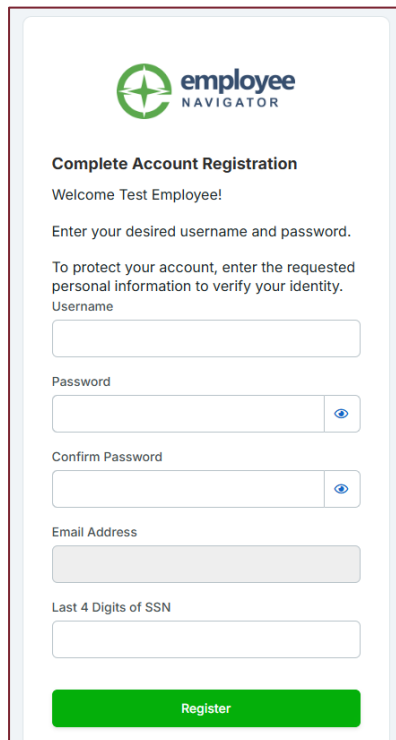


# Employee Navigator - Open Enrollment Instructions

You will receive an email with a registration link on November 3<sup>rd</sup> to register and begin your Open Enrollment elections.



**Complete Account Registration**  
Welcome Test Employee!

Enter your desired username and password.

To protect your account, enter the requested personal information to verify your identity.

Username

Password

Confirm Password

Email Address

Last 4 Digits of SSN

**Register**

Click on the Registration Link in the email from Employee Navigator.



Create an account and your own username and password. You will be asked to enter the Last four digits of your SSN.

Alternatively, you can go to:

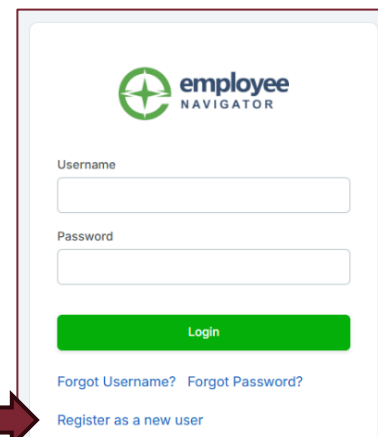
<https://www.employeenavigator.com>

Click Login located in the top right-hand corner of the Home Page.

Click on '**Register as a New User**' located at the bottom of the login screen.

Enter the following information to create your username and password:

- First Name
- Last Name
- Company Identifier: **VITA-FUHSD**
- Last 4 digits of your SSN
- Date of Birth



**employee NAVIGATOR**

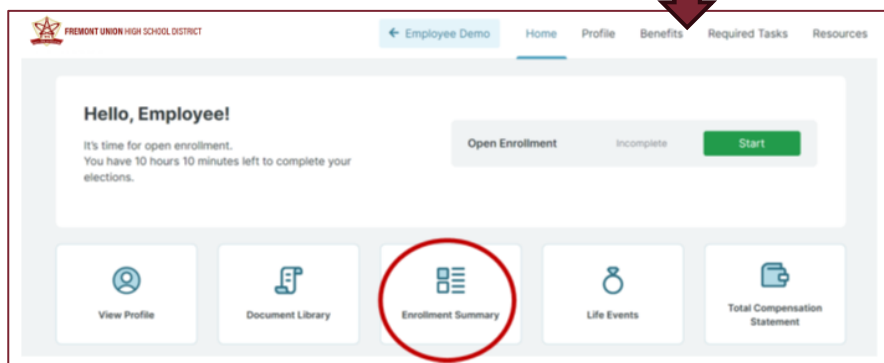
Username

Password

**Login**

[Forgot Username?](#) [Forgot Password?](#)

[Register as a new user](#)



