

Ben.Process.30: Open Enrollment

System: Global Human Resource

Process Description: This script is used for Open Enrollment (OE) using Employee Space.

Employee Process:

1. Click on your open enrollment link in the email notification from noreply-cloudnotification@infor.com.

- If you have a state network user name (e.g. firstname.lastname@state.sd.us) click [here](#) for instructions on how to sign into Employee Space to enroll in benefits.
- If you do not have a state network user name, you will need to do a one-time registration to sign into Employee Space. Click [here](#) for instructions on how to sign into Employee Space to enroll in benefits.

Note: If you did not get an email with the link, go to Employee Space <https://bfm.sd.gov/hr/es.aspx>. You will then need to follow one of the login instructions in the bullets above. When you have successfully signed into Employee Space, on the left hand menu bar go to Benefits > Open Enrollment and then begin making your elections.

2. **Instructions** Tab: Review Open Enrollment Instructions.

>Click **“Next”** on the header navigation bar.

3. **Dependents** Tab: Review list of currently covered Dependents. Your dependents will be available when adding coverage in the Benefits Plans.

- a. Click **“Add”** to enter additional dependent(s).
1. Complete *pop-up form* for each additional dependent(s) to be enrolled.
 2. Click **“Submit”**.

>Click **“Next”** on the header navigation bar.

4. **Beneficiaries** Tab: Review list of currently listed Beneficiaries.

- b. Click **“Add”** to enter beneficiary(ies) not listed.
1. Complete *pop-up form* for each beneficiary(ies) to be enrolled.
 2. Click **“Submit”**.

>Click **“Next”** on the header navigation bar.

3.a.1.

Add Dependent

Name

* Given Name(First) * Middle Name * Family Name(Last) *

Additional Naming Options

Relationship * Gender *

Birthdate *

Identification Number

Country Identification Number (SSN) *

US

Contact the Bureau of Human Resources Benefits Program at 605. 773. 6027 if your dependent does not have a permanent Social Security Number at this time.

Telephone Numbers

Home Phone

Work Phone Work Extension

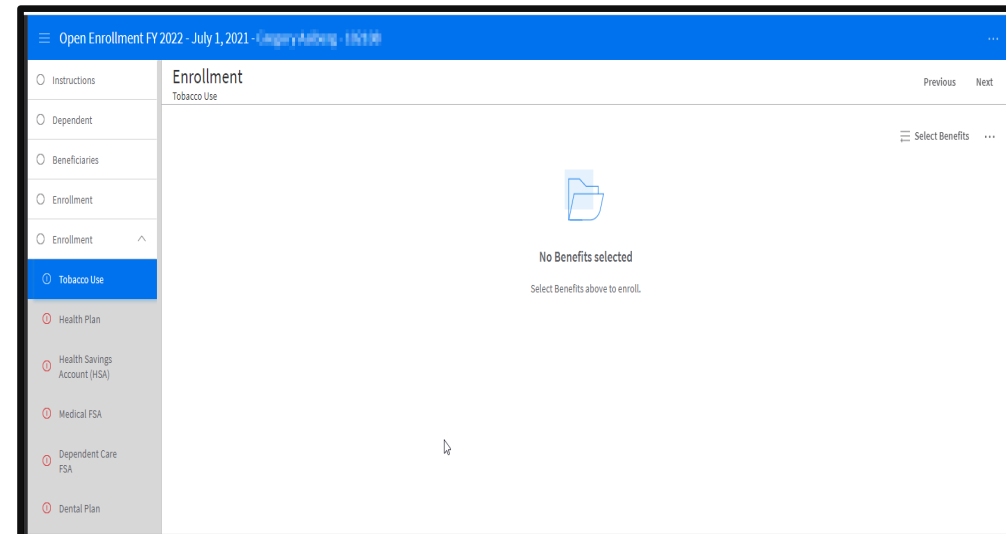
Address

Email Address

5. **Enrollment Section** Tab: Click **“View Worksheet”** to open a printable worksheet of available plans and options in a new tab. Close the Worksheet tab / return to the Open Enrollment tab.
>Click **“Next”** on the header navigation bar.

