

eBenefits – View Only

Main ESS Page – New Tile

BOSTON EMPLOYEE SELF SERVICE

PERSONAL INFORMATION

- Home & Mailing Address
- Phone Numbers
- Emergency Contacts
- Name Change
- Email Addresses
- Marital Status
- Benefits Summary

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.

09/11/2018  APPLY

DETAILS

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

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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.

09/11/2018		APPLY
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PLAN NAME

HARVARD PILGRIM HMO

COVERAGE

FAMILY

PLAN PROVIDER

[HARVARD PILGRIM HEALTH CARE](#)

GROUP NUMBER

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.

09/11/2018		APPLY
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PLAN NAME

BASIC LIFE AND AD&D

COVERAGE LEVEL

\$5000

PLAN PROVIDER

BOSTON MUTUAL LIFE INSURANCE CO.

GROUP NUMBER

0025373

BENEFICIARIES

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