

Ben.Process.31: Life Event Enrollment

System: Global Human Resource

Process Description: This script is used for Life Events (LE) using Employee Space.

Employee Process:

1. Logon to your Employee Space. Click Life Events under the Benefits tab. Press the little “+” symbol on the right-hand side of the screen to add a life event.

 Add Life Event



Select your Life Event from the drop down by selecting the Magnifying glass (right). Enter your event date as appropriate (see link “Important”).

Click “submit” and your life event will show under current events.

Double click your new life event to enter the enrollment page.

- 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, and this is your first time accessing Employee Space 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: You can access Employee Space via link <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 > Life Events. You will be able to select your Life Event from a list of eligible Life Events. Please be sure to have any necessary documents with you, such as proof of your life event date (birth certificate, marriage certificate, proof of when benefits started/stopped, etc.)

2. **Instructions** Tab: Review Life Event 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.

- a. 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.

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.

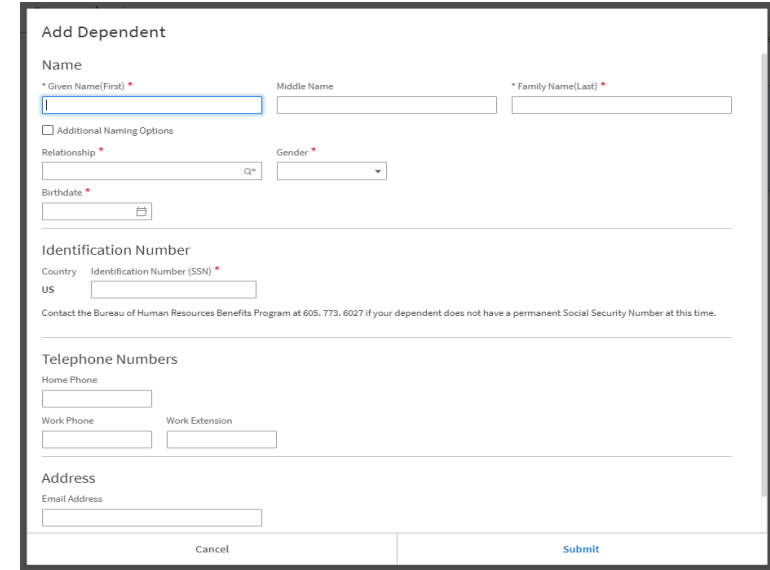
>Click **“Next”** on the header navigation bar.

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.

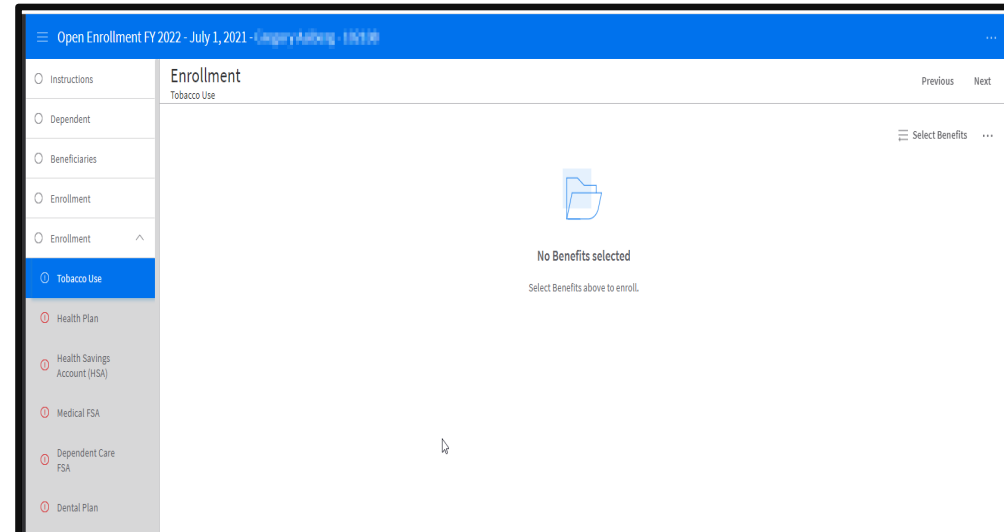
>Click **“Next”** on the header navigation bar.