**FREMONT UNION HIGH SCHOOL DISTRICT**

Employee Demo Home Profile Benefits Required Tasks Resources

**Hello, Employee!**  
It's time for open enrollment.  
You have 10 hours 10 minutes left to complete your elections.

Open Enrollment Incomplete **Start**

**Enrollment Summary** (circled in red)

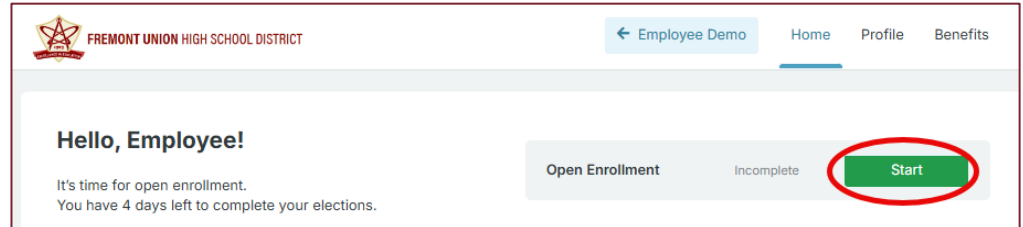
View Profile Document Library Life Events Total Compensation Statement

Once registered, you can view your current benefits by clicking on the '**Enrollment Summary**' icon located in the middle of the Home Page or the '**Benefits**' tab in the upper right-hand corner.

# Employee Navigator - Open Enrollment Instructions

## START ENROLLMENTS

Click the **'Start'** Open Enrollment button on the employee dashboard.



FREMONT UNION HIGH SCHOOL DISTRICT

Employee Demo Home Profile Benefits

Hello, Employee!

It's time for open enrollment.  
You have 4 days left to complete your elections.

Open Enrollment Incomplete **Start**

### Let's Begin Your Open Enrollment

You will:

1. Verify and enter some personal information for you and your dependents
2. Enter Social Security Numbers and dates of birth for eligible family members
3. Select your benefits

Elections will be finalized **only** after you sign and authorize them.

**Get Started**

Click **'Get Started'** to begin. You'll need to complete some personal & dependent information before moving to your benefit elections.

### Personal Information

First Name Demo

Middle Name

Last Name Employee

Suffix --Select--

Preferred Name

Sex ☒ Male ☐ Female

Gender Identity --Select--

Date of Birth 01/01/1989 Age: 36

SSN 333-33-3333

Home Phone

Mobile Phone

Work Phone ext

Work Email Address tsehay.tesema@vitamail.com

Personal Email Address

Primary Email Type Work

**Save & continue**

## PERSONAL INFORMATION

Enter or update your personal information, if necessary. Once complete, click **'Save & Continue'**.

If you need to update your address, click the **'Edit'** button to make changes. Click **'Save & Continue'**.

### Address

1234 Main St  
San Francisco, CA 94115

**Edit**

**Save & continue**

# Employee Navigator - Open Enrollment Instructions

## DEPENDENTS

To add your dependent, click '**Add dependent+**' to enter your dependent's information. To make changes to your existing dependent's information, click '**Edit**' next to the dependent. Click '**Save & Continue**'.

**TIP:** To enroll a dependent in coverage you will need their date of birth and Social Security number.

Dependent Information					
	Name	Sex	DOB	SSN	Relationship
Edit	Test Spouse	F	02/01/1980	***-**-1111	Spouse
Edit	Test Child	M	03/01/2010	***-**-2222	Child

Save & continue >

## BENEFIT ELECTIONS

To enroll dependents in a benefit, click the radio button next to the dependent's name under '**Who am I enrolling?**'

**TIP:** If you wish to enroll all dependents listed, click '**Select All**'.

Who am I enrolling?

☐ Myself

☐ Select All


☐ Test Spouse (Spouse)

☐ Test Child (Child)

Under '**Which plan do I want?**', you can view available plans and cost per pay period. To elect a benefit, click '**Select this Plan**' in the bottom right-hand corner of the plan. Click '**Save & Continue**' at the bottom of the screen to save your elections.

If you wish to waive a benefit, click '**Don't want this benefit?**' at the bottom of the screen and select a reason from the drop-down menu.

Which plan do I want?



**Anthem Non-Legacy 2026**

**\$0.00**

Cost per pay period

Effective on 01/01/26

Employee

Compare Details

Select this plan

Save & continue >

Don't want this benefit?

Continue through the Open Enrollment process to make your elections for all plans. Click '**Save & Continue**' at the bottom of each screen to save your elections.