6. **Enrollment** Tab: Enrollment Groups are listed in sequence and those Enrollment Groups *requiring* an election choice (including waive) have red exclamations until a valid selection is made. Select the plan for each Enrollment Group and attach dependents or beneficiaries as needed.
>Click **“Next”** on the header navigation bar.

6.



PLEASE NOTE: A Spouse Eligibility Survey will pop-up the first time coverage for a Spouse is elected. Complete Survey and "Submit"

Enroll In Roosevelt \$0 No Deductible

Annual Number Of Contributions
12

Spouse Survey 2020

Is your spouse a benefit eligible employee either through the State of South Dakota or with the South Dakota Board of Regents?

Yes
 No

Cancel Submit

Enroll In Roosevelt \$0 No Deductible

Annual Number Of Contributions
12

Spouse Survey 2020


Is your spouse a benefit eligible employee either through the State of South Dakota or with the South Dakota Board of Regents?

Yes
 No

Do you intend to cover your spouse on your health plan and/or on your flexible benefits? Flexible benefits include dental, vision, accident insurance, and hospital indemnity coverage(s). Before you select "Yes", please be sure you have read the "Employee as a Dependent" information in the Decision Guide at <https://bhr/sd.gov/DecisionGuide.pdf>.

Yes
 No

Cancel Submit

Save And Return To Enrollment 

Lincoln \$3000 High Deductible with HSA

Option
Participant + Spouse
Benefit Start Date
July 1, 2021

Click on the first column in the following list to enroll the dependent(s) you would like to include in this plan

Enroll Dependents Additional Information

Select	Name	Relationship	Birthdate
<input checked="" type="checkbox"/>	Spouse - Family/00	Spouse	1/1/1980

Add ...

If you need to update the Spouse Eligibility Survey, click **View Details** in the Health plan, click the three dots located in the upper right corner on the blue bar (see circled on graphic). This will open the survey to make changes. Return to Enrollment and continue.

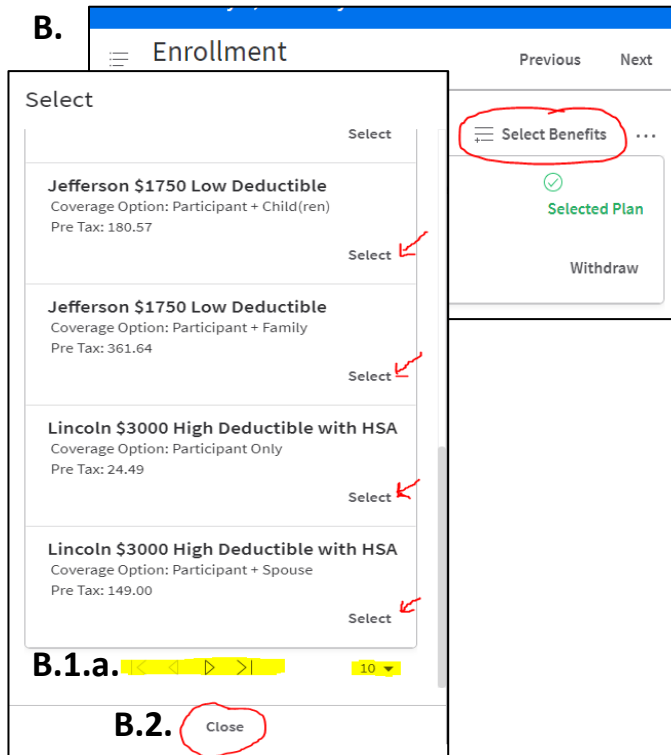
A. Tobacco Use: Click “Select Benefits” menu.

1. Click “**Select**” on the appropriate Tobacco Use Coverage Option or select Tobacco Use Opt Out -if not enrolling in a Health Plan.
2. Click “**Close**” to reduce pop-up menu.
 >Click “**Next**” on the header navigation bar.

