



Electronic Enrollment Guide

For Plan Sponsor and participant use.

RS-47159-00

1) Participant goes to www.massmutual.com/govnp and clicks on “Enroll Now” under Participant.



GOVERNMENT & NOT-FOR-PROFIT PLANS

Welcome to MassMutual

Participant

Make smart choices and save now to meet your retirement savings goals.

[Learn More >](#)

[Log-in >](#)

[or Enroll Now >](#)

Plan Sponsors and TPAs

Making it easy for you to administer your retirement plan.

[Learn More >](#)

[Log-in >](#)

Financial Professional

Learn how our strength, experience and passion for innovation is paying off for you — and your clients.

[Learn More >](#)

[Log-in >](#)

Participant Services

1-800-528-9009
Monday - Friday, 8 a.m. to 8 p.m. ET
(excluding holidays)

Plan Sponsor Services

1-800-637-6444
Monday - Friday, 8 a.m. to 8 p.m. ET
(excluding holidays)

Retirement Plan Sales

1-800-874-2502, Option 4
Monday - Friday, 8 a.m. to 8 p.m. ET
(excluding holidays)

Corporate Plans

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[Plan Sponsors and TPAs](#)
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Government + Not-for-Profit Plans

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Home

[About MassMutual](#)

2) Participant clicks on “[Enroll Now](#)” under Enroll in Your Plan.



GOVERNMENT & NOT-FOR-PROFIT PLANS

[Home](#) | [About MassMutual](#)

Participants | Enroll



Enroll in Your Plan

If your employer offers electronic enrollment and you have not been automatically enrolled, obtain your User ID and PIN from your enrollment materials before you begin.

[Enroll Now >](#)

Complete Form

If your plan does not offer electronic enrollment, complete the enrollment form included in your enrollment materials.

Contact Benefits Administrator

If your enrollment materials do not contain an enrollment form or you do not have your enrollment materials, contact your Benefits Manager.

Having Trouble

Having trouble getting started with your enrollment? Contact Our Customer Service Representatives.

1-800-528-9009

Monday - Friday, 8 a.m. to 8 p.m. ET
(excluding holidays)

3) Participant Enters their Social Security Number as the USERID and the Group Number 150006 as the PIN.



MassMutual Enroll

We do not recommend the use of the browser's BACK button while enrolling.

Login

Quick Help

Type in your User ID and PIN

User ID:

PIN:

Learn about how [MassMutual secures your personal information](#) over the internet.

For your security, your session will log you off after 30 minutes of inactivity.

Trouble Logging on?
Contact our Customer Service Center (see the [Contact Information](#) page).

Login

4) Review the applicable Disclosure Statement and click “Accept.” Your local representative can provide you with plan enrollment materials.



MassMutual Enroll

Welcome to MassMutual Enroll

This site provides you with an easy, convenient way to enroll in the retirement plan offered by your employer, [REDACTED]

As you progress through the enrollment process you will be making some important decisions. Prior to initiating your enrollment you should have received and reviewed enrollment materials consisting of an overview of your plan features and information about your retirement program, including the investment options and historical performance information. Please read it carefully before you invest or send money.

Contracts issued by Hartford Life Insurance Company. Contracts are administered by Massachusetts Mutual Life Insurance Company.

I acknowledge, by clicking "Accept" below, that I have received the enrollment material referenced above.

Do Not Accept

Accept

5) Participant completes Step 1 by entering their Personal Information, including Employment Information.



Step 1: Personal Information

Please enter your personal information below. Make corrections as needed.

1 Personal	2 Deferral	3 Elections	4 Beneficiary	5 Disclosure	6 Verification
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Personal Information

First Name :	MI:	Last Name :	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address 1 :	Address 2 :	Address 3 :	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City :	State:	Zip:	
<input type="text"/>	<input type="text" value="v"/>	<input type="text"/>	
Email :	Phone Number :		
<input type="text"/>	<input type="text"/>		
Birth Date :	Gender:	Marital Status:	Language Preference :
<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="Please Select v"/>	<input type="text" value="Please Select v"/>

Employment Information

Date of Hire:	Annual Salary :	Payroll Frequency:
<input type="text"/>	<input type="text"/>	<input type="text" value="Bi-weekly - 26 v"/>

[Back](#) [Next](#)

6) Participant completes Step 2 by entering their desired Deferral Amount (the amount you wish to contribute from each biweekly paycheck). The maximum deferral amount depends on your age. If you:

- Are under age 50, you contribute up to the Annual Elective Deferrals Limit per year.
- Are or will be age 50 or older by the end of the year, you can take advantage of the Annual Catch-Up Contribution Limit and contribution this in addition to the Annual Elective Deferrals Limit for the year.

