

Online Open Enrollment Guide

To access the Employee Navigator enrollment system, go to csd.employeenavigator.com



Username

Password

Login

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

[Register as a new user](#)

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To log in, enter the username and password you created previously. If you have forgotten your username, it is likely your Canyons School District email. If you have forgotten your Password click on “Reset Password”. If you have forgotten both your username and password, please call the insurance department at 801-826-5428.

If you are registering for the first time, the company identifier is “Canyons.”

Hello, Certified 18S 1!

It's time for open enrollment.
You have 16 days left to complete your elections.

[Open Enrollment](#)[Incomplete](#)[Start](#)[View Profile](#)[Document Library](#)[Enrollment Summary](#)[Life Events](#)[Total Compensation Statement](#)

Once logged in, click **“Start”** to begin.

To start the enrollment process, click **“Get Started”**.

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 your elections.

Enrollment Support Options

Enrollment Documents

[Get Started](#)

The system will ask you to review your personal information. Edit the information as needed, then click “Save and Continue”.

CANYONS SCHOOL DISTRICT

Happy Employee Home Profile Benefits Required Tasks Resources

Personal Information

Progress: 0 of 18

View steps >

First Name: Happy

Middle Name:

Last Name: Employee

Suffix: --Select--

Preferred Name:

Gender: Male Female

Date of Birth: July 4 1975

SSN: ***-**-0004

Tobacco User: Yes No

Phone Number: 801.555.1234

Email Address: happy.employee@canyonsdistrict.org

Save & Continue

Next, it will ask you to verify your address, then click “Save and Continue”.

CANYONS SCHOOL DISTRICT

Happy Employee Home Profile Benefits Required Tasks Resources

Address

Progress: 1 of 18

View steps >

123 State St.
Apt #1
Happy Valley, UT 84000

Edit

Save & Continue

Verify dependents. To add dependents, select the “Add dependent” button and enter the dependent(s) information. When you have added all dependents or if you do not have dependents click “Save & Continue” and the system will take you to the next step.

Please note: Any dependent previously entered will appear on this list because of the history in the system, even if they are no longer active. If they are not active dependents, they should not appear on the coverage election pages.


Dependent Information

[Add dependent](#)

	Name	DOB	SSN	Relationship
Edit	karen Demo	08/01/1982	***-**-1232	Spouse
Edit	Kid Demo	01/06/2007	***-**-9872	Child
Edit	DOGGO DEMO	09/02/2021		Child


[Save & Continue](#)

Progress: 2 of 18



[View steps](#) >

Progress: 2 of 18



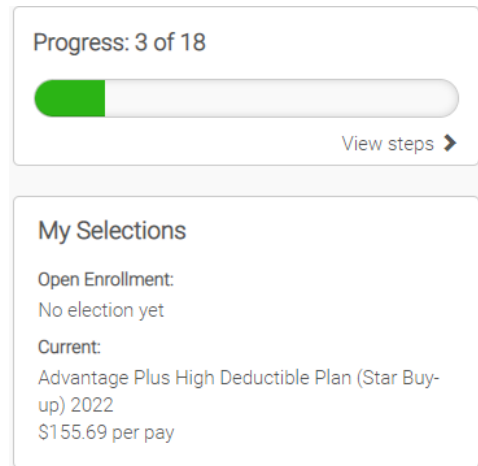
[View steps](#) ▼

- ① Personal Information
- ② Address
- ③ Dependent Information
- ④ Medical
- ⑤ Health Savings Account (HSA)
- ⑥ Dental
- ⑦ Vision
- ⑧ Life
- ⑨ Group Long-Term Disability
- ⑩ Voluntary Life
- ⑪ Voluntary AD&D
- ⑫ Flexible Spending Account
- ⑬ Limited Purpose FSA
- ⑭ Dependent Care Spending Account
- ⑮ Aflac Group Accident
- ⑯ Aflac Group Critical Illness
- ⑰ Aflac Group Hospital Indemnity
- ⑱ Enrollment Summary

On the right-hand side, you will notice a **Progress Bar**. If you click on **View Steps** you can jump to any section in the enrollment process.

Please note: you will not be able to finalize your enrollment until there is a green check mark next to every enrollment step.

On the right side of the screen under the **Progress Bar**, there is a box called **“My Selections.”** That will show what you have selected for 2023 as well as what you are currently enrolled in.



