



OMB NO. 0702-0139  
OMB approval expires  
MMM DD, YYYY

Welcome  
Personal Information  
Section 125  
**Disclosure**  
Dependents  
Beneficiaries  
Benefits  
Enrollment Confirmation

## AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0702-0139, is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

## PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.

Responses should be sent to your local Exchange HR Representative or to the Treasury Benefit department at the Headquarters of the Army and Air Force Exchange Service, 3911 South Walton Walker Blvd., Dallas, TX 75236-1598.

## PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10 U.S.C. 7013, "Secretary of the Army"; Title 10 U.S.C. 9013, "Secretary of the Air Force"; Title 42 U.S.C. 659, "Consent by United States to income withholding, garnishment, and similar proceeding for enforcement of child support and alimony obligations"; 31 CFR 285.11, "Administrative Wage Garnishment"; DoD Directive 7000.14-R, Volume 13 and 16, "DoD Financial Management Regulation"; Department of Defense Instruction (DoDI) 1400.25, Volume 1408, "DoD Civilian Personnel Management System: Insurances and Annuities for Nonappropriated Fund (NAF) Employees"; Army Regulation 215- 8/AFI 34-211(I), "Army and Air Force Exchange Service Operations"; and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S):** Information collected is to provide the basis for computing civilian/retiree/survivor pay deductions and for processing of insurance benefits chosen by active Exchange associates.

**ROUTINE USE(S):** Your records may be disclosed outside of DoD pursuant to Title 5 U.S.C. §552a(b)(3) regarding DoD "Blanket Routine Uses" published at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. Information may be disclosed to former spouses and/or survivors, to federal, state, or local child support agencies for purposes of assisting the agencies in the discharge of their responsibilities under federal and state law.

**DISCLOSURE:** Voluntary, however, failure to provide all the requested information may result in the denial of your application for benefits.

**SYSTEM OF RECORD NOTICE:** *AAFES 0703.07 "Employee Pay System Records"*; <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DODwideSORNArticleView/tabid/6797/Article/570129/aafes-070307.aspx>

This site provides eligible Exchange associates and their eligible family members the capability to manage their benefit enrollments. The information contained herein falls under the purview of the Privacy Act of 1974 and will be safeguarded in accordance with the applicable system of records notices listed above.

## PROVIDING INFORMATION FOR YOUR HEALTH CARE COVERAGE

If you are changing your plan during the annual open enrollment period or for a family life change event, please be certain to read your Benefits summary before making any new changes. All newly hired or newly eligible individuals will be provided detailed information on benefit choices from their local Human Resource Manager.

Please be prepared to have all information available to complete each section of the enrollment. This may include dependents and beneficiaries names, dates-of-birth, Social Security Numbers, addresses, and Trust names. If you choose to set up pretax accounts for Health Care or Dependent Care you will be required to put an annual dollar amount to be deducted equally from each of your 24 pay checks.

Directions are enclosed with each area of the health enrollment process. You will also be provided a benefit calculator which will inform you of your total paycheck deductions after you make each choice. You will have the option of changing any choices prior to submitting the final enrollment plan.

Should you have any questions or issues completing this enrollment, please contact your local HRM or call the Exchange's Human Resource Support Center at 800-508-8466.

### Login

Welcome to eBenefits, your online resource for benefit programs at the Exchange.

### Returning Users

If you already have a password and are ready to login, enter your Username (email address) and password and select [Next].

Username: \_\_\_\_\_

[Forgot Username?](#)

[Next](#)

### New Users

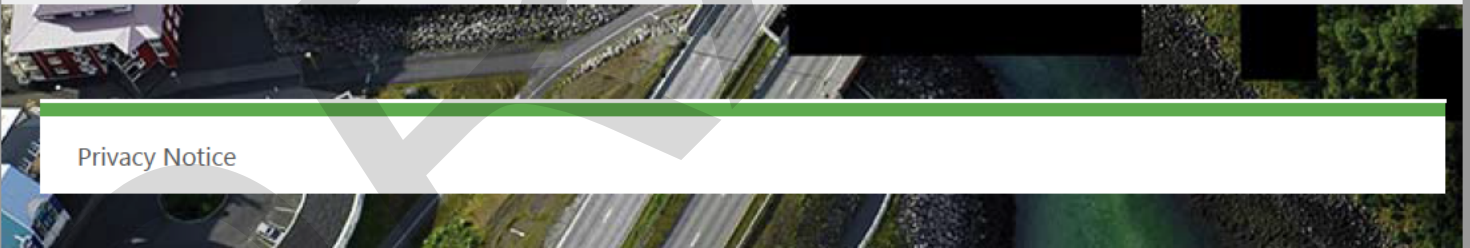
If this is your first time visiting the site, please create an account by clicking below.