# Employee Navigator - Open Enrollment Instructions

## SPOUSAL SURCHARGE

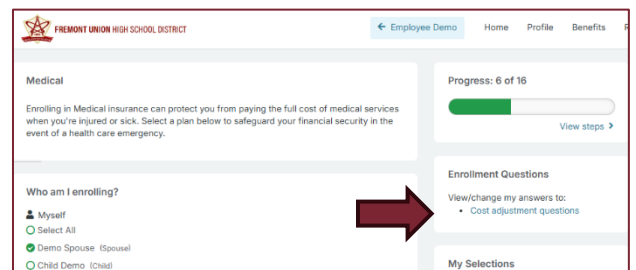
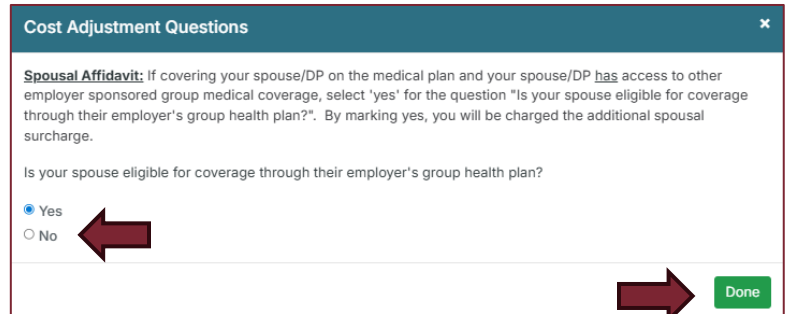
If covering your spouse/DP on the medical plan, you will be prompted to complete the Spousal Affidavit. A pop-up questions box will appear.

If your spouse/DP has access to other employer sponsored group medical coverage, select 'Yes' for 'Is your spouse eligible for coverage through their employer's group health plan?'. By marking yes, you will be charged the additional spousal surcharge.

After making your selection, click 'Done'.

By marking yes, you will be charged the additional spousal surcharge. After making your selection, click 'Done'.

Should you need to modify your Spousal Surcharge response after your initial submission, you may do so by selecting 'Cost Adjustment Questions' from the menu on the right-hand side



## BENEFICIARIES

After reviewing your Group Life and Voluntary Life elections (if applicable), you will be required to enter your beneficiaries.

Under Primary Beneficiaries, click 'Add a beneficiary+' to enter your beneficiary's information.

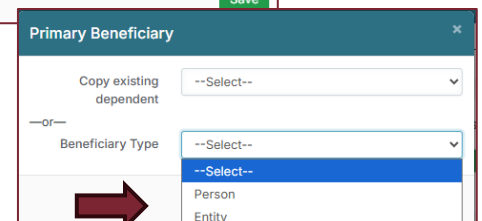
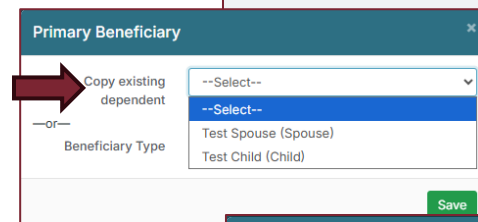
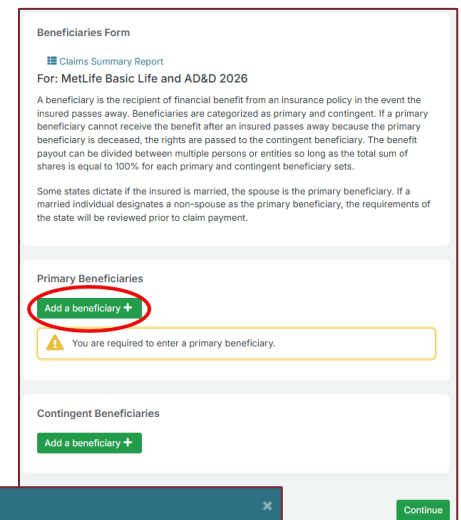
You will have the option to select an existing dependent (if applicable) from the 'Copy existing dependent' drop-down menu. Select the desired dependent, verify their information, and enter the desired benefit percentage allowance for your beneficiary (i.e., 100%, 50% etc.). Click 'Save'.

**or**

Enter a new beneficiary, by selecting the 'Beneficiary Type' from the drop-down menu. Enter the required information and desired benefit percentage allowance for your beneficiary (i.e., 100%, 50 etc.). Click 'Save'.

Repeat the steps above to add additional primary or contingent beneficiaries. Adding a contingent beneficiary is optional.

**TIP:** A primary beneficiary is first in line to receive benefits. A contingent beneficiary receives benefits only if the primary beneficiary cannot.



