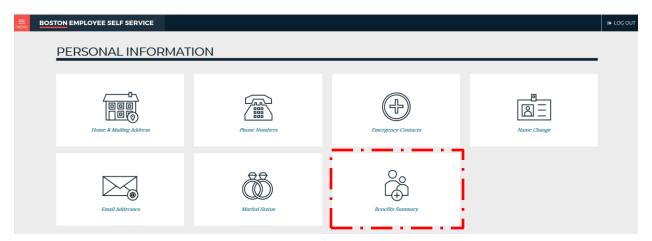
eBenefits - View Only

Main ESS Page - New Tile



Main Page - Enrollment Overview (clickable links)

BENEFITS SUMMARY

If you need to make an enrollment change due to a qualifying life event (birth/adoption, marriage, loss of coverage, etc.), please contact the Health Benefits & Insurance Office at 617-635-4570 or by email at HBI@boston.gov.

KIMBERLY GEBREWOLDE

Listed below are the benefits you are currently enrolled in. To view past enrollments you may choose a date and click the apply button. To view dependent data please click on the Medical or Life Insurance link and you will be brought to that page.



DETAILS

Medical Harvard Pilgrim HMO Family	
······································	
Basic Life Insurance Basic Life and AD&D \$5,000	

BACK

eBenefits - View Only

Plan Details - Vendor and Covered Dependents

MEDICAL

If you need to make an enrollment change due to a qualifying life event (birth/adoption, marriage, loss of coverage, etc.), please contact the Health Benefits & Insurance Office at 617-635-4570 or by email at HBI@boston.gov.

KIMBERLY GEBREWOLDE

Listed below is the insurance carrier, coverage level and any dependents enrolled in your plan. If a dependent is listed you may click on their name to view their specific data. if you have experienced a life event within the last 30 days, please use this enrollment form to update your coverage.



PLAN NAME PLAN PROVIDER

HARVARD PILGRIM HMO HARVARD PILGRIM HEALTH CARE

COVERAGE GROUP NUMBER
FAMILY 0293240008

DEPENDENTS

NAME	RELATIONSHIP
Isaac Gebrewolde	Child
Samuel Gebrewolde	Child

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BASIC LIFE INSURANCE

If you need to make an enrollment change due to a qualifying life event (birth/adoption, marriage, loss of coverage, etc.), please contact the Health Benefits & Insurance Office at 617-635-4570 or by email at HBI@boston.gov.

KIMBERLY GEBREWOLDE

Listed below is the life insurance policy and any beneficiaries we have on record along with their allocations. You may click on their name to view specific information on your beneficiary. If there are no beneficiaries listed below or you would like to correct or change your beneficiaries and/or adjust your allocations, you need to complete an updated enrollment form and contact the HBI Department at 617-635-4570 or via email at HBI@boston.gov.



PLAN NAME PLAN PROVIDER

BASIC LIFE AND AD&D BOSTON MUTUAL LIFE INSURANCE CO.

COVERAGE LEVEL GROUP NUMBER

\$5000 0025373

3ENEFICIARIES

NAME	RELATIONSHIP	PRIMARY ALLOCATION	SECONDARY ALLOCATION
Gebrewolde,Isaac	Child	40%	
Gebrewolde,Samuel	Child	40%	
Lawson,Adam	Other	20%	