

Open Enrollment-Steps to Complete and Submit your Open Enrollment Event

Employee Process:

1. Log on to your Employee Space.

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

2. Instructions: Once logged into Employee Space, on the left side of the screen, select Benefits. Next, located at the top of the screen is a tab for Open Enrollment FY27, click on the start enrollment tab.

Open Enrollment FY 2027

Start Enrollment

3. Next, please read the information and instructions on the Welcome page.

- Once the information has been reviewed, click “Next” on the top right header navigation bar.

3. Dependents and Beneficiaries: Review prior to adding new dependents.

a. Click “Add” to enter dependent(s).

1. Complete *pop-up form* for each additional dependent(s) to be enrolled. Enter the information required, marked with an asterisk*
2. Click “Submit”. Once you enter a dependent, they automatically default into the beneficiary category. Please review beneficiaries before adding new entries.
3. Click “Enroll” on the header navigation bar
4. **NOTE: Once you add a dependent or beneficiary to your record, do not add them again during enrollment. You’ll see their information in each selected plan if you plan to cover your dependents.**

4. Enrollment: Click the down arrow to expand enrollment tabs if the tab does not automatically expand. Select the plan for each Enrollment Group and attach dependents or beneficiaries as needed.

>Click “Next” on the header navigation bar.

The screenshot shows a web form titled "Add Dependent". It contains several sections with input fields and dropdown menus. The "Name" section has three fields: "* Given Name(First)", "Middle Name", and "* Family Name(Last)". Below this is a checkbox for "Additional Naming Options". The "Relationship" and "Gender" fields are dropdown menus. The "Birthdate" field has a calendar icon. The "Identification Number" section includes "Country" (with "US" selected) and "Identification Number (SSN)". A note below states: "Contact the Bureau of Human Resources Benefits Program at 605. 773. 8027 if your dependent does not have a permanent Social Security Number at this time." The "Telephone Numbers" section has fields for "Home Phone", "Work Phone", and "Work Extension". The "Address" section has an "Email Address" field. At the bottom, there are "Cancel" and "Submit" buttons.

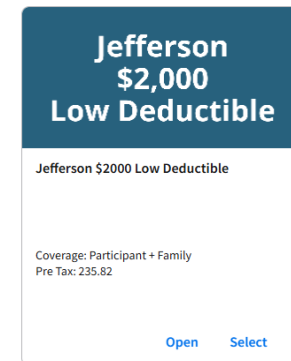
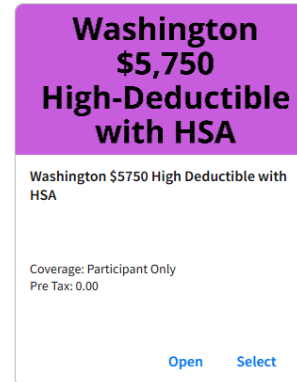
A. Tobacco Use:

1. Click “Select” on the appropriate tile, Tobacco Use Coverage Option or select Tobacco Use Opt-Out -if not enrolling in a Health Plan.
 >Click “Next” on the header navigation bar or click on the next tab.

B. Health Plan Options:

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 the bottom or change the number of visible options).
2. If dependents or errors remain, click the “Resolve Errors” within the tile and click “enroll dependents”. *Please review dependent list before adding the dependent to verify if they are already listed.* After selecting the dependent, click anywhere outside of the box, the submit button will appear.
3. Click “Submit” and review your selection. Click “Open” on any tile for additional information and/or click “Select” on a different tile to make changes.
 This process will be similar for benefits going forward.

>Click “Next” on the header navigation bar or click on next tab.



C. Health Savings Account (HSA): (High-Deductible Health Plans):

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
 - 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 an election is made.
 - b. IRS limits are based on the Health Plan Coverage you enrolled in.
3. Click “Submit” to close the pop-up menu.

>Click “Next” on the header navigation bar or click on the next tab.

D. Medical Flexible Spending Account (FSA):

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 “Submit” to close the pop-up menu.
 >Click “Next” on the header navigation bar or click on the next tab.

E. Dependent Care Flexible Spending Account (FSA):

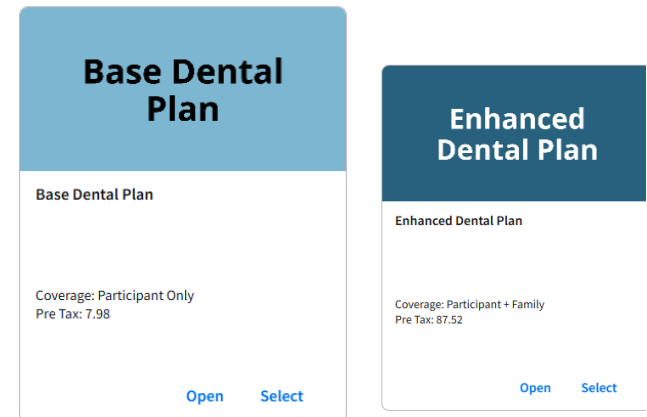
1. Select an FSA Dependent Care spending account or waive.
2. If you select this option, a pop-up window appears. Enter the Pre-tax amount/per pay period to be deducted from your earnings and placed into the Dependent Care FSA. IRS limits will show.
3. Click “Submit” to close the pop-up menu.
 >Click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