# Employee Navigator - Open Enrollment Instructions

## VOLUNTARY LIFE

If you elect new Voluntary Life coverage during Open Enrollment or increase your current coverage amount, you will be required to complete Evidence of Insurability (EOI). The FUHSD Benefits Team will contact you after Open Enrollment to complete EOI.

To make an election, you may select coverage for yourself, your spouse, or your child(ren) using the slider dial (move from left to right), **or** select "Buy Guarantee Issue" or "Buy Maximum Amount" to make a quick selection.

Click '**Save & Continue**' at the bottom of the screen to save your elections.

If you wish to waive a benefit, click '**Don't want this benefit?**' at the bottom of the screen and select a reason from the drop-down menu.

**TIP:** You may only elect coverage for your eligible dependents if you elect coverage for yourself.

**FREMONT UNION HIGH SCHOOL DISTRICT**

### Voluntary Life

You may choose to purchase Supplemental Life/AD&D coverage in addition to the group sponsored Life/AD&D plan.

You may only elect coverage for your eligible dependents if you elect coverage for yourself.

You have 30 days from your date of hire to elect up to the guaranteed issue amount without completing Evidence of Insurability (EOI), a medical underwriting questionnaire. Elections above the guaranteed issue amount or elections outside of your initial enrollment period require EOI. Elections requiring EOI will not be effective until you have received written confirmation from MetLife that your election is approved.

If your election requires you to complete EOI, your FUHSD's Benefits team will contact you to complete the EOI process.

#### Select your benefit

**Buy Guarantee Issue**   **Buy Maximum Amount**

**Myself**

Slide to select →

Effective Date: 10/29/2025  
Requested benefit: \$100,000  
Requested per pay cost: \$11.28  
Guaranteed Issue: \$100,000

**My Spouse**

Slide to select →

Effective Date: 10/29/2025  
Requested benefit: \$25,000  
Requested per pay cost: \$2.82  
Guaranteed Issue: \$25,000

**My Children (Child)**

Slide to select →

Effective Date: 10/29/2025  
Requested benefit: \$5,000  
Requested per pay cost: \$1.75  
Guaranteed Issue: \$10,000

**Save & continue**   **Don't want this benefit?**

### Flexible Spending Account

This plan is used for medically necessary health care expenses not fully reimbursed by an insurance plan or any other source.

You can claim expenses incurred by you, your spouse or any of your eligible dependents (regardless of whether you or your dependents are covered under the medical plan offered by your employer).

#### Choose your election

Plan year:  
10/17/2025 to 12/31/2025

Available annual amounts:  
\$1 to \$3,300

Number of pay periods:  
3 remaining

How much do you want to defer?

☒ By annual amount   **- OR -**   ☐ By per pay amount   **Defer Maximum \$**

\$

**Save & continue**   **Don't want this benefit?**

## PRE-TAX PLANS

If electing coverage, please enter your desired per pay period or annual contribution. The pre-tax plans include:

- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
- Limited Purpose Flexible Spending Account (LP FSA)
- Dependent Care Account (DCAP)
- Parking
- Transit

Click '**Save & Continue**' at the bottom of the screen to save your elections.

If you wish to waive a benefit, click '**Don't want this benefit?**' at the bottom of the screen and select a reason from the drop-down menu.

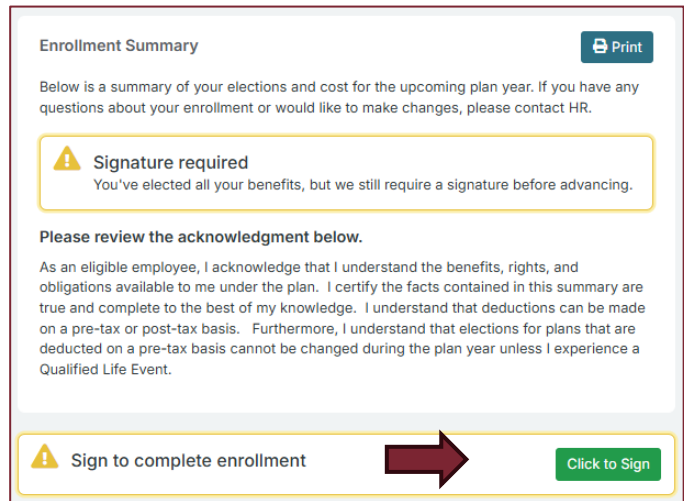
**TIP:** Employees enrolled in a Health Savings Account (HSA) who wish to elect a Flexible Spending Account (FSA) can only do so through a Limited Purpose FSA (LP FSA). Continue through the enrollment steps until you reach the Limited Purpose FSA plan to enter your election.