[Create Account](#)






This eBenefits system has been tested with Internet Explorer 6.0 and higher and Mozilla Firefox 2.0 and higher with JavaScript and cookies enabled. Exchange eBenefits is a secure site.

All active AAFES employees have access to eBenefits. New Users elect Create Account above. The Create Account is also used for employees who forgot their username. Others elect username and click next.



[Privacy Notice](#)

## First time logon screen:



## Employee Agreement

**Important Terms of Usage**

Please read the following information. At the bottom of the page indicate whether you accept or decline the terms by clicking the appropriate button.

Exchange eBenefits enrollment system:

In all cases, if there is any discrepancy between the benefits described here and actual plan provisions, the plan document will govern. The Exchange reserves the right to modify, amend, or terminate plans without notice. Further, all rights and limits detailed in the plans are subject to change at any time. This system creates no rights, nor does it imply a contract or assurance of employment or compensation.

To complete your benefits elections, you must accept the terms of usage outlined above. Your acceptance also gives the Exchange the authority to initiate automatic payroll deductions on your behalf, as payment for your portion of the benefit costs. If you go on Leave Without Pay, you will need to pay premiums yourself to prevent your coverage from being cancelled. FSA contributions can only be made through payroll deductions. Therefore, if you return to work in the same calendar year, your contributions will be recalculated to ensure you meet your annual election amount.

As part of our commitment to control healthcare costs, we are taking steps to ensure that only eligible dependents are covered under our health care plan. When you enroll a dependent in our health care plan, you will be contacted to provide documentation to prove eligibility of that dependent.

Once you submit your acceptance, you will no longer be prompted to this screen.

If you have questions about this system or any of the information you see here, please contact the Human Resources Support Center at 214-312-6190.

[Decline](#) [Accept](#)

Privacy Notice

Opening page to show employee Benefit Options



**Personal Information**

Name:

Birth Date:

Address:

If any of the personal data listed is not correct, please contact the HR Support Center at 214-312-0190 to update your information.

**2019 Benefits Summary** [hide detail](#)

Benefit	Option	Coverage
Medical	No Coverage	
Dental	No Coverage	
HCFSA	Not Enrolled	
DCFSA	Not Enrolled	
Basic Life and AD&D	No Coverage	
Personal Accident Insurance	No Coverage	

[2019 detailed summary](#)



**Alerts & Quick Links**

**Alerts**  
[Make My 2019 Newly Eligible Elections Now!](#)  
 Review your 2019 new hire elections or make changes any time prior to 11:59 PM Central Time on **September 12, 2019**. This includes benefit and dependent elections.

**Actions**  
[Update My Beneficiaries](#)  
 Enroll or make changes to your beneficiaries.

**Other Changes You Can Make**

[401\(k\) Retirement Savings Plan](#)  
 You are eligible to enroll or make changes to your 401(k) plan anytime during the year.

[Long Term Care Insurance](#)  
 You are eligible to enroll in Long Term Care through the Federal Long Term Care Insurance Program (FLTCIP) at any time.

[Employee Assistance Program \(EAP\)](#)

**Charts, Tools & Estimators**

The Summary of Benefits shows the benefits currently available to you and at what level they are covered. If more than one option is available in your area, you will be able to compare the benefits between the two options. Use these interactive tools to help you make good enrollment decisions:

[Medical Summary of Benefits & Comparison Chart](#)  
[Dental Summary of Benefits & Comparison Chart](#)  
[Aetna FSA Savings Calculator](#)  
[Life Insurance Needs Analysis Tool](#)

**Useful Videos**  
[HDHP + HSA = A Perfect Match. What you need to know - HSA and FSA](#)  
[HDHP or PPO = Which is Right for You](#)

**Benefit Information Center**

**Brochures**  
[2018 Choice POS II Brochure](#)  
[2018 Traditional Choice Brochure](#)  
[2019 Choice POS II Brochure](#)  
[2019 Traditional Choice Brochure](#)  
[HIPAA Privacy Notice](#)  
[Health Care FSA Brochure](#)  
[Dependent Care FSA Brochure](#)



Bottom part of opening page

2019 Benefits Summary [hide detail](#)

Benefit	Option	Coverage
Medical	No Coverage	
Dental	No Coverage	
HCFSA	Not Enrolled	
DCFSA	Not Enrolled	
Basic Life and AD&D	No Coverage	
Personal Accident Insurance	No Coverage	

[2019 detailed summary](#)



**Update My Beneficiaries**  
Enroll or make changes to your beneficiaries.

**Useful Videos**  
[HDHP + HSA = A Perfect Match.](#)  
[What you need to know - HSA and FSA](#)  
[HDHP or PPO = Which is Right for You](#)

**Other Changes You Can Make**

**401(k) Retirement Savings Plan**  
You are eligible to enroll or make changes to your 401(k) plan anytime during the year.

