

Enrollment Instructions



Alight Worklife™ is our online enrollment tool. The site is accessible 24 hours a day, 7 days a week. The following tips will help you prepare and complete the online enrollment process.

What You'll Need to Enroll:

Social Security Number and Date of Birth for any spouse or dependents you plan to cover

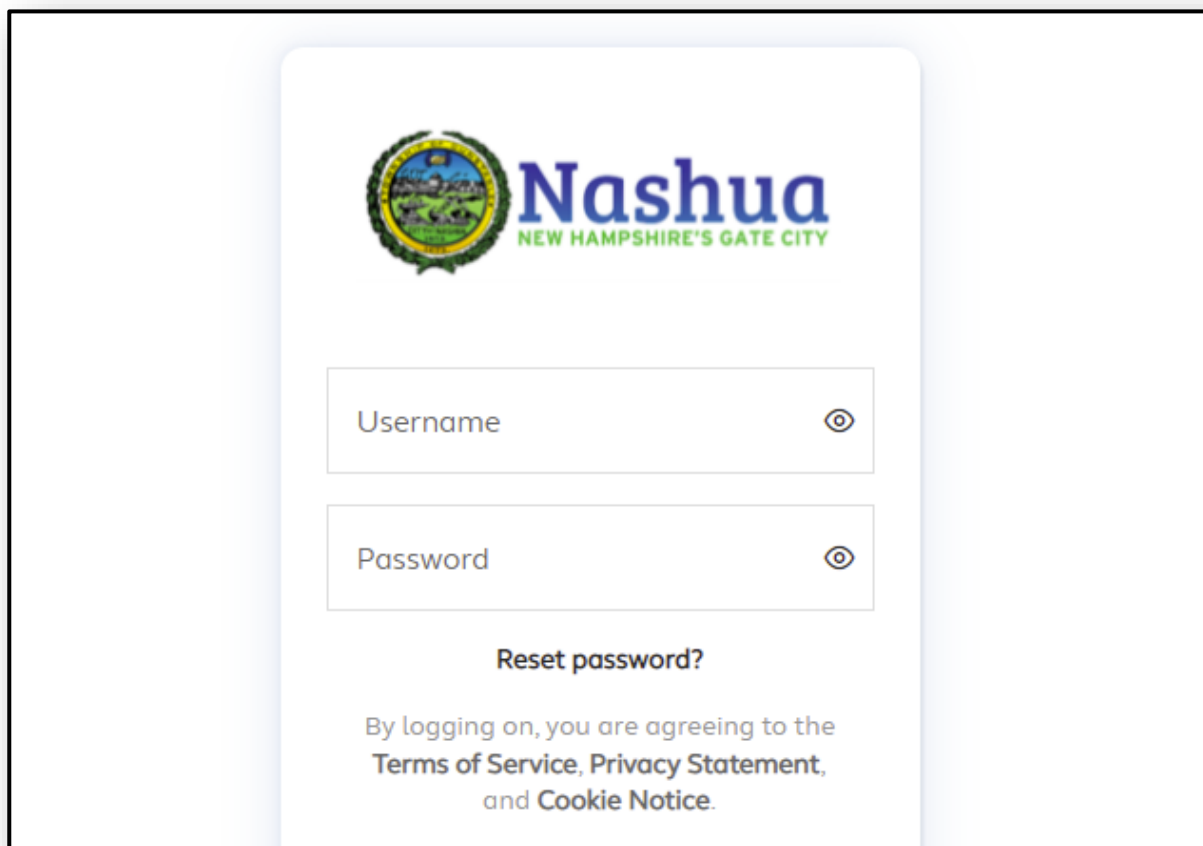
Social Security Number and Date of Birth for any beneficiaries

Steps to Complete Your Enrollment:

Log on to worklife.alight.com/cityofnashua

Username: Employee ID

Password: DOB (YYYYMMDD)