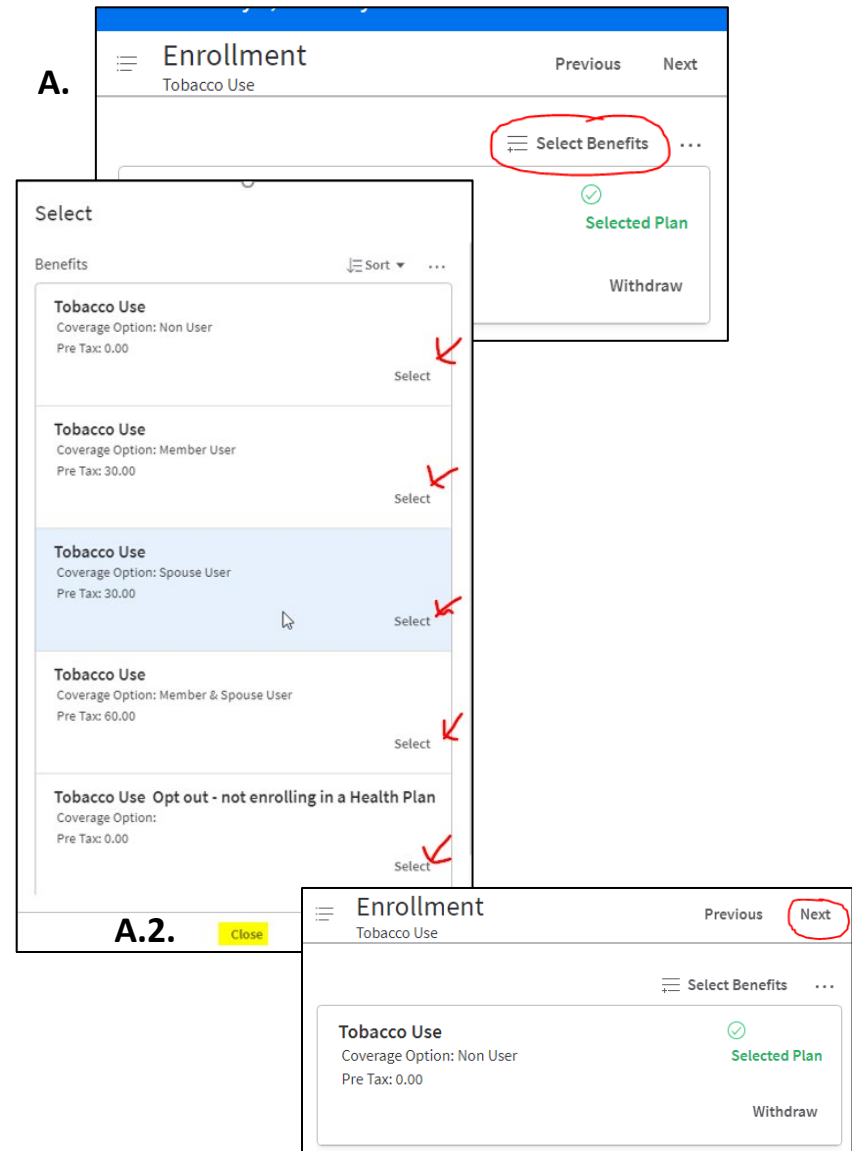
B. Health Plan Options: Click “Select Benefits” menu.

1. Click “**Select**” on your Plan/Coverage Level choice or select Waive.
 - a. *(To see all options: scroll down, click the next page arrow at bottom or change the number of visible options).*
2. Click “**Close**” to reduce pop-up menu and the Plan/Coverage Level selection will appear.

B.1.



A.1.



3. You must enroll dependent(s) if you chose: Spouse, Child(ren) or Family coverage.
 - a. Click “**Enroll Dependents**” listed dependents from the Dependents tab will appear.
 - b. Select dependent(s) you wish to cover and

B.3.a.

- c. The confirmation pop-up(s) show in the upper right-hand corner of the screen and you can X out or wait until it fades out.

B.3.c.

- d. Click “**Save and Return to Enrollment**” and review your selection. Click “**View Details**” for additional information and/or click “**Withdraw**” to make changes. This process will be similar for benefits going forward.
 - >Click “**Next**” on the header navigation bar.