**Long Term Care Insurance**  
You are eligible to enroll in Long Term Care through the Federal Long Term Care Insurance Program (FLTCIP) at any time.

**Employee Assistance Program (EAP)**  
Did you know that Exchange employees have access to a variety of **free services and a large library of information** through the EAP program to assist in personal, family and work-related concerns? State-side employees are encouraged to visit [Magellan Health Member Services website](#) for more information on the full offerings available. Overseas Employees should visit [Magellan overseas](#).

**Benefit Information Center**

**Brochures**  
[2018 Choice POS II Brochure](#)  
[2018 Traditional Choice Brochure](#)  
[2019 Choice POS II Brochure](#)  
[2019 Traditional Choice Brochure](#)  
[HIPAA Privacy Notice](#)  
[Health Care FSA Brochure](#)  
[Dependent Care FSA Brochure](#)  
[Personal Accident Insurance Brochure](#)  
[Preventive Services Brochure](#)  
[Women's Preventive Services Flyer](#)

**Summary Plan Descriptions**  
Review Medical and Dental Summary Plans  
[Choice POS II Medical](#)  
[Traditional Choice Medical](#)  
[DoD NAF Dental](#)  
[International Traditional Choice Medical](#)  
[Stand Alone Dental](#)



**Summary of Benefits**  
[Aetna Choice POS II Medical & Dental](#)  
[Aetna Traditional Choice Medical & Dental](#)  
[Aetna International Medical & Dental](#)  
[Stand Alone Dental](#)

[Summary of Benefits and Coverage](#)

DRAFT

## Welcome screen with instruction

[Home](#) | [My Messages](#) | [Contact Us](#) | [Logout](#)

eBenefits

---

**Welcome**

- Personal Information
- Section 125
- Disclosure
- Dependents
- Beneficiaries
- Benefits
- Enrollment Confirmation

**Make My 2019 Benefit Elections**

If you would like to enroll in a benefit plan(s), begin by following the six step process identified below. **All elections are saved as they are made.** You can return to this site to make changes any time before the end of the enrollment period 9/12/2019. At the close of the enrollment period your elections will be final and cannot be changed until the next Open Enrollment period or if you experience a qualified life event during the year, such as a marriage or a birth.

**6 Easy Steps**

**Welcome to eBenefits—your online benefits enrollment system!**

eBenefits has been designed to help you:

- Learn about valuable benefit plans available to you as a member of the Exchange family
- Compare benefit options
- Make benefit elections for you and your dependents
- Submit beneficiary information

Before you complete your enrollment, we suggest you discuss your benefits decisions with your spouse and/or other family members. And, on each eBenefits screen, you will find links to helpful information about the plans. Once you complete the following 6-step process, your benefits enrollment will be complete! It's that easy!

**Step 1: View My Personal Information**

**Step 2: Assign Benefits to My Dependents**

**Step 3: Make My Beneficiary Designations**

**Step 4: Make My Exchange Benefit Elections**

**Step 5: View My Benefit Elections Summary**

**Step 6: Submit My Final Exchange Benefit Elections**

[Begin](#)




**Enrollment Tips**

- To review and/or make changes to your benefits, dependent information and/or beneficiary information, click on the links in the left menu.
- You can view your enrollment summary at any time during the session.
- Print a copy of your enrollment summary for your records.
- Remember, you can re-enroll any time up until 11:59 PM Central Time on 9/12/2019. Your latest enrollment decisions submitted by that time will be accepted as your final decision.

[Privacy Notice](#)

Personal Information pulled from AAFES systems - Employee verifies all information is correct before continuing.

Home | My Messages | Contact Us | Logout

---

Welcome

**Personal Information**

Section 125

Disclosure

Dependents

Beneficiaries

Benefits

Enrollment Confirmation

### Personal Information

Your personal information is listed below. If this information is not correct, please contact

- If you are an active employee living in the United States, you can contact the Human Resources Support Center at 214-312-8190.
- If you are an active employee living outside of the United States, contact your local Human Resources office or hrsc@aafes.com.


Your home zip code impacts the medical plans you can enroll in. If the zip code is not correct, you should log out of eBenefits and update your address immediately. You may return to eBenefits to make elections once your address is updated (usually within 24 hours after entering it into Employee Self-Service).