If you are within three years of retiring, you may make three year 457 Pre-Retirement Catch-Up Limit Contribution instead of the 50+ catch-up contributions above. If you wish to do this, please contact your local representative; you cannot make three year Pre-Retirement catch-up contribution elections online.

Your local representative can also let you know the applicable year's Annual Elective Deferrals Limit, Annual Catch-Up Contribution Limit and 457 Pre-Retirement Catch-up Limit Contribution.



Step 2: Deferral Information

Provide us with the amount you would like to contribute to your retirement plan.

1 Personal	2 Deferral	3 Elections	4 Beneficiary	5 Disclosure	6 Verification
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Salary Information

Annual Salary: \$50,000.00
Pay Period Salary: \$1,923.08

Salary Deferral Information

☐ I do not wish to contribute at this time.

Deferral Amount per pay period: \$0 (whole dollars only)	Click Calculate to view the estimated deferral rate.	Annual Deferral Amount : 0
<input type="checkbox"/> Click the box if you will utilize the catch-up provision.	Calculate	Deferral Rate per pay period: 0

[< Back](#) [Next >](#)

7) Participant completes Step 3 by entering their desired Investment Elections. Indicate which of the available options you want to invest in by providing the percentage amount next to each fund name. The sum of all percentage must equal 100%. *Investments below are sample investments and are not plan specific.




Step 3: Investment Elections

Select how to invest your **future** contributions for all contribution types listed below. If sources are employer directed, investment elections have been established and cannot be changed online.

- enter investment elections in **whole percentages**
- verify investment elections for each contribution type total 100%
- view investment option [performance](#)
- select an investment choice below for more details
- check **help** for additional information

1 Personal	2 Deferral	3 Elections	4 Beneficiary	5 Disclosure	6 Verification
Contribution Type: EE Pre-Tax					
Investment Choice		Investment Election			
AmCent Cap Preserv		<input type="text" value="0"/> %			
Carillon Scout MIDCP		<input type="text" value="0"/> %			
PGIM High Yield		<input type="text" value="0"/> %			
General		<input type="text" value="0"/> %			
Htfd Cap App HLS		<input type="text" value="0"/> %			
Htfd TotRet Bond HLS		<input type="text" value="0"/> %			
JPM SmrtRetire 2020		<input type="text" value="0"/> %			
JPM SmrtRetire 2025		<input type="text" value="0"/> %			
JPM SmrtRetire 2030		<input type="text" value="0"/> %			
JPM SmrtRetire 2035		<input type="text" value="0"/> %			
JPM SmrtRetire 2040		<input type="text" value="0"/> %			
JPM SmrtRetire 2045		<input type="text" value="0"/> %			
JPM SmrtRetire 2050		<input type="text" value="0"/> %			
JPM SmrtRetire 2055		<input type="text" value="0"/> %			
JPM SmrtRetire 2060		<input type="text" value="0"/> %			
JPM SmrtRetire Inc		<input type="text" value="0"/> %			

8) Participant completes Step 4 by downloading a Beneficiary Election Form to complete and provide to their Employer.



Step 4: Beneficiary Information

1 Personal

2 Deferral

3 Elections

4 Beneficiary

5 Disclosure

6 Verification

Beneficiary

If you wish to designate a Beneficiary for this account, please click [here](#) to download and print the Beneficiary form. This form must be completed, signed, and submitted to your Employer for the Beneficiary designation to be effective.

Back

Next

Privacy Policy (Updated)

Account Protection Policy (Updated)

Legal/Terms of Use (Updated)

9) Participant completes Step 5 by reviewing applicable Disclosure Statement and clicking 'Accept'.



Step 5: Disclosure

Please read the following Disclosure Statements. Click Accept or Do Not Accept to continue. If you do not accept, your enrollment will not be processed and this session will be terminated.

