



BENEFITS

INFORMATION FOR...

TOOLS

GETTING STARTED

[HOME](#) » [LOGIN](#) » [PROFILE](#)

CREATE YOUR USER PROFILE

***LAST NAME:**

MIDDLE NAME:

***FIRST NAME:**

***EMAIL ADDRESS:**

***CONFIRM EMAIL ADDRESS:**

COUNTRY:

ZIP CODE:

A WEALTH OF INFORMATION

The eBenefits portal offers a wealth of information regarding benefits for veterans, servicemembers and their families. Some features include:

- [Feature 1](#) »
- [Feature 2](#) »
- [Feature 3](#) »

Family
WWarrior
Active
Veteran


65% of users that have registered on the eBenefits portal are Veterans

[Relevant Link](#) »

DISCLAIMER

Labitur lucilius epudic quo ex. Id posse dele uscipntur nec. Cum e omnes electram. Cu mudius menandriest, eam regione tuperarib

COUNTRY:

Select One 

ZIP CODE:

WHICH USER BEST DESCRIBES YOU?


(Select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Active Duty | <input type="checkbox"/> Caregiver/Delegate |
| <input type="checkbox"/> Care Management Team | <input type="checkbox"/> Family Member of Service Member |
| <input type="checkbox"/> Veteran | <input type="checkbox"/> Wounded Warrior |

BRANCH OF SERVICE

Select One 

COMMUNICATION METHOD

Select One 

NOTIFY ME:

	Yes	No	Email
Secure Message Received	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New User Profile Attribute Added	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change to User Profile Info	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change to Health Claim Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISCLAIMER

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- Change to Health Claim Status

- Change to Health Benefits Eligibility Status

- VA/DoD has initiated Direct Deposit

- VA/DoD has sent Check

- VA/DoD has collected a Co-Pay

- Confirmation of Change of Address

- Confirmation of Direct Deposit Info Change

- Copy of Explanation of Benefits is available

- Copy of Record of Treatment is available

- Copy of Requested Document is available

- Reminder of Calendar Appointment

- Reminder that Prescription Refill is due

- Reminder that Insurance Premium is due

CUSTOMIZATION:

Yes No

CUSTOMIZATION:

	Yes	No
Display Healthcare Team on homepage/ My Page	<input type="checkbox"/>	<input type="checkbox"/>

Display all available widgets on homepage/ My Page	<input type="checkbox"/>	<input type="checkbox"/>
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OTHER PREFERENCES:

	Yes	No
Subscribe to Newsfeeds	<input type="checkbox"/>	<input type="checkbox"/>

Subscribe to specific content	<input type="checkbox"/>	<input type="checkbox"/>
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Alternate Address zip	Alternate Address Country Code
<input type="text"/>	<input type="text" value="Select One"/>

***USER ID:**

***PASSWORD:**

***CONFIRM PASSWORD:**

***HINT ONE:**

***ANSWER ONE:**

***HINT ONE:**

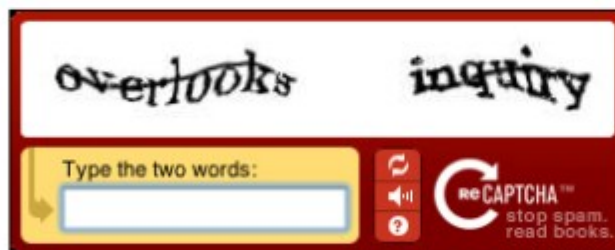
***ANSWER ONE:**

***HINT TWO:**

***ANSWER TWO:**

DS LOGON ACTIVATION CODE:

DS LOGON PASSWORD:



I have read and agree to abide with the [Terms and Conditions](#)

Submit

Reset

***HINT TWO:**

***ANSWER TWO:**

DS LOGON ACTIVATION CODE:

DS LOGON PASSWORD:



I have read and agree to abide with the [Terms and Conditions](#)

OMB Number: xxx-xxxx
Estimated Burden: 5 minutes

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