

Welcome to the State of New Hampshire

New Hire Benefit Enrollment Guide

Getting started

- To elect your benefits, go to www.yourbenefitschoices.com/nhgov or visit the nh.gov HR website
- Once at the screen below, click “Register Now”

Welcome to the State of New Hampshire
Benefit Center

Managing your benefits online begins here with just a few easy clicks.

Been here before?

If you have not accessed the Online Benefits system since **September 22, 2009**, please click Register Now.

USERNAME:

[FORGOT USERNAME?](#)

PASSWORD:

[FORGOT PASSWORD?](#)

First Time Here?

If you're an employee of State of New Hampshire and haven't yet visited the Benefits Center, click the link below to register.

Completing Your Registration

- On this page, you will be required to enter in your SSN, Date of Birth, and Home Zip Code.
- Click Continue after all required information has been entered.

Register for Benefits Center

Before you register, we first need to identify you as an employee of State of New Hampshire.

Complete the form below, and we'll compare this information to the State of New Hampshire records.

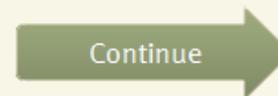
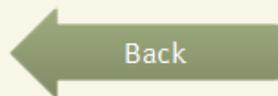
YOUR SOCIAL SECURITY
NUMBER:

EXAMPLE: 123-45-6789 OR 123456789

YOUR BIRTH DATE:

EXAMPLE: 04/15/1970

YOUR ZIP CODE:



Completing Your Registration, cont

- Create a User Name, Password, and security question for access to the Benefits Center. The criteria you need to follow is shown below

Create Your Benefits Center Account

We've identified you as:

Example New Hire
1 Choicelinx Way
Manchester, NH 03103 US

Choose a username at least four characters long, th
one letter and at least one number.

CHOOSE YOUR USERNAME:

Your new password must meet the following guidelines:

- Minimum of 8 characters
- Maximum of 20 characters
- Must include both uppercase and lowercase letters
- Must include at least one number
- Must not contain your username
- Must not contain symbols or punctuation, such as ",',-,@,!,#,\$,etc.

CHOOSE YOUR PASSWORD:

CONFIRM YOUR PASSWORD:

Remembering the answer to your security question will help you access your account if you lose your username or password.

YOUR SECURITY QUESTION:

ANSWER TO SECURITY QUESTION:

THE ANSWER TO YOUR SECURITY QUESTION IS NOT CASE-SENSITIVE.

Completing Your Registration, cont

Confirm Your Benefits Center Account

Please confirm your Benefits Center username, security question, and the answer to your security question below.

YOUR USERNAME: Example1

YOUR SECURITY QUESTION: What is your favorite vacation place?

ANSWER TO SECURITY QUESTION: Florida

Validate your registration information and click Continue

Back

Cancel

Continue

Your account was successfully created

You can now log into your account using your new username and password.

Click on the link below to return to the login page.

Return to Login page

Logging In

- Once you have successfully registered, you will need to enter in your chosen User ID & Password under “Been here before?”

Welcome to the State of New Hampshire
Benefit Center

Managing your benefits online begins here with just a few easy clicks.

Been here before?

If you have not accessed the Online Benefits system since **September 22, 2009**, please click Register Now.

USERNAME:

[FORGOT USERNAME?](#)

PASSWORD:

[FORGOT PASSWORD?](#)

First Time Here?

If you're an employee of State of New Hampshire and haven't yet visited the Benefits Center, click the link below to register.

Secured Site Agreement

- Upon your initial log in to Choicelinx, you will be presented with a Secured Site Agreement page, you will need to read this page and Click “I Agree” at the bottom of the page to continue with electing your benefits.

Please review the terms & conditions of the Benefits Center.

Use of this Secured Site requires that you agree to the following terms and conditions by clicking *I agree* below.