C. Health Savings Account (HSA) Options (for HDHP choosers):

Click **“Select Benefits”** menu.

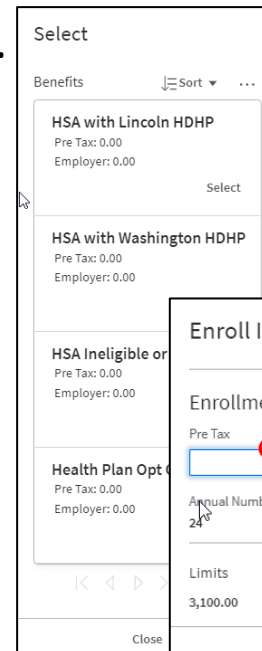
1. **“Select”** an HSA option:
 - a. **HSA with Lincoln HDHP** (match your Health Plan enrollment).
 - b. **HSA with Washington HDHP** (match your Health Plan enrollment).
 - c. **“HSA Ineligible or Declined” OR**
 - d. **“Health Plan Opt Out”** (match your Health Plan Opt Out enrollment).

2. If you select an HSA with your HDHP, a pop-up window will appear. Enter the Pre-tax amount/per pay period to be deducted from your earnings and placed into the HSA.

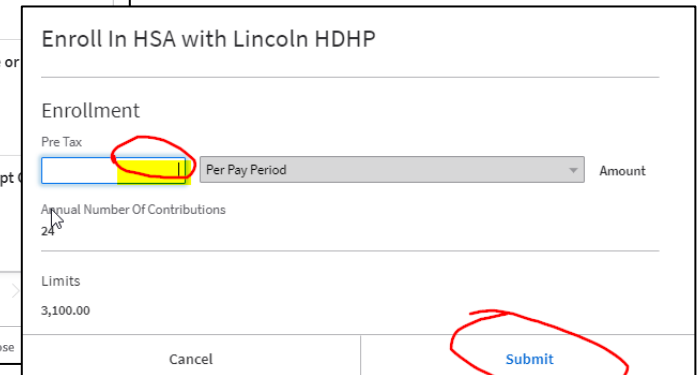
- a. If you are eligible for the Employer Contribution (ER) but do not want pre-tax deductions from your employee earnings, enter \$0.00 per pay period. The ER amount – if eligible – will appear once election is made.
- b. IRS limits are based on # of people you enrolled in Health Plan.

3. Click **“Close”** to reduce pop-up menu.
 >Click **“Next”** on the header navigation bar.

C.1.



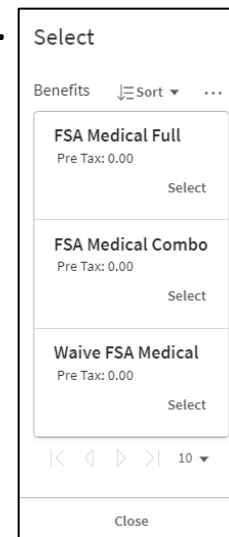
C.2.



D. Medical Flexible Spending Account (FSA): Click **“Select Benefits”** menu.

1. Click **“Select”** on your choice of Full FSA, Combo FSA or Waive.
2. If selecting an FSA, a pop-up window appears. Enter Pre-tax amount/per pay period to be deducted from your earnings and placed into the FSA, if elected. IRS limits will show.
3. Click **“Close”** to reduce pop-up menu.
 >Click **“Next”** on the header navigation bar.

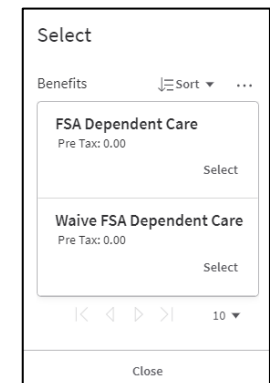
D.1.