Please note that the enrollment groups will populate based on what Life Event you have chosen. For example, if you are electing to change your HSA, you cannot change your health plan, so only the HSA tab will appear.

3.a.1.



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/ID	Spouse	1/1/1980

Add ...

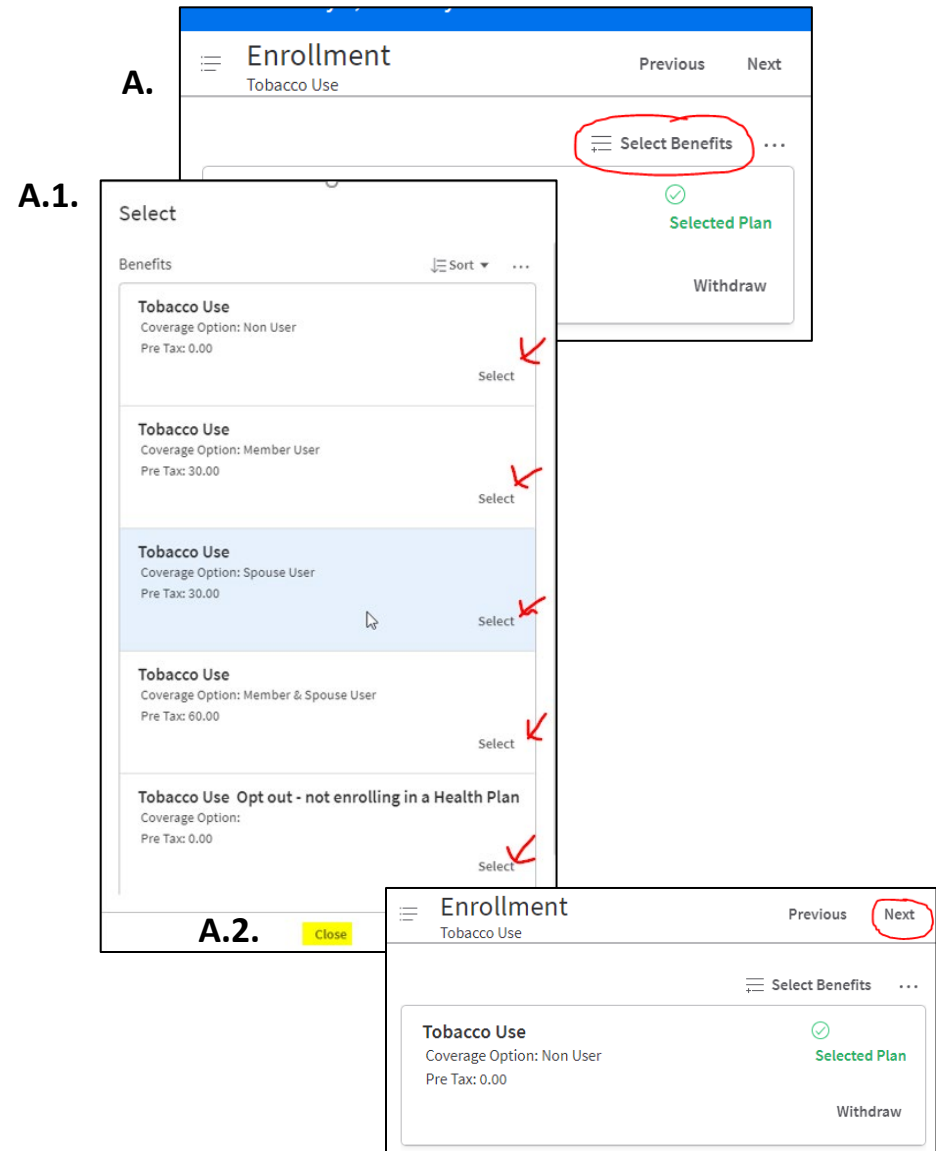
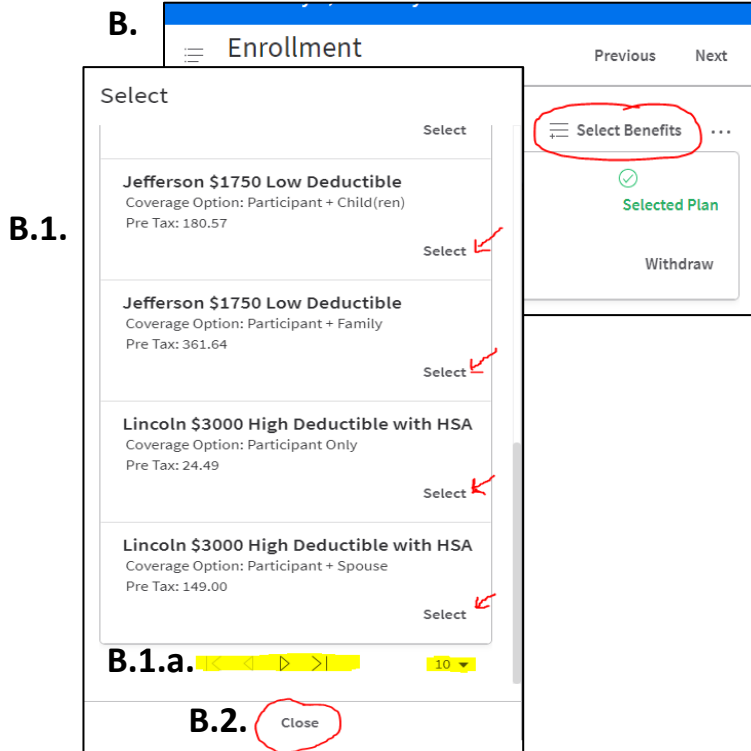
If you need to update the Spouse Eligibility Survey, click **View Details** in the Health plan, click the three dots located in the upper right corner on the blue bar (see circled on graphic). This will open the survey to make changes. Return to Enrollment and continue.