Employee:	
Social Security Number:	
Mailing Address:	
Birth Date:	
Hire Date:	
Employee Category:	Regular Part Time
Gender:	
Marital Status:	
Annual Salary:	
Permanent Email Address:	

[Continue](#)

Gender Drop Down Options:

- \*Male
- \*Female





DRAFT

Privacy Notice

Employee chooses if they wish to take advantage of Section 125 tax break.

Home | My Messages | Contact Us | Logout

eBenefits

Welcome

Personal Information

**Section 125**

Disclosure

Dependents

Beneficiaries

Benefits

Enrollment Confirmation

## Section 125 Selection

Deductions for elections you have made (other than No Coverage) for Medical, Dental and Basic Life Insurance may be taken as pre-tax or after-tax deductions.

The provisions of Section 125 of the Internal Revenue Code (IRC) permit you to have your premiums, and those for tax dependents, deducted from your paycheck on a pre-tax basis.

**What to consider when selecting your deduction type:**

**Pre-Tax (Participating in Section 125 provisions)**

When premiums are paid with pre-tax dollars under Section 125, IRC, you may not cancel coverage except: During an Open Enrollment period or within 31 Days of a Family Status Change. A cancellation during Open Enrollment is effective on 1 January of the following plan year. Family Status Change elections are effective either the date of the event or date of the election. See your Summary Plan Description for details located on the home page.

Unless you qualify for a state or federal program (see the after-tax section below), you will likely want to participate in the Section 125 provisions that permit pre-tax deductions. By paying for your premiums with pre-tax dollars, you effectively pay less for your coverage. Here is an example:

Pre-Tax Deductions	After-Tax Deductions
Monthly Pay \$1000.00	Monthly Pay \$1000.00
Insurance - \$100.00	Taxes (25%) -\$250.00
New W-2 Pay \$900.00	Insurance - \$100.00
Taxes (25%) -\$225.00	Take Home Pay \$650.00
Take Home Pay \$675.00	

**After-Tax**

If you have been informed that you are eligible to receive reimbursement of your insurance premiums under a state or Federal program, you will need to have your premiums deducted on an after-tax basis before you can receive your reimbursement.

I will participate in the Section 125 provisions and have my deductions taken pre-tax  
 I will have my deductions taken after-tax

[Continue](#)

Privacy Notice



Screen when employee has no dependents in system.

Home | My Messages | Contact Us | Logout





Welcome

Personal Information

Section 125

Disclosure

**Dependents**

Beneficiaries

Benefits

Enrollment Confirmation

### Dependents

You have no dependents on file.

- To add an eligible dependent, click [Add Dependent].
- If your dependent information is correct, click [Continue].

You may be subject to a \$50 penalty from the IRS for each failure to provide an accurate SSN/ITIN for a covered individual. For additional information, see IRS Form W-9 instructions (available upon request).

[Add Dependent](#) [Continue](#)

**Eligible Dependent Definitions**

- Spouse
- Child
- Sponsored Child

Privacy Notice

DRAFT

Home | My Messages | Contact Us | Logout

**EXCHANGE**  
ARMY & AIR FORCE EXCHANGE SERVICE

Taking Care of YOU

**eBenefits**

Welcome

Personal Information

Section 125

Disclosure

**Dependents**

Beneficiaries

Benefits

Enrollment Confirmation

Survey

### Add Dependent

Input your dependent information below.

- Note: Dual Coverage is not allowed. No one may be covered both as an employee and as a dependent, and no family member may be covered by more than one employee.

**Eligible Dependent Definitions**

- Spouse
- Child
- Sponsored Child

First Name:

Middle Initial:

Last Name:

SSN:

Relationship:

Gender:

Birth Date (Month, Day, Year):

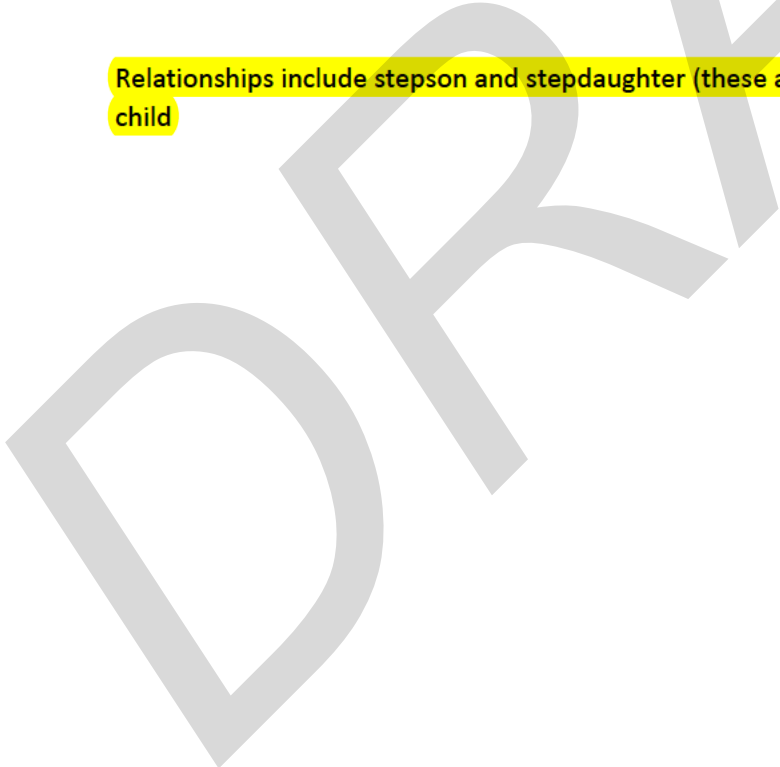
[Cancel](#) [Save](#)

