

# How to enroll in your 2020 Tulsa Fire Health and Welfare benefits!

**Step 1:** go to <https://www.employeenavigator.com> → Click 'Login' in the upper right hand corner



If you have previously signed on and have a Username and Password, use those credentials to login. If you have forgotten your credentials, click "Reset a forgotten password" and you will receive a reset password email at the email address you used when you first registered. If you are a new user follow Step 2.

**Step 2:** Click 'Register as a new user'

A screenshot of the Employee Navigator login page. The page has a green header with the logo. Below the header are fields for Username and Password, and a green 'Login' button. Below the login fields are links for 'Reset a forgotten password' and 'Register as a new user'. The 'Register as a new user' link is circled in red. At the bottom of the page are links for 'Privacy Policy', 'Terms of Use', and 'Legal Notice', and a copyright notice for 2017 Employee Navigator, LLC. Below the login section is a 'Create Your Account' section with the text 'Then register a username and password'. It has fields for Username (with a note 'company email is recommended') and Password (with a note 'minimum length of 6, number and symbol required'). There is a 'show it' link below the password field. At the bottom of this section is a checkbox for 'I agree with the terms of use' and a green 'Next >' button.

**Step 3:** Fill in the following areas

- First Name
- Last Name
- Company Identifier – 'Tulsa Firefighters HWT'
- Pin (Last 4 of SSN)
- Birth Date

## Create Your Account

First, let's find your company record

A screenshot of the 'Create Your Account' page. The page has a green header with the logo. Below the header are fields for First Name, Last Name, Company Identifier (with a note 'provided by HR'), PIN (with a note 'Last 4 Digits of SSN / ID'), and Birth Date (with a note 'mm/dd/yyyy'). There is a green 'Next >' button at the bottom. A yellow box with a red arrow points to the 'Company Identifier' field, containing the text 'Company Identifier – Tulsa Firefighters HWT'.

Company Identifier –  
Tulsa Firefighters HWT

Once you click next you will be prompted to create a username and password

**These credentials will be important if you ever want to re-login and update or change things in the future so please remember to save them.** Click 'Next' and it will take you to your home screen.

This is the screen you will see when you login if you are a return user, if this is your first time your screen may look a little different but just click the task or start button and you are on your way!



## Open Enrollment

Let's get rock En-rolling!

Before getting started, you'll want to have your personal information and information for your dependents ready.

The enrollment process includes:

1. Verifying your personal & dependents' demographic information
2. Electing your benefits & completing any related forms
3. Signing your enrollment confirmation summary

Get Started



**Step 4:** Check all personal information. This information should auto populate with what you already have in your profile. You need to validate that all this information is accurate and make changes were necessary. **Please make sure the email is correct and complete if no email has been provided.** Click 'Save & Continue'.



Home

Personal Information

First Name	Fire
Middle Name	
Last Name	Demo
Suffix	--Select--
Preferred Name	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Date of Birth	August 22 1982
SSN	***-**-0004
Tobacco User	<input type="radio"/> Yes <input checked="" type="radio"/> No
Phone Number	
Email Address	

Save & Continue



Home

Address

123 Gum Street  
Tulsa, OK 74136

Edit

Save & Continue

Confirm address and "edit" if a change of address has occurred.



**Step 5:** In the dependent information section → add any dependents you may have on any of your lines of coverage. You will need to complete this field if you are applying for supplemental or dependent group life as well.

Dependent Information

add dependent +

	Name	DOB	SSN	Relationship
Edit	Spouse Demo	08/15/1983		Spouse
Edit	Child Demo	01/05/2009		Child

Save & Continue

**Step 6:** You will now go through all your benefit elections. The dependents you added will appear at the top of the screen. If you want dependents on this line of coverage, 'Click' on spouse, children or "Select All". The premium will automatically adjust for the family rate. If you forgot to add a dependent, return to 'Profile' and select, 'Dependent Information'. You can make addition and return to enrollment.

Medical

Enrolling in Medical insurance can protect you from paying the full cost of medical services when you're injured or sick. Select a plan below to safeguard your financial security in the event of a health care emergency.

Progress: 9 of 9  
View steps >

Who am I enrolling?

Myself  
 Select All  
 Spouse Demo (Spouse)  
 Child Demo (Child)

My Selections

Open Enrollment:  
2020 Active PPO Plan  
\$247.50 per pay

Current:  
2019 Active PPO Plan  
\$210 per pay

Which plan do I want?