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.



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.

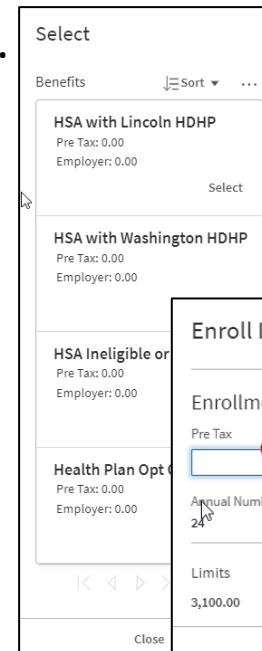
1. **“Select”** an HSA option:
 - a. **HSA with Lincoln HDHP** (match your Health Plan enrollment).
 - b. **HSA with Washington HDHP** (match your Health Plan enrollment).
 - c. **“HSA Ineligible or Declined” OR**
 - d. **“Health Plan Opt Out”** (match your Health Plan Opt Out enrollment).

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.

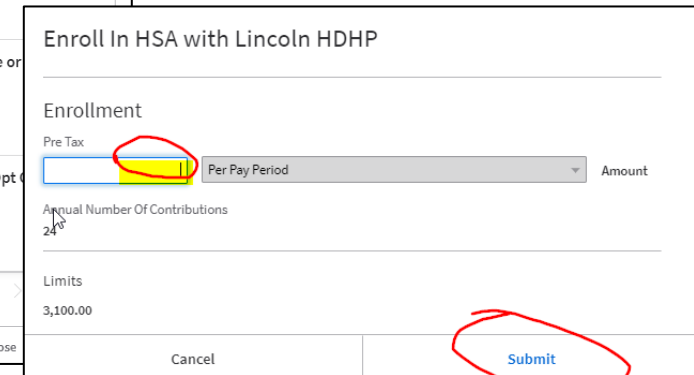
- a. If you are eligible for the Employer Contribution (ER) but do not want pre-tax deductions from your employee earnings, enter \$0.00 per pay period. The ER amount – if eligible – will appear once election is made.
- b. IRS limits are based on # of people you enrolled in Health Plan.

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

C.1.



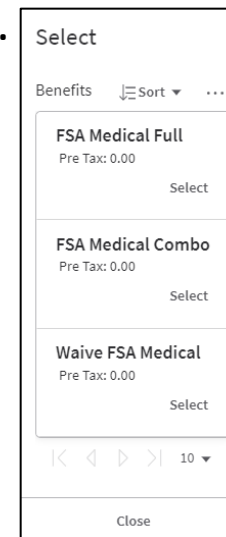
C.2.