Secured Site Provided by Choicelinx Corporation, a CIGNA Corporation Subsidiary
Choicelinx is a registered trademark of Choicelinx Corporation, a CIGNA Corporation subsidiary. *CIGNA* is a registered service mark of CIGNA Intellectual Property, Inc., licensed for use by CIGNA Corporation and its subsidiaries. CIGNA Corporation is a

I Agree I Don't Agree

New Hire

Congratulations on your employment with the State of New Hampshire! As a New Hire, you will enroll for your health and Flexible Spending benefits using the Online Benefits Center. Throughout the year, you will also be able to:

- Make Changes to your benefit elections due to Qualified Life events such as a birth or marriage
- Review and update your personal and family benefit coverage information.
- Obtain information about how life changes can affect your benefits

Effective January 1, 2011, employees can enroll their adult dependent children between 19 and 25 years of age providing they are not eligible to enroll in another employer-sponsored health plan, other than a group health plan of their parent.

As an employee of the State of New Hampshire, you have a wide variety of voluntary benefits available to you as well. [click here](#) for more information.

In order to adhere to federal tax reporting requirements, if you enroll a same-gender spouse and/or their dependents on your health coverage your bi-weekly paycheck will include imputed wages reflecting the value of the taxable portion of the coverage. [Click here](#) for an imputed wage schedule.

If you have any questions regarding your eligibility or the eligibility of your dependents please contact your [human resource representative](#)

Click here to begin making your New Hire benefit elections

Get Started

About You & Your Family

Tell us about the family members you plan to cover for benefits.

Please note that listing family members here does not yet cover them for benefits. You will be given the ability to add and/or remove coverage for each family member as you enroll for each benefit.

About You

Edit

Example New Hire
1 Choicelinx Way
Manchester, NH 03103 US
Male, born August 8, 1981

Add Child

Add Spouse

Back

Continue

- If you have an address change, please contact your HR administrator.
- Click “Add Child” or “Add Spouse” to add all dependents that you will be covering on your Health elections {Medical and Dental}.
- Once you have added all dependents, click Continue

Your Child or Other Dependent

	FIRST	MIDDLE	LAST	SUFFIX
NAME	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GENDER	<input type="text" value="Select one"/>			
DATE OF BIRTH	<input type="text" value=""/> 			
SOCIAL SECURITY NUMBER	<input type="text"/> EXAMPLE: 123-45-6789			
RELATIONSHIP	<input type="text" value="Select one"/>			

DISABILITY STATUS

STREET ADDRESS
ADDRESS

CITY	STATE	ZIP
<input type="text" value="Manchester"/>	<input type="text" value="NH"/>	<input type="text" value="03103"/>

COUNTRY

Adding a Child Notes

- Note for dependent SSN, this field will not be required if the child is under the age of 1 yr.
- Click Save after all dependent information has been entered.
- You will receive an error message if all required information is not entered.

Your Spouse

NAME	FIRST	MIDDLE	LAST	SUFFIX
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
GENDER	<input type="text" value="Select one"/>			
DATE OF BIRTH	<input type="text"/> 			
SOCIAL SECURITY NUMBER	<input type="text"/>	EXAMPLE: 123-45-6789		
RELATIONSHIP	<input type="text" value="Select one"/>			
MEDICARE PLAN	<input type="text" value="Not Enrolled in Medicare"/>			
ADDRESS	STREET ADDRESS			
	<input type="text" value="1 Choicelinx Way"/>			
	<input type="text"/>			
	CITY	STATE		
	<input type="text" value="Manchester"/>	<input type="text" value="NH"/>		
	ZIP	COUNTRY		
	<input type="text" value="03103"/>	<input type="text" value="United States"/>		

Adding a Spouse

- Click Save after all required dependent information has been entered.
- You will receive an error message if all required information is not entered.

Your Medical Plan Options

Anthem HMO Active Employee
\$30.00 biweekly
Employee Only

Anthem POS Active Employee
\$30.00 biweekly
Employee Only

No Coverage
No Cost

No Coverage

If you'd like to enroll in Medical, select a plan option.