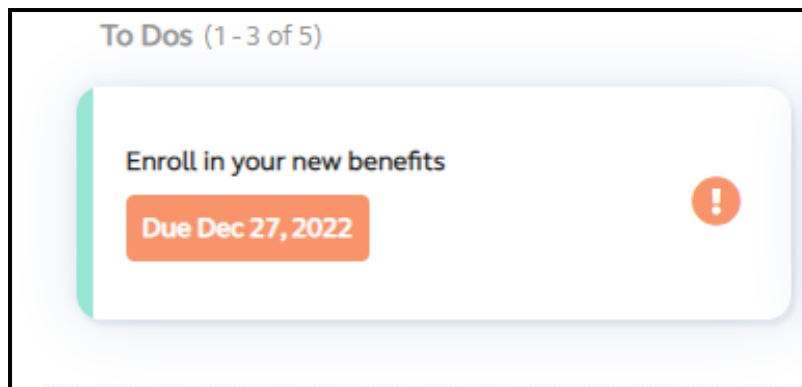




Enrollment Instructions



Under “To Dos” you will see “Enroll in your new benefits” containing the due date to complete your New Hire enrollment. Click on the To Do button to begin your enrollment.



**You have 30 days from your date of hire
to complete your New Hire benefits.**







Enrollment Instructions



You will see an overview of your benefits to elect with an ! Next to each one.

Benefit Summary - New Hire Enrollment

Incomplete Benefits

 Medical Anthem HMO 1500/3000 Employee Only 52 Deductions per year View / Change	Employer Cost \$159.23	Your Cost \$39.81
 Dental 1500 Plan Dental Employee Only 52 Deductions per year View / Change	Employer Cost \$12.35	Your Cost \$0.00
 Vision Employee Only 52 Deductions per year View / Change	Employer Cost \$0.00	Your Cost \$1.70
 Flexible Spending Account \$0.00 52 Deductions per year	Employer Cost	Your Cost



Enrollment Instructions



For medical, dental and vision benefits, select who is being covered and your plan option.

Who is being covered?

- Employee Only
- Employee and 1
- Employee and 2 or More

Would you like money for this benefit deducted from your paycheck before taxes have been deducted?

- Yes
- No

<p>Anthem HMO 1500/3000 Family <small>Currently Enrolled</small></p> <p style="text-align: right;">Your cost per pay period \$107.22</p> <p style="text-align: center;">Select this plan</p>	<p>Enrollment progress</p> <ol style="list-style-type: none"> 1 Review and Make Elections 2 Confirm & Complete Enrollment 3 Review Next Steps <p style="text-align: center; background-color: #0070C0; color: white; padding: 5px; border: 2px solid yellow;">Continue</p> <p style="text-align: center; border: 1px solid #ccc; padding: 2px;">Return to Benefit Summary</p> <hr/> <p>Your Total Cost \$108.92</p> <p>Your Estimated Paycheck \$1,371.37</p> <hr/> <p>HSA Terms and Conditions</p>
<p><input checked="" type="checkbox"/> Anthem HDHP w/HSA Family</p> <p style="text-align: right;">Your cost per pay period \$107.81</p> <p style="text-align: center;">Currently Selected</p>	
<p>Anthem HDHP NO HSA Family</p> <p style="text-align: right;">Your cost per pay period \$96.17</p> <p style="text-align: center;">Select this plan</p>	
<p>Anthem POS Family</p> <p style="text-align: right;">Your cost per pay period \$224.35</p> <p style="text-align: center;">Select this plan</p>	

Decline This Coverage

Click continue after making selections



Enrollment Instructions

If you elected the HDHP with HSA, you will need to indicate that you are eligible:

Eligibility

Since you enrolled in a high deductible health plan, you can save for your expenses before-tax in a Health Savings Account (HSA).

First, let's make sure you're eligible. Indicate which of these apply to you:

- I'm covered by Medicare or TRICARE (except for veterans with a disability rating).
- I'm covered by another non-high deductible health plan (that is, a plan with a deductible less than \$1,400 for individuals and \$2,800 for families, based on IRS limits).
- I receive reimbursements for medical expenses from someone else's general purpose Flexible Spending Account.
- I will be claimed as a dependent on someone else's tax return.
- None of the above.