Relationship Drop Down:  
\*-- see below

Gender Drop Down Options:  
\*Male  
\*Female

Privacy Notice

Relationships include stepson and stepdaughter (these are defined as children), spouse, child, sponsored child



Screen when employee has dependents already in system.



- Welcome
- Personal Information
- Section 125
- Disclosure
- Dependents**
- Beneficiaries
- Benefits
- Enrollment Confirmation
- Survey

### Dependents

Your dependents are listed below.

- **Important:** To elect or change medical or dental coverage for your dependents, click the check box below. Please remember to change Child Life to no coverage if you are removing all of your children as eligible dependents.
- To change a dependent's information, click [Edit].
- To remove a dependent completely, click [Remove].
- To add an eligible dependent, click [Add Dependent].
- If your dependent information is correct, click [Continue].

**Eligible Dependent Definitions**

- [Spouse](#)
- [Child](#)
- [Sponsored Child](#)

You may be subject to a \$50 penalty from the IRS for each failure to provide an accurate SSN/ITIN for a covered individual. For additional information, see IRS Form W-9 instructions (available upon request).

Name	Birth Date	SSN	Relationship	Medical/Dental
				<input type="checkbox"/> <span style="margin-left: 20px;">[Edit]</span> <span style="margin-left: 20px;">[Remove]</span>

[Add Dependent](#) [Continue](#)

Edit Dependent

Home | My Messages | Contact Us | Logout

**EXCHANGE**  
ARMY & AIR FORCE EXCHANGE SERVICE

Taking Care of YOU

**eBenefits**

Welcome  
 Personal Information  
 Section 125  
 Disclosure  
**Dependents**  
 Beneficiaries  
 Benefits  
 Enrollment Confirmation  
 Survey

### Edit Dependent

- Update your dependent's information below.
- When you are finished editing your dependent information, or if your dependent data is reflected correctly below, click [Save].
- Your dependent information must be error-free before you will be allowed to leave this page. If you change your mind and do not wish to edit this dependent, click [Cancel].

Name	Birth Date	SSN	Relationship	Medical/Dental
[Redacted]	[Redacted]	[Redacted]	[Redacted]	✓

First Name: [Redacted]  
 Middle Initial: [Redacted]  
 Last Name: [Redacted]  
 SSN: [Redacted]  
 Relationship: [Redacted] ✓  
 Gender: [Redacted] ✓  
 Birth Date (Month, Day, Year): [Redacted] ✓

[Cancel](#) [Save](#)

Eligible Dependent Definitions

- Spouse
- Child
- Sponsored Child

Relationship: -See Below

Gender Drop Down:  
 \*Male  
 \*Female


Privacy Notice

Relationships include stepson and stepdaughter (these are defined as children), spouse, child, sponsored child

Shows when employee has no beneficiary in system.

Home | My Messages | Contact Us | Logout

**EXCHANGE**  
ARMY & AIR FORCE EXCHANGE SERVICE

 Taking Care of YOU

**eBenefits**

Welcome  
Personal Information  
Section 125  
Disclosure  
Dependents  
**Beneficiaries**  
Benefits  
Enrollment Confirmation

### Beneficiary Summary

[Print](#)

Currently, **you do not have beneficiaries on file.**

**We strongly recommend you designate beneficiaries.**

- You can **add, edit (change) or remove** beneficiaries at any time.
- **Review and print your Beneficiary Summary.**

[Add Beneficiary](#) [Continue](#)

Legend

P = Primary


S = Secondary

Privacy Notice

Add Beneficiary

Home | My Messages | Contact Us | Logout

**EXCHANGE**  
ARMY & AIR FORCE EXCHANGE SERVICE

 Taking Care of YOU

**eBenefits**

Welcome  
Personal Information  
Section 125  
Disclosure  
Dependents  
**Beneficiaries**  
Benefits  
Enrollment Confirmation  
Survey

### Add Beneficiary

Select Beneficiary Type and enter your beneficiary's information.  
If you decide you do not wish to add a beneficiary, click [Cancel]. When you are finished, click [Save].  
The form must be error-free before you will be allowed to leave this page.