1 Personal	2 Deferral	3 Elections	4 Beneficiary	5 Disclosure	6 Verification
Disclosure					
Full Disclosure Statements (read as applicable to your state)					
Arkansas "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."					
Colorado "It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services."					
District of Columbia "WARNING: It is a crime to provide false or misleading information to an insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."					
Florida "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."					
Kentucky "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."					
Louisiana "Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."					
New Jersey "Any person who knowingly includes any false or misleading information on an application for an insurance policy, or files a statement of claim containing any false or misleading information, is subject to criminal and civil penalties."					
New Mexico "Any person who knowingly presents a false or fraudulent claim for payment or loss of benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties."					
Ohio "Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud."					
Oklahoma "WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."					
Oregon "Any person who knowingly, and with INTENT TO DEFRAUD or solicit another to defraud an insurer (1) by submitting an application, or (2) by filing a claim containing a false statement as to any MATERIAL FACT, MAY BE violating state law."					
Pennsylvania "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."					
Tennessee "It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits."					
Notification of Acceptance I understand that all values provided by the contract, when based on investment experience of the above named investment choices (except the General Account), are variable and are not guaranteed as to a fixed dollar amount. Receipt of a currently effective variable annuity prospectus or disclosure document, whichever is applicable, is acknowledged. Further I wish to participate in my Employer's Plan and hereby agree to defer my right to receive compensation to the extent of the annual premium noted above. I understand and agree to the provisions contained in my Employer's Plan. Together with my heirs, successors, and assigns, I will hold harmless my Employer from any liability hereunder for all acts performed in good faith, including those related to the investment of deferred amounts and/or my Employer's investment preference(s) under my Employer's Plan. I acknowledge that I have read and understand the Full Disclosure Statement, as applicable to my state.					
<div>Do Not Accept Accept</div>					

10) Participant completes Step 6 by reviewing their personal information entered earlier to ensure there are no errors. This is their last chance to edit any inaccurate information they may find.



Step 6: Verification

Once submitted, this transaction cannot be cancelled online.

1 Personal	2 Deferral	3 Elections	4 Beneficiary	5 Disclosure	6 Verification
Personal Information [edit information]					
First Name: <input type="text"/>		Email: <input type="text"/>			
MI: <input type="text"/>		Phone Number: <input type="text"/>			
Last Name: <input type="text"/>		Birth Date: <input type="text"/>			
Address 1: <input type="text"/>		Gender: <input type="text"/>			
Address 2: <input type="text"/>		Marital Status: <input type="text"/>			
Address 3: <input type="text"/>		Language Preference: <input type="text"/>			
City: <input type="text"/>					
State: <input type="text"/>					
Zip: <input type="text"/>					
Employment Information [edit information]					
Date of Hire: <input type="text"/>					
Annual Salary: \$ <input type="text"/>					
Payroll Frequency: <input type="text"/>					
Salary Information [edit information]					
Annual Salary: <input type="text"/>					
Pay Period Salary: <input type="text"/>					
Salary Deferral Information: [edit information]					
Deferral Amount Per Pay Period: <input type="text"/>					
Annual Deferral Amount (estimated): <input type="text"/>					
Deferral Rate Per Pay Period (estimated): <input type="text"/>					
Investment Elections [edit information]					
Contribution Type: EE Pre-Tax					
Investment Choice		Investment Election			
General		100%			
Contribution Type: Miscellaneous Rollover					
Investment Choice		Investment Election			
General		100%			
Contribution Type: Rollover					
Investment Choice		Investment Election			
General		100%			
Cancel Confirm					

11) Participant receives a confirmation number confirming the enrollment process has been completed.



Welcome to MassMutual Enroll

Confirmation

Your request has been received.

Your confirmation number is: IE15111242215

You may wish to print this page for your records. A written confirmation will be mailed to you after your request has been processed. Your enrollment will be submitted to your employer. An account will be opened and you will be considered a participant in the plan after your employer validates the information and establishes payroll deduction on your behalf.

Logout

[Privacy Policy \(Updated\)](#) [Account Protection Policy \(Updated\)](#) [Legal/Terms of Use \(Updated\)](#)