F. Dental, Vision, Accident, Critical Illness and Hospital Indemnity: For each of these plans...

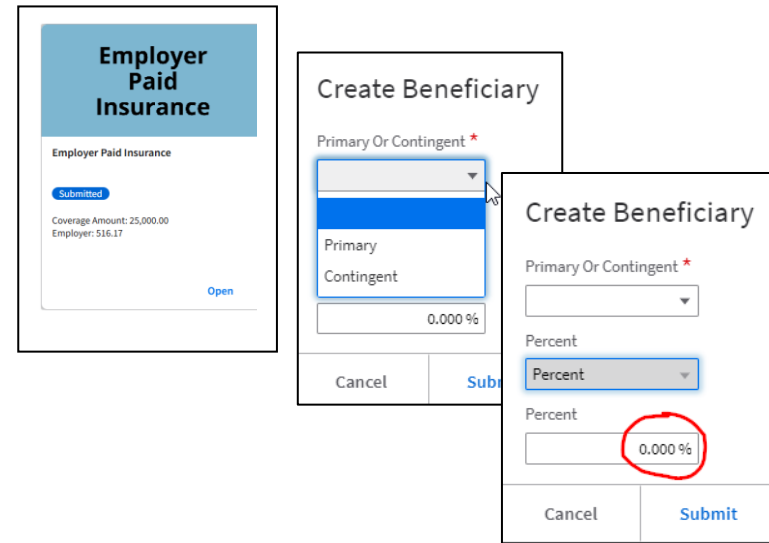
1. “Click “Select” on your Plan/Coverage Level choice or select Waive.
 - a. *(To see all options: scroll down, click the next page arrow at the bottom and change the number of visible options).*
2. If dependents or errors remain, click the “Resolve Errors” within the tile and click “enroll dependents”. *Please review dependent list before adding the dependent to verify if they are already listed.*
 >Click “Next” on the header navigation bar or on the next tab.

G. Short-Term Disability:

1. You can enroll in disability or select waive if not enrolling. The Per Pay Period rate shows. This benefit starts 6 months from election date.
2. Click “Submit” to close the pop-up menu.
 >Click “Next” on the header navigation bar or on the next tab.



- H. Basic Life, “Employer Paid Insurance”:** You **must** select this plan and assign Primary and/or Contingent Beneficiaries to the plan. (Provided at no cost to you)
1. Click on tile and “Select” - a warning will appear to add beneficiaries
 2. Click “Submit” to close the pop-up menu.
 3. Click “Select Beneficiary” Beneficiary panel appears and for each beneficiary you wish to declare, do the following:
 - a. Select Primary or Contingent.
 - b. Enter the percentage of benefit the beneficiary should receive.
 *If a percentage is less than 100%, a warning will appear.
 - c. Click “Submit”.
 >Click “Next” on the header navigation bar or on the next tab.
- I. Supplemental Life:** Select 1 to 7 times your annual salary or waive coverage. If Evidence of Insurability (EOI) is required, elections over 5x the salary or up to \$400,000, a warning appears.
1. Click “Select” on your plan option/coverage level choice or waive.
 2. Click “Submit” to close the pop-up menu.
 3. Click “Designate Beneficiaries” (see Basic Life steps above).
 >Click “Next” on the header navigation bar or on the next tab.
- J. Dependent Life:** Certified Marriage and Birth Certificate(s) required.
1. Click “Select” for plan coverage or waive.
 2. Click “Submit” to close the pop-up menu.
 3. Click “Enroll Dependents” and select dependents.
 >Click “Next” on the header navigation bar or on the next tab.



5. Documentation, Review and Submit

- a. If you are opting out of the health plan for the **first time**, please email documentation to benefitswebsite@state.sd.us by May 22nd, 2026.
- b. Errors need to be cleared before clicking submit. Warnings or messages should be reviewed but submission is allowed.
- c. Click “Submit” to submit your enrollment. Submit pop-up appears, sign and date. Click “Submit”. Message will appear that you have submitted successfully.
- d. You will receive an email that your enrollment has been submitted, and your confirmation statement will be attached. **Please note that you can make changes to your enrollment until May 15th, 2026. After May 15th, you will NOT be able to make changes to your benefit elections.*