E. Dependent Care Flexible Spending Account (FSA): Click **“Select Benefits”** menu.

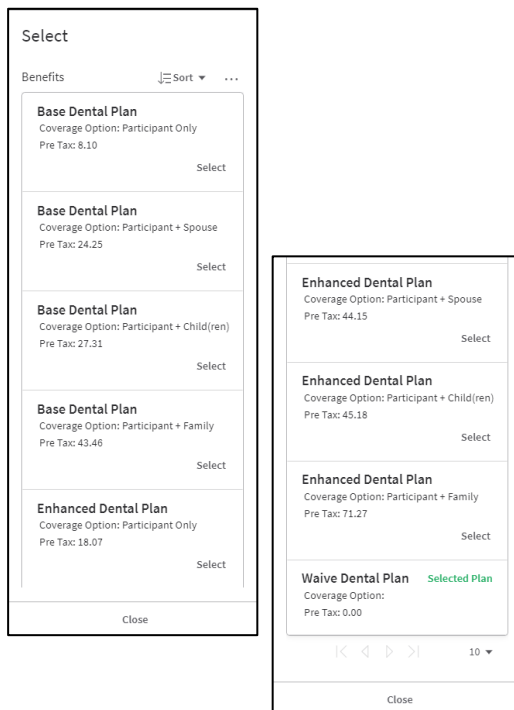
1. Select an FSA Dependent Care spending account or waive.
2. If selecting this option, a pop-up window appears. Enter the Pre-tax amount/per pay period to be deducted from your earnings and placed into the Dependent Care FSA. IRS limits will show.
3. Click **“Close”** to reduce pop-up menu.
 >Click **“Next”** on the header navigation bar.

E.1.



- F. Dental, Vision, Accident and Hospital Indemnity:** For each of these plans...Click **“Select Benefits”** menu.
1. **“Select”** the appropriate plan option/coverage level or waive coverage, for each plan. *(To see all options, click the next page arrow at bottom).*
 2. Click **“Close”** to reduce pop-up menu.
 3. Dependent(s) must be enrolled if coverage includes: Spouse, Child(ren) or Family.
 - a. Click **Enroll Dependents:** the screen will show listed dependents from the Dependents tab.
 - b. Select dependent(s) to be covered and complete Spouse Eligibility Survey if necessary.
 - c. The confirmation pop-up(s) show in the upper right-hand corner of the screen and you can X out or wait until it fades out.
 4. Click **“Save and Return to Enrollment”** and review your selections. Click **“View Details”** for additional information and/or click **“Withdraw”** to make changes to your selections.
 >Click **“Next”** on the header navigation bar.

Dental



Select

Benefits Sort ...

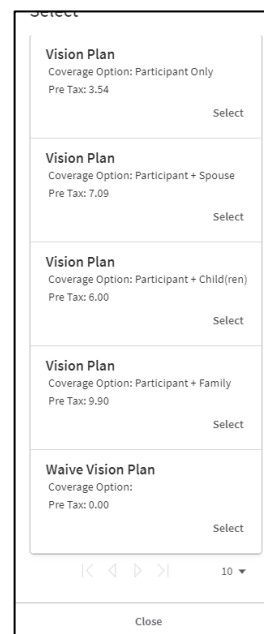
Base Dental Plan Coverage Option: Participant Only Pre Tax: 8.10	Select
Base Dental Plan Coverage Option: Participant + Spouse Pre Tax: 24.25	Select
Base Dental Plan Coverage Option: Participant + Child(ren) Pre Tax: 27.31	Select
Base Dental Plan Coverage Option: Participant + Family Pre Tax: 43.46	Select
Enhanced Dental Plan Coverage Option: Participant Only Pre Tax: 18.07	Select

Close

Enhanced Dental Plan
Coverage Option: Participant + Spouse
Pre Tax: 44.15
 Select || **Enhanced Dental Plan** Coverage Option: Participant + Child(ren) Pre Tax: 45.18 | Select |
| **Enhanced Dental Plan** Coverage Option: Participant + Family Pre Tax: 71.27 | Select |
| **Waive Dental Plan** **Selected Plan** Coverage Option: Pre Tax: 0.00 | Select |

Close

Vision



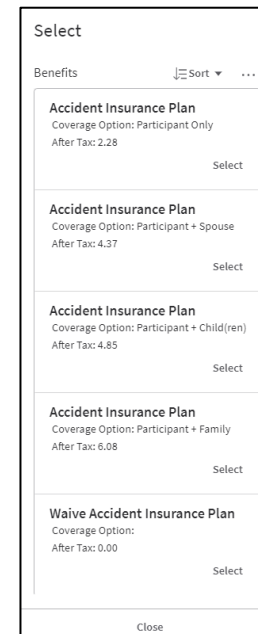
Select

Benefits Sort ...

