

NAPA INSURANCE CENTER



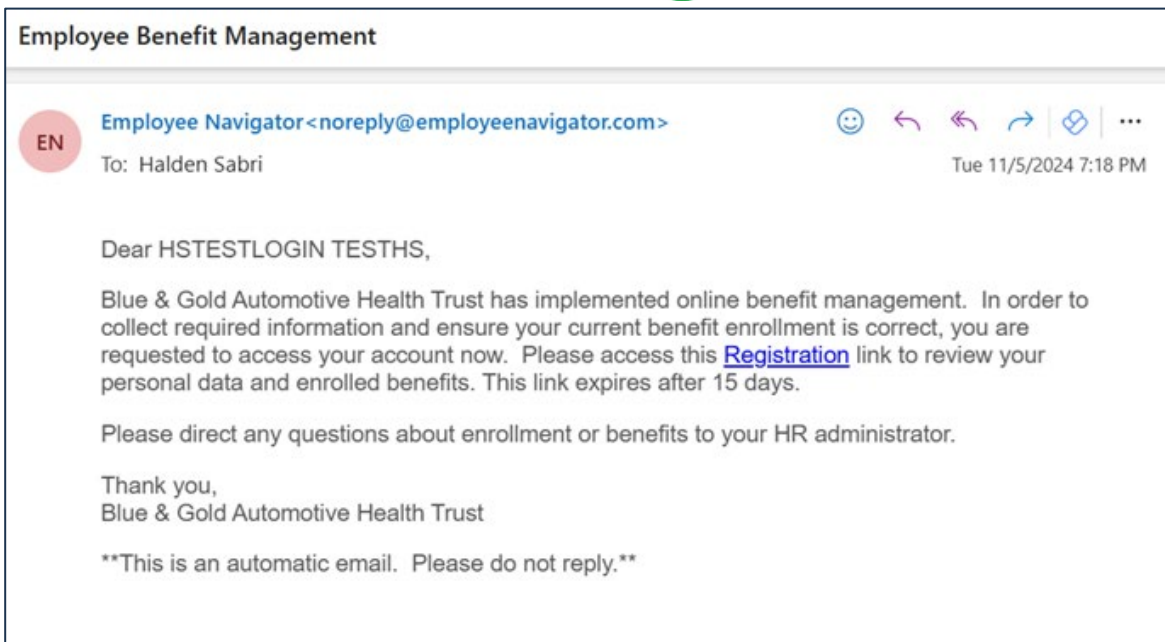
NAPA Benefits Center Login Instructions



Employee Navigator Registration Email



Email Screen Shot



Step 1.

Click on [Registration](#) link:

- Username must be 8-50 characters (no restrictions)
- Password must be 8-no max length
- -requires 4 unique characters
- -cannot contain username
- -cannot include the word 'employee', 'navigator', substitutions of the following letters:
 - i → 1, !
 - e → 3
 - a → @
 - o → 0

OR, Register without an email

- NIC.employeenavigator.com
- Register as a new user
- Company Identifier: **NapaBen**

Employee Navigator Registration



Step 2.

Verify Your Account
First, let's find your company record

First Name

Last Name

Company Identifier
(provided by HR)

PIN
(Last 4 Digits of SSN / ID)

Birth Date
(mm/dd/yyyy)

[Next](#)



Step 3.

Confirmation Page/Terms of Use

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Your account has been successfully created. You can now login using your new account by clicking the Continue button below:

[Continue](#)

Employee Navigator Terms of Use & Privacy Policy

[Accept and Continue](#)

[Privacy Policy](#) | [Terms of Use](#) | [Legal Notice](#)