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.

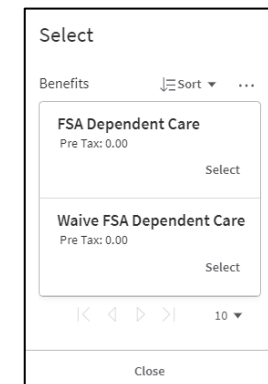
D.1.



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

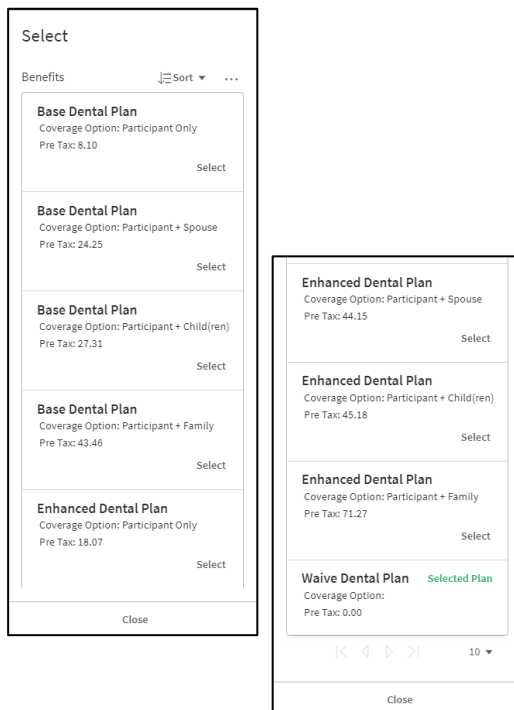
1. Select an FSA Dependent Care spending account or waive.
2. If selecting this option, a pop-up window appears. Enter the Pre-tax amount/per pay period to be deducted from your earnings and placed into the Dependent Care FSA. IRS limits will show.
3. Click **“Close”** to reduce pop-up menu.
 >Click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

Enhanced Dental Plan
Coverage Option: Participant + Spouse
Pre Tax: 44.15 Select

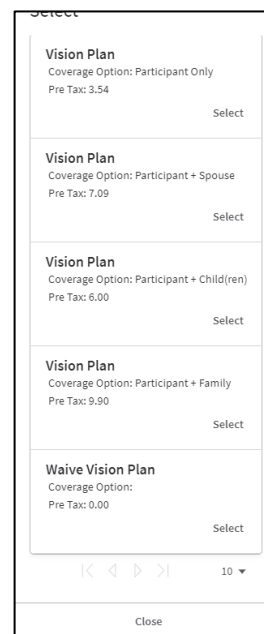
Enhanced Dental Plan
Coverage Option: Participant + Child(ren)
Pre Tax: 45.18 Select

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



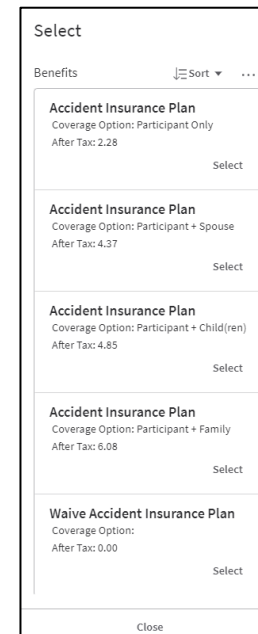
Select

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



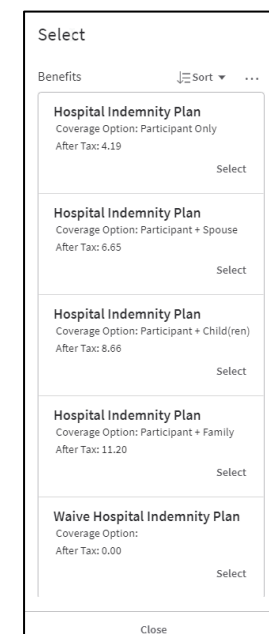
Select

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. Two options are listed: '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, a page number '10', and a 'Close' button.

H. Basic Life, “Employer Paid Insurance”: 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.

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

H.2.