Vision Plan Coverage Option: Participant Only Pre Tax: 3.54	Select
Vision Plan Coverage Option: Participant + Spouse Pre Tax: 7.09	Select
Vision Plan Coverage Option: Participant + Child(ren) Pre Tax: 6.00	Select
Vision Plan Coverage Option: Participant + Family Pre Tax: 9.90	Select
Waive Vision Plan Coverage Option: Pre Tax: 0.00	Select

Close

Accident



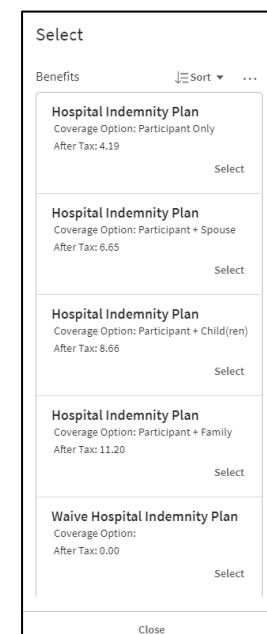
Select

Benefits Sort ...

Accident Insurance Plan Coverage Option: Participant Only After Tax: 2.28	Select
Accident Insurance Plan Coverage Option: Participant + Spouse After Tax: 4.37	Select
Accident Insurance Plan Coverage Option: Participant + Child(ren) After Tax: 4.85	Select
Accident Insurance Plan Coverage Option: Participant + Family After Tax: 6.08	Select
Waive Accident Insurance Plan Coverage Option: After Tax: 0.00	Select

Close

Hospital Ind.



Select

Benefits Sort ...

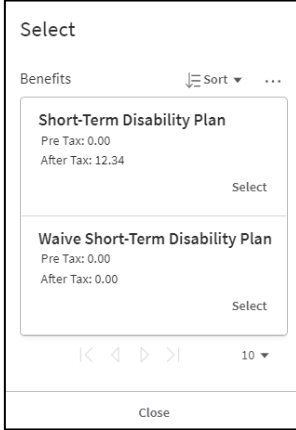
Hospital Indemnity Plan Coverage Option: Participant Only After Tax: 4.19	Select
Hospital Indemnity Plan Coverage Option: Participant + Spouse After Tax: 6.65	Select
Hospital Indemnity Plan Coverage Option: Participant + Child(ren) After Tax: 8.66	Select
Hospital Indemnity Plan Coverage Option: Participant + Family After Tax: 11.20	Select
Waive Hospital Indemnity Plan Coverage Option: After Tax: 0.00	Select

Close

G. Disability: Click **“Select Benefits”** menu.

1. Employee can enroll in disability – or – select **waive** if not enrolling. The Per Pay Period rate shows. This benefit takes effect 6 months from hire date not the 1st of next month like other benefits.
2. Click **“Close”** to reduce pop-up menu.
 >Click **“Next”** on the header navigation bar.

G.1.

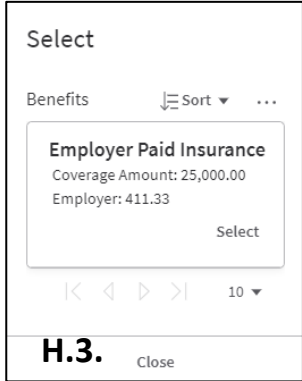


The screenshot shows a 'Select' window with a 'Benefits' header and a 'Sort' dropdown. It lists two options: 'Short-Term Disability Plan' (Pre Tax: 0.00, After Tax: 12.34) and 'Waive Short-Term Disability Plan' (Pre Tax: 0.00, After Tax: 0.00). Each option has a 'Select' button. At the bottom, there are navigation arrows and a 'Close' button.