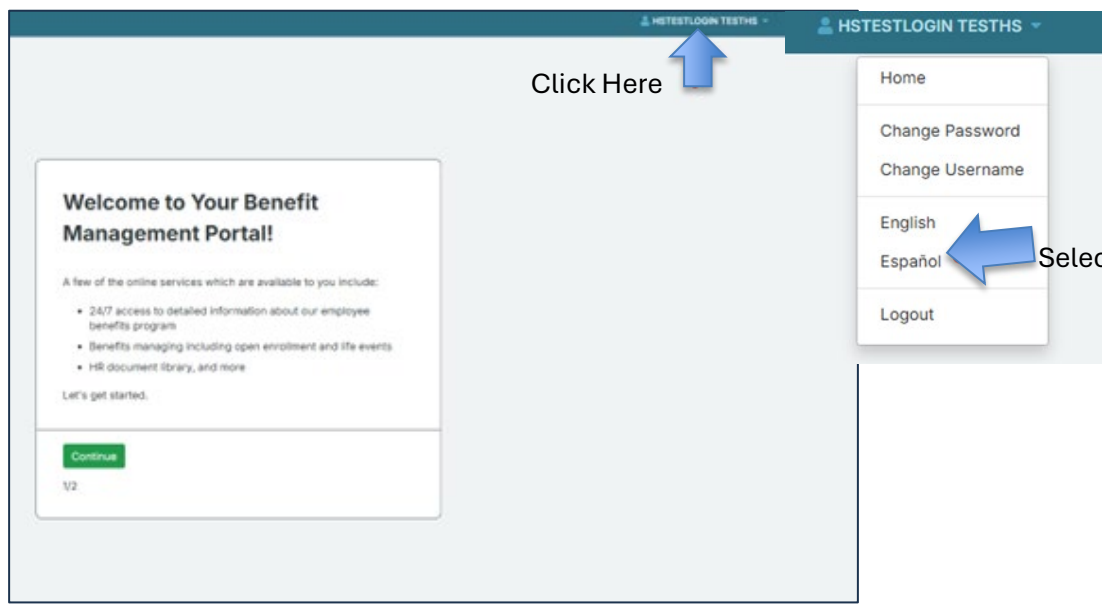
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Language Translation



- To change from English to another language:
- Click on username in right hand corner
 - Click Espanol
 - This will change the language view for the employee
 - If the employee needs any other language
 - Click on google translate **Spanish** (highlighted yellow on third screenshot) and the languages box will show up



Enrollment Instructions



Enrollment instructions:

Employee will walk through each page and 'Save & Continue'

- All steps must be checked green in order to sign off on enrollment summary
- Add Dependents if applicable (yellow highlighted required fields)- Save
- Start with each benefit
- Select dependents if applicable
- Select plan
- Save & Continue
- Proceed through each benefit
- If waiving, select 'Don't want this benefit', choose reason, Apply
- HI has a required acknowledgement (system driven)
- The enrollment summary must be signed and all steps should show green checks. If one is yellow, then the employee will go back to the benefit and elect or waive.
- The enrollment summary will show what dependents will be enrolled in and what were declined.
- The employee can print the summary with the 'print' blue button on the right upper corner of enrollment summary.
- Sign and this will complete

The screenshot displays a web-based enrollment form titled "Personal Information". The form contains the following fields and options:

- First Name: HSTESTLOGIN
- Middle Name: (empty)
- Last Name: TESTHS
- Suffix: --Select--
- Preferred Name: (empty)
- Sex: Male Female
- Gender Identity: --Select--
- Date of Birth: 01/01/1980 (Age: 44)
- SSN: 555-44-5555
- Tobacco User: Yes No
- Home Phone: (empty)
- Mobile Phone: (empty)
- Work Phone: (empty) ext. (empty)
- Work Email Address: hsbri@benadminbuilders.com
- Personal Email Address: (empty)
- Primary Email Type: Work

On the right side, there is a "Progress: 0 of 9" indicator with a "View steps" button. Below it is a list of steps:

1. Personal Information (highlighted in yellow)
2. Address
3. Dependent Information
4. Medical
5. Accident
6. Dental
7. Vision
8. Hospital Indemnity
9. Enrollment Summary

At the bottom of the form, there is a green "Save & Continue" button. A blue arrow points to this button with the text "Click Here".

Enrollment Instructions



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← HSTESTLOGIN TESTHS | Home | Profile | Benefits | Required Tasks | Resources

Address

Country
United States of America

Address 1

Address 2

City
State/Territory
Texas

Zip Code

Progress: 1 of 9

- 1. Personal Information
- 2. Address
- 3. Dependent Information
- 4. Medical
- 5. Accident
- 6. Dental
- 7. Vision
- 8. Hospital Indemnity
- 9. Enrollment Summary

View steps

Save & Continue

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← HSTESTLOGIN TESTHS | Home | Profile | Benefits | Required Tasks | Resources

Dependent Information

Add dependent +

No dependents were found.