Continue

[Return to Benefit Summary](#)

Your Total Cost
\$109.51

Your Estimated Paycheck
\$1,370.96

Continue button will appear after answering eligibility questions

Eligibility

I'm eligible to contribute to an HSA because all of the the following apply:

- I'm not covered by Medicare or TRICARE (except for veterans with a disability rating).
- I'm not covered by any health plan with a deductible less than \$1,400 for individuals and \$2,800 for families based on IRS limits (a non-high deductible plan).
- My spouse (if applicable) and I do not have general purpose Flexible Spending Accounts.
- I won't be claimed as a dependent on someone else's tax return.

Terms & Conditions

To open an HSA, you'll need to read and agree to the HSA program's terms and conditions. You authorize WealthCare Saver, your employer, and anyone acting on their behalf to exchange information (including your account number) related to the establishment and maintenance of your HSA.

The terms and conditions document includes the following:

- Consent to Electronic Communications
- Health Savings Account Program Custodial Agreement
- Health Savings Account Interest Rate Disclosure
- Health Savings Account Fee Schedule

Review HSA Terms and Conditions

- I acknowledge that I have read and agree to the entirety of the HSA terms and conditions accessed via the button on this page.
- I have read the Consent to Electronic Communications and provide my consent to receive certain documents about my HSA, including statements, in electronic format. By checking this box, I agree to receive my statements electronically. I understand that if I do not consent to receive information about my account in electronic format, I might be charged a paper statement fee.

Important information about procedures for opening a new account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each customer who opens an account.

What this means to you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

Accept **Decline**

Continue

[Return to Benefit Summary](#)

Your Total Cost
\$109.51

Your Estimated Paycheck
\$1,370.96

Continue button will appear after viewing the HSA terms document, acknowledging two statements and clicking ACCEPT at bottom



Enrollment Instructions



If you elected the HDHP with HSA, you will enter the amount you want to contribute to the HSA

Your recurring contribution

Pay period
 Annual

Contribution amount

\$0.00

\$0.00 per pay period

Spending Accounts

You have access to one or more spending account options. Please enter an annual election, or 0 if you do not want to contribute.

Continue

Return to Benefit Summary

Your Total Cost \$109.51

Your Estimated Paycheck \$1,370.96

Your one-time contribution

In addition to your recurring contribution, you can elect a one-time contribution to deduct on your next eligible pay period.

Contribution amount

\$0.00

Summary

<p>Your annual contribution \$0.00</p> <p style="font-size: 0.7em; color: #888;">The maximum annual amount you may contribute is \$6,800.00</p> <p style="font-size: 0.7em; color: #888;">Because you are age 55 or older, your maximum includes an additional \$1,000.00 you can make as a catch-up contribution.</p>	<p>Employer contribution \$1,500.00</p> <p style="font-size: 0.7em; color: #888;">\$1,500.00 when you open your account.</p>	<p>Total annual contribution \$1,500.00</p> <p style="font-size: 0.7em; color: #888;">The IRS limits the overall total annual contribution to \$8,300.00</p>
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Enter the total amount that you want deducted over the year (annual) **OR** enter the amount you want deducted per paycheck (pay period).

If you want to make a single, one time contribution, enter the amount in the appropriate box.

Click continue.



Enrollment Instructions



If you elected the HMO or PPO plan, you are REQUIRED to have a PCP on file for claims to be paid.

Visit [Anthem](#) to search for a PCP number. If you don't have a PCP number to provide at this time, please enter a series of 000s into the boxes below to continue. Please make sure to contact Anthem to provide PCP information if it is required for your plan.

Please provide a Primary Care Provider (PCP) number.

To search for your PCP number, follow the link to Anthem.com/find-care/ and enter "X3A" in the Member ID to then search for your provider.

Use Member ID for Basic Search
Find doctors, hospitals and more near you.

Click continue after entering your PCP number. If you don't have a PCP, you can enter 0000.