2020 Active High Deductible Plan  
\$39.25 Cost per pay period  
Effective on 01/01/20  
Employee + Family

2020 Active PPO Plan  
\$247.50 Cost per pay period  
Effective on 01/01/20  
Employee + Family

Helpful Resources

Tulsa Fire Fighters 2019 enrollment guide  
Tulsa SBC 2019  
WHAT'S NEW FOR 2019: PRESCRIPTION COVERAGE CHANGE ON TRADITIONAL PPO PLAN WITH COPAYS

Save & Continue

Don't want this benefit?

**REMEMBER:**

**Active-** You must elect medical coverage. The HDHP is \$0.

**Retired-** If you have previously declined medical or dental, you are no longer eligible for this plan.

- If you enroll in this benefit, you will then click 'Select Plan' → Save & Continue
- If you are choosing to waive coverage on this benefit, click 'Don't want this benefit?' → it will ask you to supply a reason.

**Step 7:** Repeat step 7 for dental, vision, group dependent life and supplemental life.


### Dental

Dental insurance is a form of health insurance designed to protect you from paying the full cost of routine or emergency dental care. Select a plan below to safeguard your financial security in the event you need to seek oral care.

#### Who am I enrolling?

- Myself
- Select All
- Spouse Demo (Spouse)
- Child Demo (Child)

#### Which plan do I want?




#### 2020 Active Dental Base Plan

**\$27.00**  
Cost per pay period

Effective on 01/01/20  
Employee + Family

[Compare](#) [Details](#) [Selected](#)



#### 2020 Active Dental Buy up Plan

**\$41.00**  
Cost per pay period


Effective on 01/01/20  
Employee + Family

[Compare](#) [Details](#) [Select](#)

[Save & Continue](#)

[Don't want this benefit?](#)

**Step 8:** Review your Group Basic Life Insurance. This amount is 2 X salary.

Home

### Life

Tulsa Firefighters Health and Welfare Trust is concerned about your financial security and we offer Benefit Plans designed to protect our employee. Below is the summary for our 2020 Group Life Insurance.

Life insurance can help provide for your loved ones if something were to happen to you. Tulsa Firefighters Health and Welfare Trust provides full-time employees with 2 times your annual salary in group life and accidental death and dismemberment (AD&D) insurance. In addition, the Trust purchased supplemental life on everyone who was an "active firefighter" on, or after April 1, 2001 in the amount of \$10,000.

#### Review Your Benefit

**Plan:**  
Aetna 2020 Group Life Insurance

**Your insurance amount:**  
\$120,000.00

**Effective on:**  
01/01/2020

Your cost per pay period:

\$0

[Save & Continue](#)

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### Beneficiaries Form

[Claims Summary Report](#)

For: 2020 Group Life Insurance

A beneficiary is the recipient of financial benefit from an insurance policy in the event the insured passes away. Beneficiaries are categorized as primary and contingent. If a primary beneficiary cannot receive the benefit after an insured passes away because the primary beneficiary is deceased or refuses the inheritance, the rights are passed to the contingent beneficiary. The benefit payout can be divided between multiple persons or entities so long as the total sum of shares is equal to 100% for each primary and contingent beneficiary sets.

Some states dictate if the insured is married, the spouse is the primary beneficiary. If a married individual designates a non-spouse as the primary beneficiary, the requirements of the state will be reviewed prior to claim payment.

#### Primary Beneficiaries

[+ add a beneficiary](#)

Name	DOB	Gender	Relationship	Allocation %
<a href="#">Edit</a> Spouse Demo	09/15/1983	F	Spouse	100.00 <a href="#">remove</a>

[Edit Percentages](#)

#### Contingent Beneficiaries

[+ add a beneficiary](#)

[Continue](#)

**You will be prompted to review and update your beneficiary information.**

**Step 9:** Group dependent life is offered for firefighters that have dependent spouse and or children. This coverage is a flat amount of \$20,000 for spouse and \$10,000 for each child. The cost is \$2.90 per month. **You must add dependent information on the 'Profile' page in order to enroll in this coverage.**

### 2020 Group Dependent Life

Tulsa Firefighters Health and Welfare Trust is concerned about your financial security and we offer Benefit Plans designed to protect our employees. Below is the summary for our 2020 Group Dependent Life.