Click Here

Progress: 2 of 9

- 1. Personal Information
- 2. Address
- 3. Dependent Information
- 4. Medical
- 5. Accident
- 6. Dental
- 7. Vision
- 8. Hospital Indemnity
- 9. Enrollment Summary

View steps

Save & Continue

Enrollment Instructions Add dependent



Add dependent [Close]

First Name * SPOUSE

Middle Name

Last Name * TESTHS

Suffix --Select--

Relationship * Spouse

Sex Male Female

Date of birth * 01/01/1980 Age: 44

SSN 555-66-5555

Fulltime College Student Yes No

Disabled

Tobacco User Yes No

Address Home

Click Here

Medical

Enrolling in Medical insurance can protect you from paying the full cost of medical services when you're injured or sick. Select a plan below to safeguard your financial security in the event of a health care emergency.

Who am I enrolling?

- Myself
- Select All
- SPOUSE TESTHS (Spouse)
- CHILD TESTHS (Child)

Which plan do I want?

2025 4000 Plan BlueCard PPO - HSA Qualified

\$714.72 Effective on 01/01/25
Cost per pay period **Employee + Spouse** Click Here

Progress: 3 of 9

View steps

1. Personal Information
2. Address
3. Dependent Information
- 4. Medical
5. Accident
6. Dental
7. Vision
8. Hospital Indemnity
9. Enrollment Summary

My Selections

Open Enrollment:
No election yet

Current:
No election on file

Enrollment Instructions Add dependent



A screenshot of a web interface for enrolling in a health plan. The main content area is a white box with a light blue border. At the top left of this box is a heart icon with a pulse line. To its right, the text "2025 2500 Plan BlueCard PPO Gold" is displayed. Below this, the cost "\$928.52" is shown in a large font, with "Cost per pay period" underneath. To the right of the cost, it says "Effective on 01/01/25" and "Employee + Spouse". At the bottom of the white box, there are three buttons: "Compare", "Details", and "Selected". The "Selected" button is highlighted in green. A blue arrow points from the right towards the "Selected" button. Below the white box, there is a larger green button labeled "Save & Continue". A blue arrow points upwards from below towards this button.

Click Here

Enrollment Instructions waiving dependent



Click Here



Choose a reason for declining this benefit ×

- Covered under spouse's plan
- Covered under parent/guardian's plan
- Covered under Medicare and/or Medicaid
- Covered under individual plan
- Covered under Tricare
- Covered under another employer's plan
- Covered under retiree plan
- Cost
- Not Interested
- Ineligible for this plan
- Unresponsive Enrollment - Mgmt determined
- Other

Cancel Apply

Don't want this benefit?

Click Here



Don't want this benefit?

Enrollment Summary



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← HSTESTLOGIN TESTHS Home Profile Benefits Required Tasks Resources

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](#)

Progress: 8 of 9

View steps

1. Personal Information
2. Address
3. Dependent Information
4. Medical
5. Accident
6. Dental
7. Vision
8. Hospital Indemnity
9. Enrollment Summary

Click Here

Enrolled Plans

Medical Collapse

2025 2500 Plan BlueCard PPO Gold

Coverage: Employee + Spouse Effective: 01/01/2025

Cost Per Pay: \$928.52

Accident Collapse

2025 Accident Low Plan

Coverage: Employee + Child(ren) Effective: 01/01/2025

Cost Per Pay: \$15.97

Dental Collapse

2025 Dental PPO 1500A

Coverage: Employee + Child(ren) Effective: 01/01/2025

Cost Per Pay: \$34.47

Total Cost Per Pay Period

\$978.96

Dependents

SPOUSE TESTHS (spouse)	Plans:	Medical
CHILD TESTHS (child)	Plans:	Accident Dental