[Redacted]

Visit [Anthem](#) to search for a PCP number. If you don't have a PCP number to provide at this time, please enter a series of 000s into the boxes below to continue. Please make sure to contact Anthem to provide PCP information if it is required for your plan.

Please provide a Primary Care Provider (PCP) number.



Enrollment Instructions



If you are enrolling a spouse or dependent in coverage, you must add them as a person in Alight.

Medical

Use the checkboxes to add or remove dependents for this plan

You must select at least 2 total dependent(s) and spouse and no more than 1 spouse.

Assign a Spouse

Assign a Dependent

Add a person

NOTE: You must also provide verification documents for your spouse and/or dependents or they will not be included in benefits.



Enrollment Instructions



Employee: Review your personal information and make updates if necessary

Spouse / Dependent: Select Add a Spouse or Add a Child to add your spouse and/or dependents' information if you are enrolling them in a benefit plan. Click Save when you are finished.

Beneficiary: If you are eligible for Basic Life/AD&D or Supplemental Term Life/AD&D coverage, select Add a Beneficiary. Click Save when you are finished. Multiple Beneficiaries can be added. During enrollment, you may designate your beneficiary as primary or secondary by selecting the applicable box.

A screenshot of the 'Dependents & Beneficiaries' section in the alight system. The interface shows three main sections: 'Spouses', 'Children', and 'Beneficiaries'. Each section has a message indicating that no dependents or beneficiaries are currently on file, and a button with a person icon and a plus sign to 'Add Spouse', 'Add Child', or 'Add Beneficiary'. The 'Add Spouse' and 'Add Child' buttons are highlighted with yellow boxes. At the top of the form, there are two tabs: 'My Information' and 'Dependents & Beneficiaries', with the latter being the active tab.



Enrollment Instructions

If life insurance is being offered as one of your benefits, you MUST assign a primary beneficiary. You will not be able to click continue until you have selected the beneficiary, indicated if they are primary or a secondary beneficiary, and listed the percentage they will receive.

Use the checkboxes to add or remove dependents for this plan

Assign a Beneficiary

George Costanza (Related Person, 3/20/1987)

Add a person

Primary Secondary

Percentage 100.00%

Enrollment progress

- Review and Make Elections
- Confirm & Complete Enrollment

Continue

Your Total Cost \$128.94

Your Estimated Paycheck \$1,357.00

Continue to make benefit elections until all have a green thumbs up mark next to

Completed Benef

<p> Medical</p> <p>Anthem H Pw/HSA Family</p> <p>52 Deductible per year</p> <p>Individuals covered by this plan:</p> <p> test test (use) baby test (Child)</p> <p>View / Change</p>	Employer Cost \$431.25	Your Cost \$107.81
<p> Health Savings Account</p> <p>HSA (\$0.00)</p> <p>52 Deductible per year</p> <p>View / Change</p>	Employer Cost \$0.00	Your Cost \$0.00
<p> HSA One-time Employer Contribution</p> <p>0 Deductible per year</p> <p>View / Change</p>	Employer Cost \$1,500.00	Your Cost \$0.00



Enrollment Instructions



Once all benefits are completed, click continue

Completed Benefits

Medical
Anthem HDHP w/HSA Family
52 Deductions per year
Individuals covered by this plan:
test test (Spouse) baby test (Child)
[View / Change](#)

Employer Cost: \$431.25
Your Cost: \$107.81

Health Savings Account
HSA (\$0.00)
52 Deductions per year
[View / Change](#)

Employer Cost: \$0.00
Your Cost: \$0.00

Enrollment progress

- Review and Make Elections
- Confirm & Complete Enrollment
- Review Next Steps

[Continue](#)

Your Total Cost: \$128.94
Your Estimated Paycheck: \$1,357.00

Review benefit selections and if all are complete, add you initials and click COMPLETE ENROLLMENT. If you need to make changes, click return to benefit summary

Almost finished
Please indicate approval below and click the Complete Enrollment button to the right to indicate agreement.

Agreement
Please enter your initials below to indicate agreement.