While Tulsa Firefighters Health and Welfare Trust offers basic life insurance, some employees may want to purchase additional coverage. You may purchase group dependent life insurance on your spouse and children. The amount of life insurance is set at \$20,000 for spouses and \$10,000 for dependent children. **The rate is \$2.90 per month.**

The enrollment options available for the Group Dependent life are \$20,000 for Spouse and \$10,000 for your children. The coverage tiers available correlate to the benefit amounts as follows:

- **EE SPOUSE: \$20,000 benefit for Spouse Only**
- **EE Child(ren): \$10,000 benefit for Child(ren) Only**
- **Family: \$20,000 for Spouse and \$10,000 for Child(ren)**

#### Choose the Desired Coverage Level

Employee + Spouse

Employee + Child(ren)

Employee + Family

[Save & Continue](#)

[Don't want this benefit?](#)

**Step 10:** You may purchase supplemental life insurance coverage for you, your spouse and each child subject to the rules in the guide. You will also see the rules listed on the 'Supplemental Life' page of Employee Navigator.

Who am I enrolling?

Buy Guaranteed Issue

Myself \$100,000

Slide to select →

Requested benefit	\$100,000
Requested per pay cost	\$6.95
Guaranteed Issue	\$0
Maximum Amount	\$510,000
Approved benefit	\$0
Approved per pay cost	\$0
Pending review of health history	\$100,000

My Spouse \$50,000

Slide to select →

Requested benefit	\$50,000
Requested per pay cost	\$4.70
Guaranteed Issue	\$0
Maximum Amount	\$50,000
Approved benefit	\$0
Approved per pay cost	\$0
Pending review of health history	\$50,000

My Children (Child) \$10,000

Slide to select →


Requested benefit	\$10,000
Requested per pay cost	\$0.55
Guaranteed Issue	\$0
Maximum Amount	\$10,000
Approved benefit	\$0
Approved per pay cost	\$0
Pending review of health history	\$10,000

Save & Continue

Don't want this benefit?

Once you select life amounts on yourself, if you have dependents listed on your 'Profile' you will be allowed to select life amounts on dependents within the guidelines.

**You may also be required to complete an Evidence of Insurability form to submit to the Tulsa Fire insurance office (HUB) to qualify for additional coverages. You may complete this form on-line. You will have no coverage until you are approved by Aetna for the benefits requested. If you have trouble, just notify HUB and we will send you a EOI form. They can also be found at WWW.TFFHWT.org.**



Home Profile Benefits Required Tasks Resources

### Evidence of Insurability Form

If you have not already done so, please complete the Evidence of Insurability form and return as requested.

**Attention: Health History Needed**

You have elected over the Guaranteed Issue amount for this plan.

Employee requested **\$100,000** but is only pre-approved for **\$0**  
Spouse requested **\$50,000** but is only pre-approved for **\$0**  
Child(ren) requested **\$10,000** but is only pre-approved for **\$0**

Your designated beneficiary cannot receive the pending amount until this form has been submitted to, and approved by, the carrier.

[Evidence of Insurability](#)

Continue

Progress: 7 of 10

View steps ▶

**Step 11:** You can enroll in additional benefits with Aflac & Central United Life for voluntary Cancer, Critical Care, Accident and Short Term Disability. 'Click' on the link below under Aflac or Central United Life and you can enroll directly for these coverages on the carriers websites. If you have questions on these plans, contact the listed reps.

2020 AFLAC & Central United Life Plan Information

You are also eligible to enroll or participate in the following voluntary programs:

**AFLAC and Central United Life/Manhattan Life/Cigna**

You may click on the following links for information and to enroll in voluntary Cancer, Critical Care, Accident and Short Term Disability Plans.

For more information you may contact:

**AFLAC:**  
John Karr  
918.398.7816  
john\_karr@us.aflac.com

<http://www.aflac.com/tulsafirefighters>

**Central United Life/Manhattan Life/Cigna:**  
Candice Barber  
(901) 482-8868-cell  
(800) 752-3419-office  
candice@cbenefits.com

[Save & Continue](#)

**Step 12:** When you have completed each step, you will be shown all the benefit options you selected and the total cost per pay period. Once you click 'Sign to complete enrollment' you will have enrolled in your 2019 benefits! Hit 'print' if you would like a paper copy.

**YOU HAVE ENROLLED IN YOUR 2020 BENEFITS!**

Enrollment Summary Print

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.

**Signature required**  
You've elected all your benefits, but we still require a signature before enrolling.

Please review the acknowledgment below.  
As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.

[Sign to complete enrollment](#) [Click to Sign](#)

**Enrolled Plans**

Category	Plan Name	Coverage	Effective Date	Cost Per Pay
Medical	2020 Active PPO Plan	Employee + Family	01/01/2020	\$247.50
Dental	2020 Active Dental Basic Plan	Employee + Family	01/01/2020	\$27
Life	2020 Group Life Insurance	Employee	01/01/2020	\$0

**Total Cost Per Pay Period: \$274.50**