Progress: 3 of 18

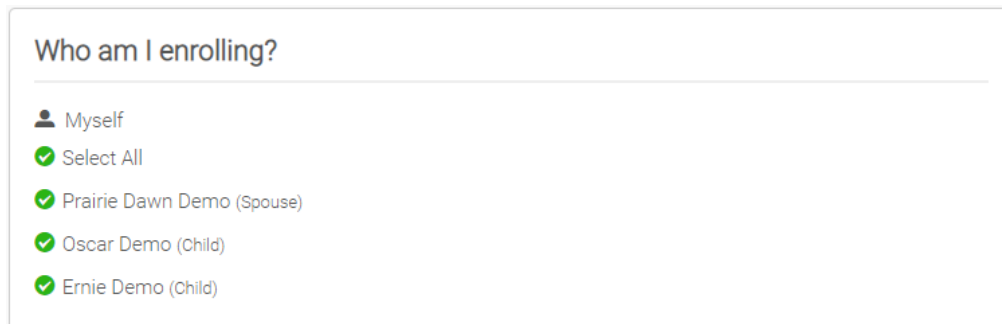
View steps →

My Selections

Open Enrollment:
No election yet

Current:
Advantage Plus High Deductible Plan (Star Buy-up) 2022
\$155.69 per pay

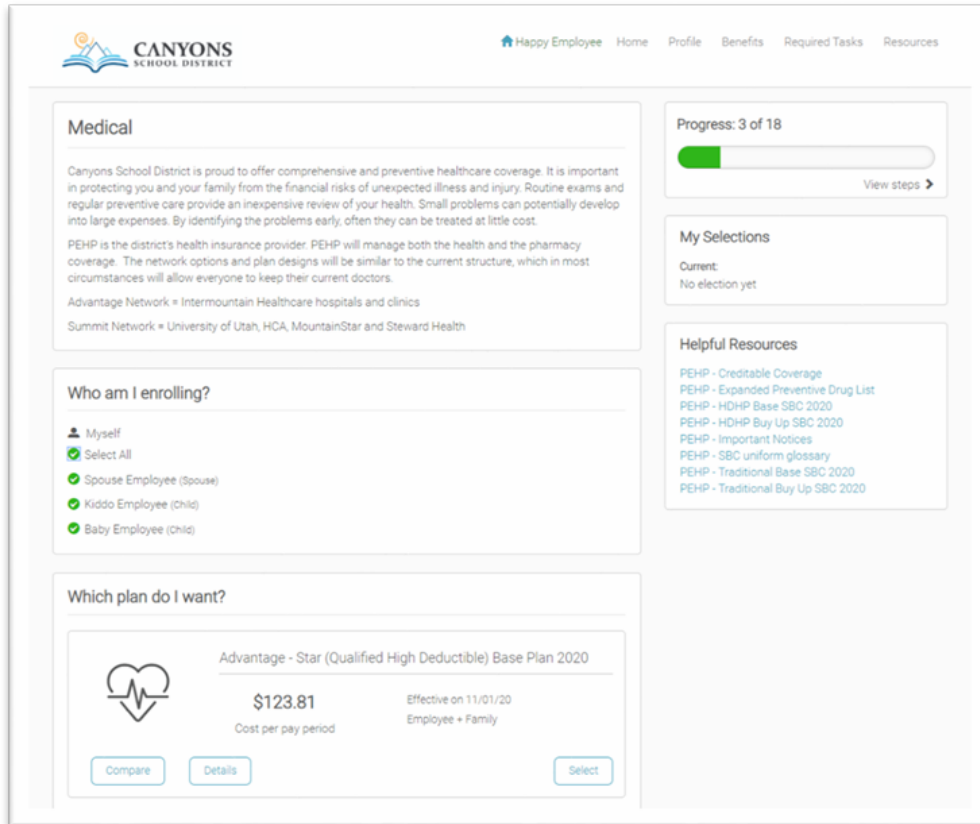
The “Who am I Enrolling” box appears above the coverage selection area. This is where you select who will be enrolled in next year’s coverage.



Who am I enrolling?

- Myself
- Select All
- Prairie Dawn Demo (Spouse)
- Oscar Demo (Child)
- Ernie Demo (Child)

On each page, you will select who you want covered and which benefit you would like. If you would like to compare plans side-by-side you can click the “Compare” button or if you would like to see details on that plan you can click on the “Details” button.



Save & Continue

Once the plan is selected, click the button.

Don't want this benefit?

If you don't want the Benefit, select the button then indicate a reason.



As you navigate through the benefits you can click on "helpful resources" in the right column to help you determine which benefits will work best for you.

If you select voluntary life benefits you will need to designate a beneficiary.
Note: The total allocation percentage under Primary Beneficiaries and Contingent Beneficiaries must equal 100%.