Your Initials *
TE

[Complete Enrollment](#)

Elected benefits

	Employer Cost	Your Cost
Medical Anthem HDHP w/HSA Family 52 Deductions per year Individuals covered by this plan: test test (Spouse) baby test (Child)	\$431.25	\$107.81

Enrollment progress

- Review and Make Elections
- Confirm & Complete Enrollment
- Review Next Steps

[Complete Enrollment](#)

[Dependents and Beneficiaries](#)

Your Total Cost: \$128.94
Your Estimated Paycheck: \$1,357.00

IMPORTANT: If dependent verification documents are not uploaded within 30 days of your date of hire, your dependents will not be included in insurance.



Enrollment Instructions

IMPORTANT: If dependent verification documents are not uploaded within 30 days of your date of hire, your dependents will not be included in insurance.

Next steps

Thank you for completing your new hire enrollment! You may need to submit additional documentation for your benefit elections to be approved. Please close this tab and refresh your Worklife home page. There will be a To Do with the title "Submit documentation for coverage changes" that you can click on to upload required documentation.

- To view and get a printer ready copy of your elections, click view, select the Download button, and feel free to continue using Worklife.

[View](#)

Enrollment progress

- Review and Make Elections
- Confirm & Complete Enrollment
- Return to Home**

[Return to Home](#)

Your Total Cost \$34.53

Your Estimated Paycheck \$1,737.25

To upload dependent verification documents, click Return to Home and then click the button for Dependent Verification

The screenshot shows the alight worklife dashboard for a Nashua employee. The top navigation bar includes Insurance, Financial, Additional Benefits, and Resources. The main content area is divided into Recommended (1-3 of 3) and To Dos (1-3 of 5) sections. In the Recommended section, there are three cards: SmartShopper, Need help enrolling?, and City of Nashua Website. In the To Dos section, the 'Dependent Verification' card is highlighted with a yellow box and a red exclamation mark icon. A 'Review new hire enrollment next steps' card is also visible, showing a due date of Jan 29, 2023. A black arrow points from the 'Return to Home' button in the previous screenshot to the 'Dependent Verification' card.



Enrollment Instructions

Click Add Document

Change Benefits: Required Documents
If you add a dependent to coverage, you may need to verify his or her eligibility for coverage by submitting documentation, such as a birth or marriage certificate. You'll receive more instructions if this is needed. If you don't provide the required documentation, your dependent will be dropped from coverage.

Employee

Quick Actions

- View coverage
- View docs & resources
- Support
- Logout

Document Name	Description	Is Approved	Hard Copy	File	Upload	Date Submitted
Add Document						

[← Go back](#) [Continue →](#)

Upload

[Choose File](#) SmithM...icense.pdf

Name
John Smith

Description
Marriage License

[Save](#) [Cancel](#)

Choose the file to upload and enter your name and a description of the document that you're uploading. For example, John Smith as the name and Marriage License as the description.

Click Save.



Enrollment Instructions

Click Add Document for each additional document you have to upload.

Relationship	Eligibility Requirements	Documentation to Submit
Legal Spouse	Legal spouse of the Employee	The following document: Employee's filed federal income tax return Form 1040 for the current or previous year– the first page only (social security numbers and financial information should be blacked out). OR Marriage Certificate
Children UNDER age 26	Natural child(ren); Stepchild(ren); Legally adopted child(ren) or child(ren) placed in your home for final adoption; Child(ren) under legal guardianship; Child(ren) covered under a Qualified Medical Child Support Order.	ONE of the following documents: Birth certificate listing parents or adoption paperwork; issued by a State or County; or Employees most recent filed federal income tax return Form 1040 – the first page only listing the dependent children (social security numbers and financial information should be blacked out); or Qualified Medical Child Support Order (QMCSO) which requires child support for benefit coverage; or Court paperwork for legal guardianship.
Disabled Children Age 26 and OLDER	An unmarried child of any age who cannot work to support themselves due to a mental or physical impairment.	BOTH of the following documents: The required documentation for a child UNDER age 26 listed above; AND Any documentation verifying a permanent disability that began before the child attained age 26.