Anthem HMO Active Employee
\$30.00 biweekly
Employee & Family

Anthem POS Active Employee
\$30.00 biweekly
Employee & Family

No Coverage
No Cost

Anthem HMO Active Employee

In accordance with RSA 457:1-a, marriage is recognized as the union of 2 people regardless of gender. Designation of same-gender relationships is needed for the exclusive business purpose of imputing wages for taxable benefits in adherence to federal tax reporting requirements.

- This plan requires you to select a primary care doctor for each covered person in your family. You'll do this later on in the enrollment.
- You can browse the provider directory for this plan. [Look up Doctors](#)
- Additional information can be found in the Plan Summary document. [View Plan Details](#)

Employee Only
You pay \$30.00 biweekly
(Your employer pays \$254.61 biweekly)

Employee & One
You pay \$30.00 biweekly
(Your employer pays \$539.20 biweekly)

Employee & Family
You pay \$30.00 biweekly
(Your employer pays \$880.71 biweekly)

Medical Election Notes

- Click on the radio button next to each plan to read more information about the benefit option.
- Once you have decided on a plan, click the radio button next to the tier level that you are enrolling in.
- Tiers will display based on the dependents you have added
- Click Continue on the bottom of the page.

Your Covered Family Members

Select the members of your family that you would like covered by your Medical plan.

Example New Hire

Spouse New Hire

Child New Hire

Back

Continue

Enrolling Notes

- Click the box next to each dependent that you wish to add to Medical coverage
- If you elect coverage for too few dependents based on your tier election, you will receive an error message. {Note, this error message will appear on the provider election pages for all plans requiring a provider selection}
- Once you have completed enrolling your dependents, click Continue

Choose Your Primary Care Doctor

The Anthem HMO Active Employee you have selected requires you to select a primary care doctor for each member of your family who is newly enrolling in the plan.

To view the provider directory for this plan, click **Look up doctors**. When you find your doctor, look for their Provider ID and enter it below.

Look up Doctors

PROVIDER ID

Example New Hire

I am already a patient of this doctor

PROVIDER ID

Spouse New Hire

Spouse is already a patient of this doctor

doctor

Continue

Doctor Selection Notes:

- You will be required to select a Doctor when you elect HMO.
- To find a doctor in your area, click the “Look up Doctors” button to go to the provider directory.
- If you do not know the doctor that you wish to select at this time, you must call the Customer Service department to elect one prior to receiving services.
To bypass this field, enter the name of the carrier {Anthem} in the box provided.
- If you elect coverage for too few dependents based on your tier election, you will receive an error message
- Once you have entered a doctor for yourself and your dependents, click Continue

Your Dental Plan Options

Northeast Delta Dental Plan
No Cost

No Coverage
No Cost

No Coverage

If you'd like to enroll in Dental, select a plan.

Northeast Delta Dental Plan
No Cost
Employee & Family

No Coverage
No Cost

Northeast Delta Dental Plan

In accordance with RSA 457:1-a, marriage is recognized as the union of 2 people regardless of gender. Designation of same-gender relationships is needed for the exclusive business purpose of imputing wages for taxable benefits in adherence to federal tax reporting requirements.

- This plan does not require you to choose a primary care dentist.
- Additional information can be found in the Plan Summary document.

[View Plan Details](#) 

Employee Only
No Cost
(Your employer pays \$17.80 biweekly)

Employee & One
No Cost
(Your employer pays \$34.06 biweekly)

Employee & Family
No Cost
(Your employer pays \$59.64 biweekly)

Dental Election Notes

- Click on the radio button next to the dental plan to read more information about the benefit option.
- Once you have decided, click the radio button next to the tier level that you are enrolling in.
 - Tiers will display based on the dependents you have added
 - Click Continue on the bottom of the page.
- Note: If you are Waiving Dental coverage, click the radio button next to "No Coverage" and click continue on the bottom of the page.

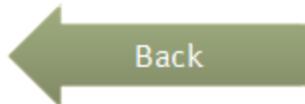
Your Covered Family Members

Select the members of your family that you would like covered by your Dental plan.