Individual       Trust/Charity       Estate


[Cancel](#)   [Save](#)

Privacy Notice

Add Individual Beneficiary.

Home | My Messages | Contact Us | Logout



Welcome

Personal Information

Section 125

Disclosure

Dependents

**Beneficiaries**

Benefits

Enrollment Confirmation

Survey

### Add Beneficiary

Select **Beneficiary Type** and enter your beneficiary's information.

If you decide you do not wish to add a beneficiary, click [Cancel]. When you are finished, click [Save].

The form must be error-free before you will be allowed to leave this page.

Individual
  Trust/Charity
  Estate

Enter your beneficiary's information in the form below.

- Note: Adding beneficiaries to a plan does not mean you are enrolled in that plan.

If you would like to list a dependent you have on file as your beneficiary, select that dependent's name from the dropdown list below. Your dependent's information will be pre-filled. Complete the entry by filling in the missing information.

Select "New Person" or a dependent on file  
 New Person

First Name:

Last Name:

SSN:

Date of Birth:

Relationship:

Country:

Use my home address for this beneficiary

Address 1:

Address 2:

City:

State:

ZIP:

Phone Number:

[Cancel](#) [Save](#)

[Privacy Notice](#)

Then in drop-down, chose Dependent on file.

Home | My Messages | Contact Us | Logout

**EXCHANGE**  
ARMY & AIR FORCE EXCHANGE SERVICE

Taking Care of YOU

**eBenefits**

Welcome  
Personal Information  
Section 125  
Disclosure  
Dependents  
**Beneficiaries**  
Benefits  
Enrollment Confirmation  
Survey

### Add Beneficiary

Select **Beneficiary Type** and enter your beneficiary's information.

If you decide you do not wish to add a beneficiary, click [Cancel]. When you are finished, click [Save].

The form must be error-free before you will be allowed to leave this page.

Individual       Trust/Charity       Estate

Enter your beneficiary's information in the form below.

- Note: Adding beneficiaries to a plan does not mean you are enrolled in that plan.

If you would like to list a dependent you have on file as your beneficiary, select that dependent's name from the dropdown list below. Your dependent's information will be pre-filled. Complete the entry by filling in the missing information.

Select "New Person" or a dependent on file  
Dependent on file - [v]

First Name: [ ]  
Last Name: [ ]  
SSN: [ ]  
Date of Birth: [ ] [v]  
Relationship: [ ] [v]

Country: [ ] [v]

Use my home address for this beneficiary



Address 1: [ ]  
Address 2: [ ]  
City: [ ]  
State: [ ] [v]  
ZIP: [ ]  
Phone Number: [ ]

[Cancel](#) [Save](#)


Privacy Notice



Edit Allocations

[Home](#) | [My Messages](#) | [Contact Us](#) | [Logout](#)



Welcome

Personal Information

Section 125

Disclosure

Dependents

**Beneficiaries**

Benefits

Enrollment Confirmation

Survey

### Allocate Benefit Percentages

**Your beneficiaries and allocations are listed below.**

- To assign allocations to your beneficiaries, enter percentages in the boxes below.
- Allocations for Primary and Secondary MUST total 0% or 100%.
  - Primary beneficiaries will share the proceeds for a given benefit according to the percentages designated.
  - Secondary beneficiaries will only receive proceeds if all primary beneficiaries have predeceased the Insured.
  - Note: A beneficiary CANNOT be both a Primary and Secondary beneficiary.**
- To assign equal allocations for all your beneficiaries in one plan, click the Divide Equally checkbox under that plan. Percentages and input boxes will be removed and allocations will be equally assigned.
- To redistribute allocations, uncheck the Divide Equally checkbox. Input boxes will reappear and you can assign percentages.
- Retirement contributions are first payable to a surviving spouse before other designated beneficiaries.
- No retirement contributions are payable to a designated beneficiary as long as benefits are actually or potentially payable to a surviving spouse.
- When you are finished, click [Save].