The screenshot shows a 'Select' window with a 'Benefits' header and a 'Sort' dropdown. One option is listed: 'Employer Paid Insurance' (Coverage Amount: 25,000.00, Employer: 411.33). It has a 'Select' button. At the bottom, there are navigation arrows, a page number '10', and a 'Close' button.

H.3.

H.4.b.

The first screenshot shows the 'Create Beneficiary' dialog box with a dropdown menu for 'Primary Or Contingent *' showing 'Primary' and 'Contingent' options. The 'Percent' field is set to '0.000 %'. There are 'Cancel' and 'Submit' buttons.

The second screenshot shows the same dialog box, but the 'Percent' field is highlighted with a red circle and contains '0.000 %'. There are 'Cancel' and 'Submit' buttons.

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.

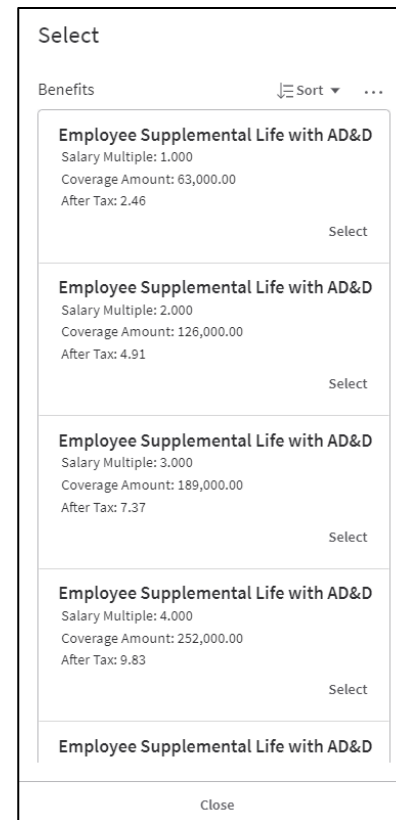
7. **Review and Submit:**

- 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.

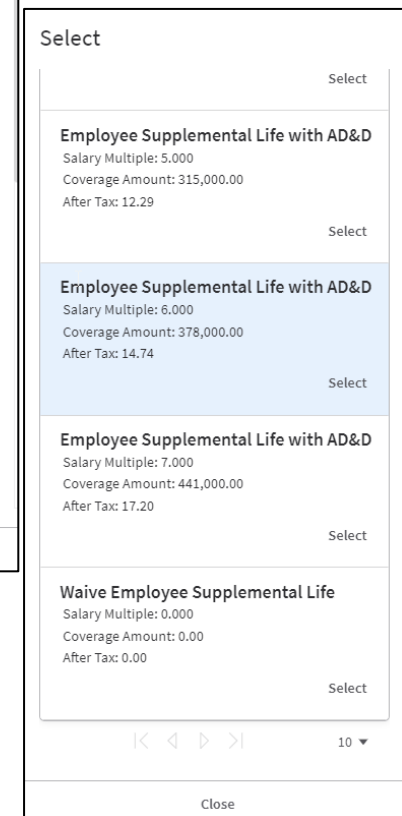
I.2.



This screenshot shows a 'Select' menu for benefits. At the top, there is a 'Benefits' header and a 'Sort' dropdown. Below this are five rows, each representing a different plan option for 'Employee Supplemental Life with AD&D'. Each row includes the following details: Salary Multiple, Coverage Amount, and After Tax amount. A 'Select' button is located to the right of each row. At the bottom of the menu is a 'Close' button.

Plan Option	Salary Multiple	Coverage Amount	After Tax
Employee Supplemental Life with AD&D	1.000	63,000.00	2.46
Employee Supplemental Life with AD&D	2.000	126,000.00	4.91
Employee Supplemental Life with AD&D	3.000	189,000.00	7.37
Employee Supplemental Life with AD&D	4.000	252,000.00	9.83
Employee Supplemental Life with AD&D	(Not specified)	(Not specified)	(Not specified)

I.2.



This screenshot shows a 'Select' menu for benefits, similar to the previous one but with seven options. The option with a Salary Multiple of 6.000 and a Coverage Amount of 378,000.00 is highlighted in blue. The 'After Tax' amount for this option is 14.74. At the bottom of the menu, there are navigation arrows and a page indicator '10'. A 'Close' button is at the very bottom.

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