Example New Hire

Spouse New Hire

Child New Hire



Enrolling Notes

- Click the box next to each dependent that you wish to add to Dental coverage
- If you elect coverage for too few dependents based on your tier election, you will receive an error message
- Once you have completed enrolling your dependents, click Continue

Medical Flexible Spending Account

A Medical Flexible Spending Account allows you to set aside money from each paycheck before taxes to pay for certain qualified health care expenses, such as drug co-pays, eyeglasses, medical plan deductibles, and coinsurance.

The money left over in your Medical Flexible Spending Account at the end of the plan year is forfeited, so you should contribute no more than what you think you will spend on eligible health care expenses this year.

Please Note: As a result of recent federal health care reform legislation, funds from this account cannot be used to purchase over-the-counter drugs after January 1, 2011 unless you have a doctor's prescription.

If you have questions about this new requirement or how to receive reimbursement for these items, please contact Combined Services at: 1-888-227-9745, ext. 2040 before making your Medical Flexible Spending Account election.

Would you like to enroll in a Medical Flexible Spending Account?

Yes, enroll me in a Medical Flexible Spending Account	No, I am not enrolling in a Medical Flexible Spending Account
---	---



Click the appropriate button based on if you wish to participate in Medical Flexible Spending or not.

Your Medical Flexible Spending Account Contribution

Please note that your biweekly contribution amount is an estimate. Your employer may adjust this figure to ensure that your intended contribution for this year is met.

→ View Plan Details 

\$ **0.00**

Your Estimated Biweekly Contribution

\$0.09 MINIMUM
\$363.64 MAXIMUM
ENTER \$0 TO WAIVE

← Calculate

PLEASE NOTE THAT THERE ARE ONLY 11
REMAINING PAY PERIODS UNTIL DECEMBER
31, 2011.

\$ **0.00**

Your Intended Contribution for this Year

\$1.00 MINIMUM
\$4,000.00 MAXIMUM

Your estimated contribution so far this year **\$0.00**

Your estimated remaining contributions (11 biweekly pay periods) **\$0.00**

Total contribution this year **\$0.00**

← This Account

Continue →

Medical Flexible Spending Election Notes

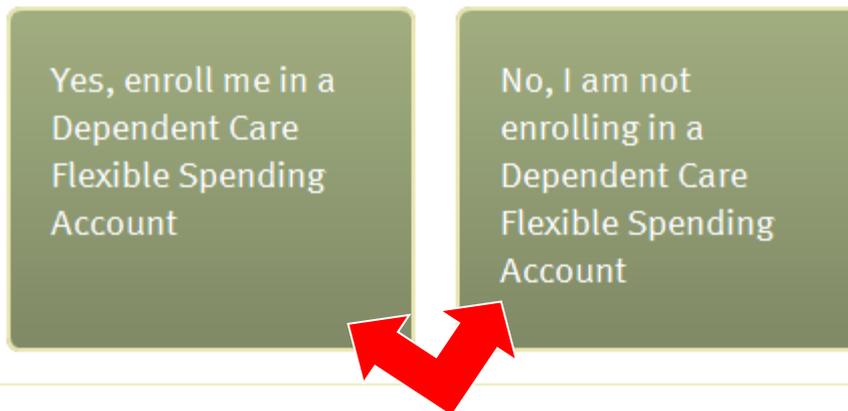
- Enter a Bi-weekly deduction or annual deduction amount in the appropriate block and the system will automatically calculate the other one for you.
- Actual deductions will vary based on when the election is made
- Once you have completed your Medical FSA elections, click Continue

Dependent Care Flexible Spending Account

A Dependent Care Flexible Spending Account allows you to set aside money from each paycheck before taxes to pay for day care expenses for your children under 13, or for a spouse or other dependent who is physically or mentally incapable of caring for himself/herself.

The money left over in your Dependent Care Flexible Spending Account at the end of the plan year is forfeited, so you should contribute no more than what you think you will spend on eligible dependent care expenses this year.