**Legend**

P = Primary

S = Secondary

Name	Date of Birth	Basic Life		Personal Acc Ins		Unpaid Comp		401(k)		Retirement	
		P	S	P	S	P	S	P	S	P	S
		<input type="checkbox"/> DIVIDE EQUALLY		<input type="checkbox"/> DIVIDE EQUALLY		<input type="checkbox"/> DIVIDE EQUALLY		<input type="checkbox"/> DIVIDE EQUALLY		<input type="checkbox"/> DIVIDE EQUALLY	
		100%	0%	0%	0%	0%	0%	0%	0%	0%	0%
<b>TOTAL</b>		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

[Cancel](#) [Save](#)

Privacy Notice

Summary with new percentages

Home | My Messages | Contact Us | Logout

**EXCHANGE**  
ARMY & AIR FORCE EXCHANGE SERVICE

Taking Care  
**YOU**

**eBenefits**

[Beneficiaries](#)

### Beneficiary Summary

[Print](#)

Your beneficiaries and allocations are listed below.

- You can add, edit (change) or remove beneficiaries at any time.
- To edit the information for a beneficiary, click [Edit] next to the beneficiary.
- You can make beneficiary elections for the benefits shown below.
- To remove a beneficiary, you must first click [Edit Allocations] to set the allocations to 0%. Then click [Remove] next to the beneficiary.
- Review and print your Beneficiary Summary.

Legend

P = Primary

S = Secondary

Name	Date of Birth	Basic Life		Personal Acc Ins		Unpaid Comp		401(k)		Retirement		<input type="button" value="Edit"/>	<input type="button" value="Remove"/>
		P	S	P	S	P	S	P	S	P	S		
		100%	0%	100%	0%	100%	0%	100%	0%	100%	0%		
<b>TOTAL</b>		100%	0%	100%	0%	100%	0%	100%	0%	100%	0%		


[Add Beneficiary](#) [Edit Allocations](#) [Continue](#)

Privacy Notice

Add Trust Beneficiary

Home | My Messages | Contact Us | Logout

**EXCHANGE**  
ARMY & AIR FORCE EXCHANGE SERVICE

 **eBenefits**

- Welcome
- Personal Information
- Section 125
- Disclosure
- Dependents
- Beneficiaries**
- Benefits
- Enrollment Confirmation
- Survey

### Add Beneficiary

Select **Beneficiary Type** and enter your beneficiary's information.

If you decide you do not wish to add a beneficiary, click [Cancel]. When you are finished, click [Save].

The form must be error-free before you will be allowed to leave this page.

Individual       Trust/Charity       Estate

**When entering a trust**, show the exact name of the trust, date of the trust agreement, the name of the trustee, and the Tax Id Number of the trust in the boxes provided.

Trust Information:

Tax ID:


[Cancel](#) [Save](#)

Privacy Notice

Add Estate Beneficiary.

Home | My Messages | Contact Us | Logout

**EXCHANGE**  
ARMY & AIR FORCE EXCHANGE SERVICE

 Taking Care  
**YOU**

**eBenefits**

Welcome  
Personal Information  
Section 125  
Disclosure  
Dependents  
**Beneficiaries**  
Benefits  
Enrollment Confirmation  
Survey

### Add Beneficiary

Select **Beneficiary Type** and enter your beneficiary's information.  
If you decide you do not wish to add a beneficiary, click [Cancel]. When you are finished, click [Save].

The form must be error-free before you will be allowed to leave this page.

Individual       Trust/Charity       Estate

Enter your estate information in the form below.

Estate Name:

[Cancel](#) [Save](#)

Privacy Notice

Benefit Enrollment - Personal Accident Insurance

Home | My Messages | Contact Us | Logout



- Welcome
- Personal Information
- Section 125
- Disclosure
- Dependents
- Beneficiaries
- Benefits**
- Personal Accident Insurance**
- Basic Life Insurance
- Medical
- Dental
- Health Care Flexible Spending Account
- Day Care Flexible Spending Account
- Enrollment Confirmation

### Personal Accident Insurance

You may elect your Personal Accident Insurance (PAI) coverage below. Personal Accident Insurance covers you, your spouse and children in the case of loss of life or limb as a result of an accident. Other accidental benefits are provided too as explained in the PAI brochure located on the home page.

To be eligible for family coverage, you must first add your **dependent(s)**. If a husband and wife are both eligible to enroll for coverage, one but not both, may purchase family coverage. The other spouse may elect single coverage only.

After you have made your election, select [Continue] at the bottom of this page.