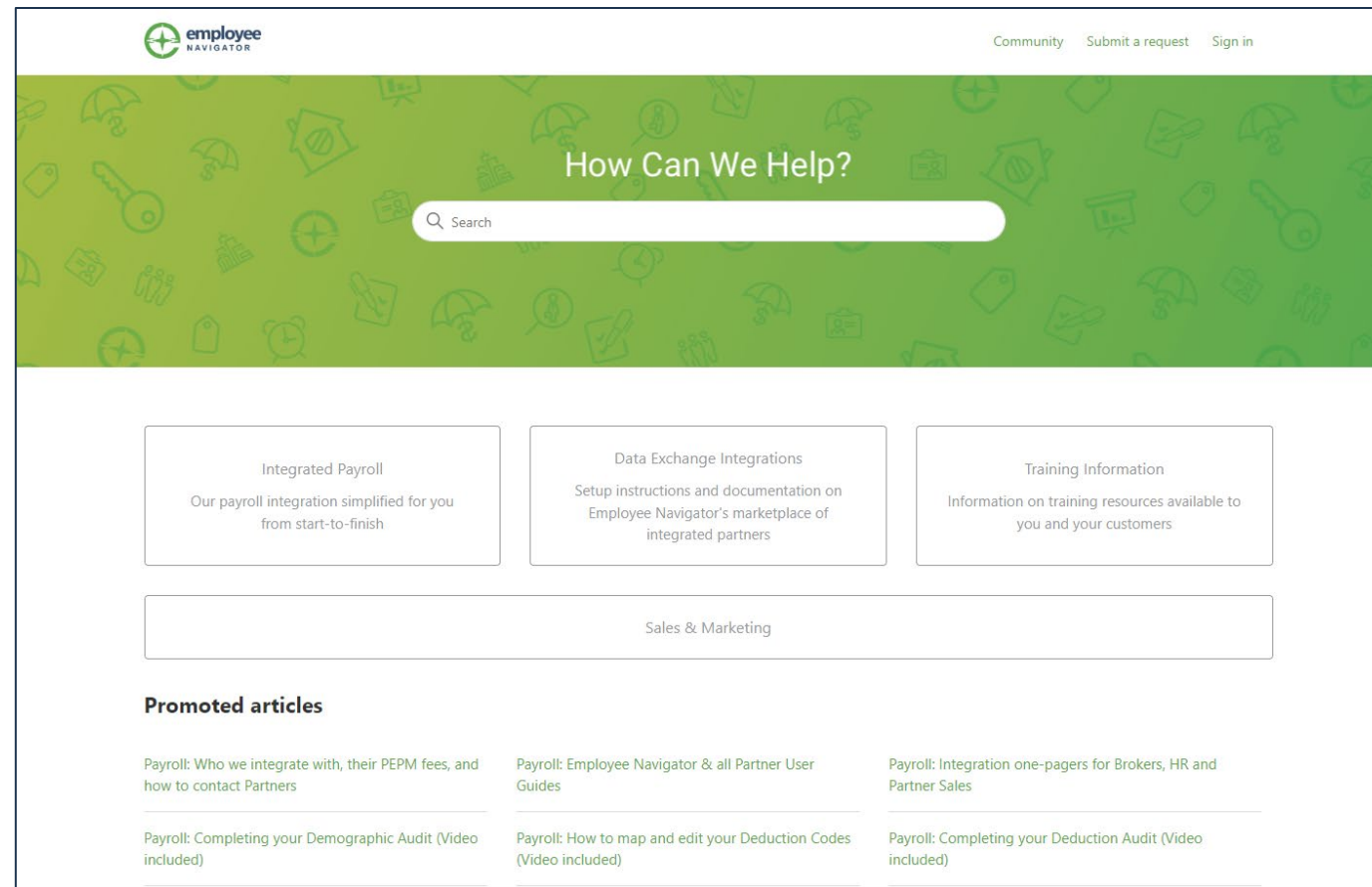
Declined Coverage

Plan Type	Plan Name	Reason
Vision		Other
Hospital Indemnity		Other

Employee Navigator education center

<https://support.employeenavigator.com/hc/en-us>

- ▶ Videos
- ▶ System Training
- ▶ Resource Center



The screenshot shows the Employee Navigator support page. At the top left is the 'employee NAVIGATOR' logo. To the right are links for 'Community', 'Submit a request', and 'Sign in'. The main header area has a green background with the text 'How Can We Help?' and a search bar. Below this are four content boxes: 'Integrated Payroll' (describing payroll integration), 'Data Exchange Integrations' (describing setup instructions), 'Training Information' (describing training resources), and 'Sales & Marketing'. At the bottom, there is a 'Promoted articles' section with six article titles related to payroll integration and audits.

Contact NAPA Insurance Center



NIC.employeenavigator.com

- Company Identifier: **NapaBen**

NAPA INSURANCE CENTER



WWW.NAPABENEFITSCECENTER.COM

CALL: 800-833-4954 or 844-NAPA-123

Email: Info@napainsctr.com