Would you like to enroll in a Dependent Care Flexible Spending Account?



Yes, enroll me in a
Dependent Care
Flexible Spending
Account

No, I am not
enrolling in a
Dependent Care
Flexible Spending
Account

Click the appropriate button based on if you wish to participate in Dependent Care Flexible Spending or not.

Your Dependent Care Flexible Spending Account Contribution

Please note that your biweekly contribution amount is an estimate. Your employer may adjust this figure to ensure that your intended contribution for this year is met.

→ View Plan Details 

\$ **0.00**

Your Estimated Biweekly Contribution

\$0.09 MINIMUM
\$454.55 MAXIMUM
ENTER \$0 TO WAIVE

← Calculate

PLEASE NOTE THAT THERE ARE ONLY 11
REMAINING PAY PERIODS UNTIL DECEMBER
31, 2011.

\$ **0.00**

Your Intended Contribution for this Year

\$1.00 MINIMUM
\$5,000.00 MAXIMUM

Your estimated contribution so far this year **\$0.00**

Your estimated remaining contributions (11 biweekly pay periods) **\$0.00**

Total contribution this year **\$0.00**

his Account

Continue

Dependent Care FSA Election Notes

- Enter a Bi-weekly deduction or annual deduction amount in the appropriate block and the system will automatically calculate the other one for you.
- Actual deductions will vary based on when the election is made
- Once you have completed your Dependent Care FSA elections, click Continue

Other

Voluntary Benefits

Do you want more information on Voluntary Benefits available to you as a State of NH employee or to change an existing enrollment, contact Employee Benefit Management at 1-888-269-2744 or e-mail by [clicking here](#).

Voluntary benefit offerings include:

- Short Term Disability
- Critical Illness
- Accident Insurance

 [View More Information](#) 

Voluntary Benefits Notes

- Read here for more information on additional benefits available to you as an employee of the State of New Hampshire.

Review Your Benefit Selections

Please review your benefit selections. If you have no further changes to make, click the **Submit Your Selections** button.

→ View your benefit selections as PDF  ←

Medical

 Complete

Anthem HMO Active Employee

- Effective as of August 1, 2011
- This plan requires you to select a primary care doctor for each
- Example is covered by this plan and has chosen a primary care
- Spouse is covered by this plan and has chosen a primary care
- Child is covered by this plan and has chosen a primary care do

Make changes to your Medic

You pay \$30.00 biweekly, pretax complete;

5. I understand that any act, practice or omission that constitutes fraud or an intentional misrepresentation of material fact may cause the State's benefits administrators to terminate my coverage on a date as determined by the State's benefits administrators following the administrator's discovery of such fraudulent act;
 6. If I choose to add a dependent who is an adult child (between the age of 19 and 25), I can only do so provided he or she is not eligible to enroll in another employer-sponsored health plan, other than a group health plan of their parent;
 7. I understand that if at any time after his or her enrollment onto my benefits, my adult dependent child gains eligibility to enroll in another employer-sponsored health plan, other than a group health plan of their parent, it is my responsibility to remove my dependent from coverage within 30 days of that date of eligibility;
- I understand all benefits are subject to conditions stated in the Benefits Booklet.

Event Summary Page

- The event summary page provides you the opportunity to review the elections you have made
 - At the top of the page, you can print a confirmation statement of your benefits; however remember to Submit your selections on the bottom of the page
- Once you have reviewed, click Submit Your Selections

Submit Your Selections 

Benefits Submitted

Thanks for visiting the State of New Hampshire Benefits Center. Please review the follow-up tasks.

Status

Enrollment
Status

You have successfully submitted your benefit selections.

Follow-Up Tasks

Recommended

Save your benefit selections for your records

Please also save the PDF version of your benefit selections for your records.



View your benefit selections as PDF



Recommended

Click a Star to Rate Your Enrollment Experience



After Clicking Confirm

- The benefit elections will be sent to the appropriate vendors.

Log Out

Manage Your Current Benefits