# Employee Navigator - Open Enrollment Instructions

## REVIEW & CONFIRM ELECTIONS

Please review your selected Open Enrollment elections on the Enrollment Summary page to confirm that your elections are accurate.

Select '**Click to Sign**' to complete your enrollment.




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.

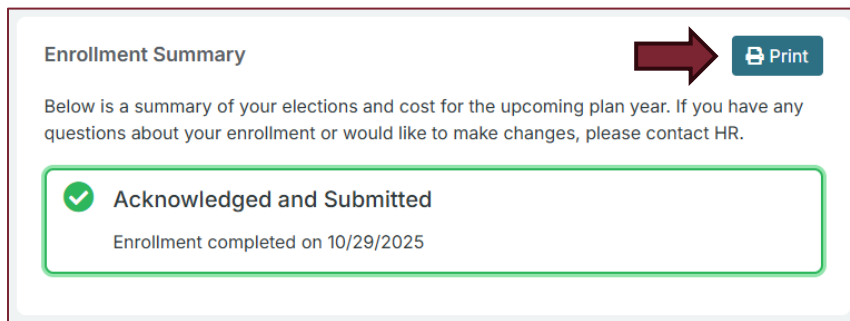
**Signature required**  
You've elected all your benefits, but we still require a signature before advancing.

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**



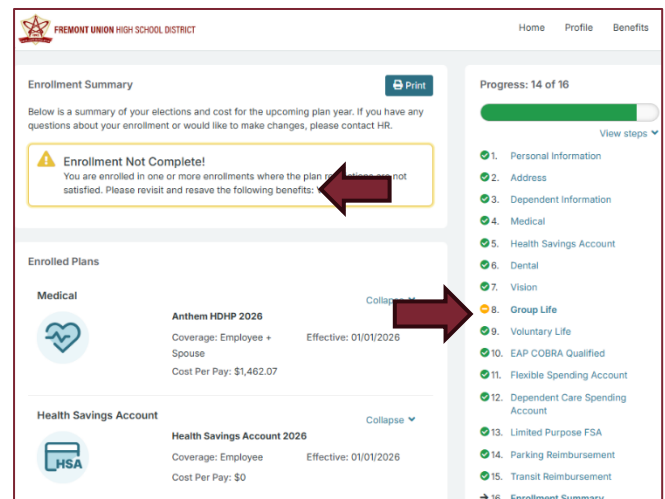
Enrollment Summary Print

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.

**Acknowledged and Submitted**  
Enrollment completed on 10/29/2025

You can either print a summary of your elections for your records or login at any point during the year to view your enrollment summary online. To print a copy of your elections, click the '**Print**' button on the right-hand side.

**TIP:** If you miss a step, you'll see the '**Enrollment Not Complete!**' warning. You can find the incomplete step(s) highlighted in the progress bar or noted in the warning message. Click on any incomplete step(s) to continue and complete.



FREMONT UNION HIGH SCHOOL DISTRICT

Home Profile 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.

**Enrollment Not Complete!**  
You are enrolled in one or more enrollments where the plan information is not satisfied. Please revisit and resave the following benefits:

Progress: 14 of 16

- 1. Personal Information
- 2. Address
- 3. Dependent Information
- 4. Medical
- 5. Health Savings Account
- 6. Dental
- 7. Vision
- 8. Group Life
- 9. Voluntary Life
- 10. EAP COBRA Qualified
- 11. Flexible Spending Account
- 12. Dependent Care Spending Account
- 13. Limited Purpose FSA
- 14. Parking Reimbursement
- 15. Transit Reimbursement
- 16. Enrollment Summary

Enrolled Plans

Medical

Anthem HDHP 2026  
Coverage: Employee + Spouse  
Effective: 01/01/2026  
Cost Per Pay: \$1,462.07

Health Savings Account

Health Savings Account 2026  
Coverage: Employee  
Effective: 01/01/2026  
Cost Per Pay: \$0