H. Basic Life: Employees must select this plan and assign Primary and Contingent Beneficiaries to the plan.

1. Click **“Select Benefits”** menu.
2. Click must **“Select”** - a warning will appear to add beneficiaries –
3. Click **“Close”** to reduce pop-up menu.
4. Click **“Designate Beneficiaries”** Beneficiary panel appears and for each beneficiary you wish to declare, do the following:
 - a. Double click the name of the beneficiary to be assigned.
 - b. In the Pop-Up window, Select Primary or Contingent.
 - c. Enter the % of benefit* the beneficiary should receive.
 *If a % less than 100 is entered, a warning will appear.
 - c. Click **“Submit”**.
 - d. Click **“Save and Return to Enrollment”** in the blue header navigation bar.

H.2.

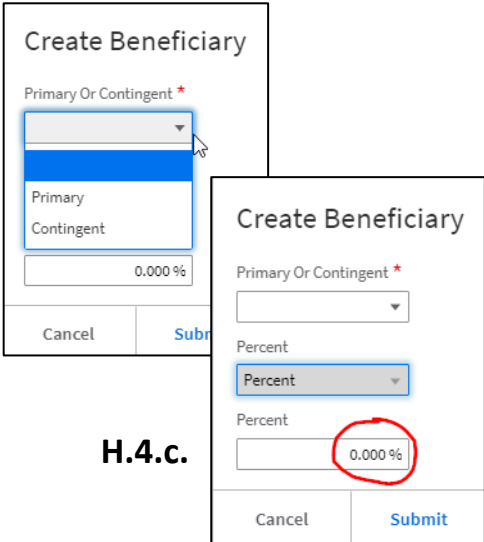


The screenshot shows a 'Select' window with a 'Benefits' header and a 'Sort' dropdown. It lists 'Employer Paid Insurance' (Coverage Amount: 25,000.00, Employer: 411.33) with a 'Select' button. At the bottom, there are navigation arrows and a 'Close' button.

H.3.

>Click **“Next”** on the header navigation bar.

H.4.b.



The first screenshot shows the 'Create Beneficiary' form with a dropdown menu for 'Primary Or Contingent *' showing 'Primary' and 'Contingent' options. The 'Percent' field is empty. The second screenshot shows the same form with '0.000 %' entered in the 'Percent' field, which is circled in red. The 'Submit' button is highlighted in blue.

H.4.c.

- I. **Supplemental Life:** Select 1 to 7 times your annual salary or waive coverage. If Evidence of Insurability (EOI) is required a warning appears after election is made.
1. Click **“Select Benefits”** menu.
 2. Click **“Select”** on your plan option/coverage level choice or waive. *(To see all options, click the next page arrow at bottom).*
 3. Click **“Close”** to reduce pop-up menu.
 4. Click **“Designate Beneficiaries”** (see Basic Life steps above).
 5. Click **“Save and Return to Enrollment”** on the blue header bar.
 >Click **“Next”** on the header navigation bar.

- J. **Dependent Life:** Click **“Select Benefits”** menu.
1. Click **“Select”** for plan coverage or waive.
 2. Click **“Close”** to reduce pop-up menu.
 3. Click **“Enroll Dependents”** and select dependents.
 4. Click **“Save and Return to Enrollment”** on blue header bar.
 >Click **“Next”** on the header navigation bar.