Beneficiaries Form

Claims Summary Report

For: Basic Life and AD&D 2020

A beneficiary is the recipient of financial benefits 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

You are required to enter a primary beneficiary.

Contingent Beneficiaries

+ add a beneficiary

Continue

Primary Beneficiary

Beneficiary Type: Person

Relationship: Son

Gender: M

Allocation %: 100.00

First / Middle Name: John

Last Name / Suffix: Doe

Date of Birth: January 17, 2014

SSN: [Empty]

Address 1: [Empty]

Address 2: [Empty]

City: [Empty]

State / Country: --Select--

ZIP/Postal Code: [Empty]

Phone: [Empty]

Save

If you elect for Voluntary Life, you will be required to submit an **Evidence of Insurability form** for each applicant that goes over the guaranteed Issue amount. On the screen, you have the option to download the pdf forms. You will need to complete the forms, print them and bring/send them to the Insurance Department.

Attention: Access Your Required Health Form

You have elected over the Guaranteed Issue amount for this plan.
Spouse requested **\$100,000** but is only pre-approved for **\$50,000** pending approval amount is **\$50,000**

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

[Download Voya Evidence of Insurability \(EOI\) Form](#)

[Download Voya EOI Form Instructions](#)

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.

Please review the summary of elections and costs below for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact the Insurance Department.

Sign to complete enrollment Click to Sign

Enrolled Plans

Medical	Summit Traditional Plan 2024	Collapse
	Coverage: Employee + One Effective: 01/01/2024 Cost Per Pay: \$132.11	
Vision	VSP Plus 10-130 Vision Plan 2024	Collapse
	Coverage: Employee + Effective: 01/01/2024	

Progress: 17 of 18
View steps

The last page is the Enrollment Summary page. You can review your elections and, if everything is correct, 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.

Acknowledged and Submitted

Enrollment completed on Wednesday, October 25, 2023 6:05 PM

You will then see a box that shows the enrollments were **Acknowledged and Submitted.**

Carefully review the elections on the Benefit Summary. Be sure to print a copy of your enrollment summary for your records. You may need it as a reference if you encounter any issues during the benefit year.

Enrollment Summary: Happy Employee

Enrolled Plans		Total Cost Per Pay Period: \$334.39			
Plan Type	Plan Name	Coverage	Effective	Cost Per Pay	Benefit
Medical	Advantage - Star (Qualified High Employees + Family Deductible) Base Plan 2020	Employee + Family	11/01/2020	\$123.81	
Health Savings Account (HSA)	Healthcare Savings Account 2020	Employee	11/01/2020	\$158.33	
Dental	Advantage Copay Dental Plan 2020	Employee + Family	11/01/2020	\$26.40	
Vision	VSP Plus 10-130 Vision Plan 2020	Employee + Family	11/01/2020	\$11.25	
Life	Basic Life and AD&D 2020	Employee	11/01/2020	\$0	\$32,000
Life	Basic Life and AD&D 2020	Spouse	11/01/2020	\$0	\$3,000
Life	Basic Life and AD&D 2020	Children	11/01/2020	\$0	\$3,000
Group Long-Term Disability	Long Term Disability 2020	Employee	11/01/2020	\$0	\$1,134.88
Voluntary Life	Voluntary Life 2020	Employee	11/01/2020	\$9.60	\$100,000
Voluntary Life	Voluntary Life 2020	Spouse	11/01/2020	\$4	\$50,000
Voluntary Life	Voluntary Life 2020	Children	11/01/2020	\$1	\$10,000

Name	Plans			
Unice Employee (name)	Medical Dental Vision Life Voluntary Life HSA Employee Contribution			
John Employee (name)	Medical Dental Vision Life Voluntary Life HSA Employee Contribution			
Mary Employee (name)	Medical Dental Vision Life Voluntary Life HSA Employee Contribution			
HSA Plan				
Plan Type	Estimated Per Pay	Yearly Contribution	Starts	Ends
HSA Employee Contribution	\$158.33	\$663.32	11/01/2020	
HSA Employer Contribution	\$66.67	\$286.67	11/01/2020	
Declined Coverages				
Plan Type	Plan Name	Reason		
Voluntary AD&D		Not interested		
Flexible Spending Account	Flexible Spending Account 2020	Ineligible for this plan		
Health Flexible FSA	Limited Purpose FSA 2020	Not interested		
Dependent Care Spending Account	Dependent Care FSA 2020	Not interested		
Plan Group Accident		Not interested		
Plan Group Critical Illness		Ineligible for this plan		
Plan Group Hospital Indemnity		Not interested		
Name: Happy Employee				
Signature	Date / /			

Thank you for completing Open Enrollment!