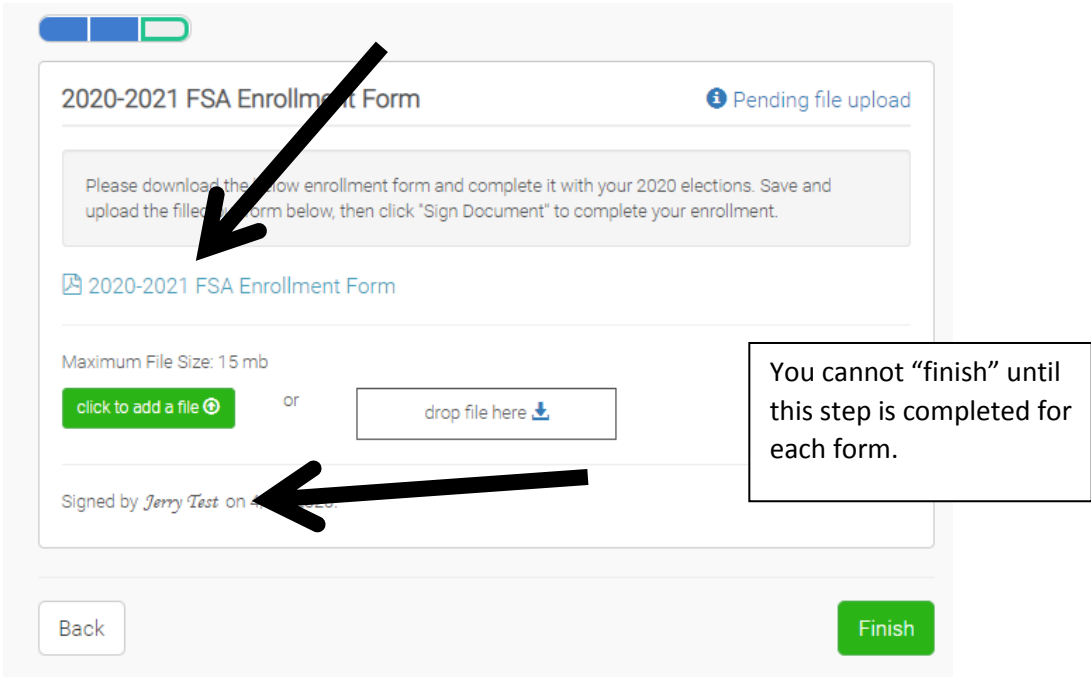
1. Download the HSA or FSA Form
2. Complete the form
3. Save the form
4. Choose upload method
5. Upload Form
6. Click "Sign Form"

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



The screenshot shows the 'HSA Employee Payroll Deduction Authorization Form' upload interface. At the top, there is a progress indicator and a status 'Pending HR acknowledgment'. Below this, a message instructs the user to download, complete, and upload the form. A link for the form is provided. The upload section shows a maximum file size of 15 mb, with buttons for 'click to add a file' and 'drop file here'. A file named 'HSA Employee Payroll Deduction Authorization Form FY21 REV20200317 Filla...pdf' is shown as uploaded. The signature section shows 'Signed by Jerry Test on 4/23/2020'. At the bottom, there are 'Back' and 'Next' buttons.

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.



The screenshot shows the '2020-2021 FSA Enrollment Form' upload interface. A progress indicator at the top shows 'Pending file upload'. A message instructs the user to download, complete, and upload the form. A link for the form is provided. The upload section shows a maximum file size of 15 mb, with buttons for 'click to add a file' and 'drop file here'. The signature section shows 'Signed by Jerry Test on 4/23/2020'. At the bottom, there are 'Back' and 'Finish' buttons. Two black arrows point to the 'click to add a file' button and the signature text. A text box on the right says 'You cannot "finish" until this step is completed for each form.'

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