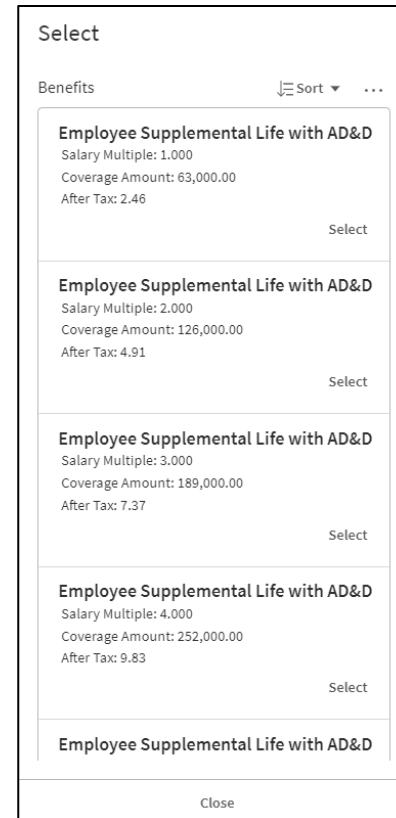
7. **Review and Submit:**

- c. Errors need to be cleared before clicking submit.
- d. Warnings or messages should be reviewed but are allowed to submit.
- e. Click **“Submit”** to submit your enrollment.
- f. Attention pop-up appears, add signature, and date. Click **“Submit”**
- g. Notification and the **“Confirmation”** link appear on the screen along with a time and date stamp. You will receive an email that your enrollment has been submitted for review.
- h. Review your confirmation statement as it will be attached, your enrollment is complete.

Next Steps:

Benefits team will review your enrollment and send email approval or request additional information after Open Enrollment has closed.

I.2.

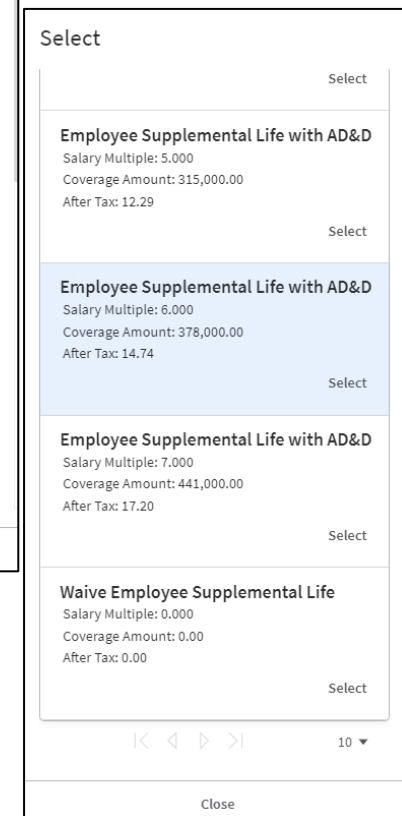


This screenshot shows a 'Select' menu for benefits. At the top, there is a 'Benefits' header with a 'Sort' dropdown and a menu icon. Below this are five options, each with a 'Select' button on the right:

- Employee Supplemental Life with AD&D**
Salary Multiple: 1.000
Coverage Amount: 63,000.00
After Tax: 2.46
- Employee Supplemental Life with AD&D**
Salary Multiple: 2.000
Coverage Amount: 126,000.00
After Tax: 4.91
- Employee Supplemental Life with AD&D**
Salary Multiple: 3.000
Coverage Amount: 189,000.00
After Tax: 7.37
- Employee Supplemental Life with AD&D**
Salary Multiple: 4.000
Coverage Amount: 252,000.00
After Tax: 9.83
- Employee Supplemental Life with AD&D**

A 'Close' button is located at the bottom of the menu.

I.2.



This screenshot shows a 'Select' menu for benefits, similar to the previous one but with more options. At the top, there is a 'Select' button on the right. Below this are seven options, each with a 'Select' button on the right:

- Employee Supplemental Life with AD&D**
Salary Multiple: 5.000
Coverage Amount: 315,000.00
After Tax: 12.29
- Employee Supplemental Life with AD&D**
Salary Multiple: 6.000
Coverage Amount: 378,000.00
After Tax: 14.74
- Employee Supplemental Life with AD&D**
Salary Multiple: 7.000
Coverage Amount: 441,000.00
After Tax: 17.20
- Waive Employee Supplemental Life**
Salary Multiple: 0.000
Coverage Amount: 0.00
After Tax: 0.00

Navigation arrows and a page number '10' are visible at the bottom of the menu. A 'Close' button is located at the very bottom.