Coverage	Single Coverage
No Coverage	<input checked="" type="radio"/> \$0.00
\$50,000	<input type="radio"/> \$0.63
\$75,000	<input type="radio"/> \$0.95
\$100,000	<input type="radio"/> \$1.26
\$125,000	<input type="radio"/> \$1.57
\$150,000	<input type="radio"/> \$1.89
\$175,000	<input type="radio"/> \$2.21
\$200,000	<input type="radio"/> \$2.52
\$225,000	<input type="radio"/> \$2.83
\$250,000	<input type="radio"/> \$3.15
\$300,000	<input type="radio"/> \$3.78

[Continue](#)



#### Benefit Calculator


Based on Your Current Elections, your per pay period costs are:

Pre-Tax Cost:	\$0.00
After-Tax Cost:	\$0.00
<b>Total Cost:</b>	<b>\$0.00</b>

Basic Life Insurance

Home | My Messages | Contact Us | Logout



---

Welcome

Personal Information

Section 125

Disclosure

Dependents

Beneficiaries

**Benefits**

Personal Accident Insurance

**Basic Life Insurance**

Supplemental Employee Life Insurance

Spouse Life Insurance

Disability Insurance

Medical

Dental

Health Care Flexible Spending Account

Day Care Flexible Spending Account

Enrollment Confirmation Survey

## Employee Life Insurance

### Basic Life Insurance

The life insurance coverage options available to you are shown below. Your Basic Life coverage also includes Accidental Death & Dismemberment.

If you elect Basic Life coverage, the Basic Life insurance coverage and AD&D coverage will be deducted from your paycheck on a pre-tax basis unless you've changed your Section 125 election to deduct on a post-tax basis.

**Remember:** In order for you to elect life insurance coverage for your spouse or child(ren), you must first elect Basic Life insurance for yourself.

[The Life Insurance Needs Analysis Tool](#) will guide you in determining how much life insurance you need.

After you have made your election, select [Continue] at the bottom of this page.

Coverage Amount	Bi-Weekly Cost
<input checked="" type="radio"/> No Coverage	\$0.00
<input type="radio"/> 2x Salary/ 2x Salary	\$3.20

[Continue](#)

#### Benefit Calculator

*Based on Your Current Elections, your per pay period costs are:*




Pre-Tax Cost:	\$0.00
After-Tax Cost:	\$0.00
<b>Total Cost:</b>	<b>\$0.00</b>

---

Privacy Notice

Benefit Enrollment - Supplemental Life Insurance

Home | My Messages | Contact Us | Logout

Welcome

Personal Information

Section 125

Disclosure

Dependents

Beneficiaries

**Benefits**

- Personal Accident Insurance
- Basic Life Insurance**
- Medical
- Dental
- Health Care Flexible Spending Account
- Day Care Flexible Spending Account
- Enrollment Confirmation

### Employee Life Insurance

#### Basic Life Insurance

The life insurance coverage options available to you are shown below. Your Basic Life coverage also includes Accidental Death & Dismemberment.

If you elect Basic Life coverage, the Basic Life Insurance coverage and AD&D coverage will be deducted from your paycheck on a pre-tax basis unless you've changed your Section 125 election to deduct on a post-tax basis.

**Remember:** In order for you to elect life insurance coverage for your spouse or child(ren), you must first elect Basic Life Insurance for yourself.

The [Life Insurance Needs Analysis Tool](#) will guide you in determining how much life insurance you need.

After you have made your election, select [Continue] at the bottom of this page.

Coverage Amount	Bi-Weekly Cost
<input checked="" type="radio"/> No Coverage	\$0.00
<input type="radio"/> \$10,000/\$10,000	\$0.27
<input type="radio"/> \$20,000/\$20,000	\$0.54
<input type="radio"/> \$30,000/\$30,000	\$0.80
<input type="radio"/> \$40,000/\$40,000	\$1.07

[Continue](#)

#### Benefit Calculator

*Based on Your Current Elections, your per pay period costs are:*

Pre-Tax Cost:	\$0.00
After-Tax Cost:	\$0.00
<b>Total Cost:</b>	<b>\$0.00</b>

Privacy Notice

DRAFT

Spouse Life Insurance



- Welcome
- Personal Information
- Section 125
- Disclosure
- Dependents
- Beneficiaries
- Benefits**
- Personal Accident Insurance
- Basic Life Insurance
- Supplemental Employee Life Insurance
- Spouse Life Insurance**
- Disability Insurance
- Medical
- Dental
- Health Care Flexible Spending Account
- Day Care Flexible Spending Account
- Enrollment Confirmation Survey

### Spouse Life Insurance

You may elect Spouse Life Insurance coverage below.

After you have made your election, select [Continue] at the bottom of this page.

Coverage Amount	Bi-Weekly Cost
<input checked="" type="radio"/> No Coverage	\$0.00
<input type="radio"/> \$5,000	\$0.19
<input type="radio"/> \$10,000	\$0.39
<input type="radio"/> \$20,000	\$0.78
<input type="radio"/> \$30,000	\$1.17
<input type="radio"/> \$40,000*	\$1.56
<input type="radio"/> \$50,000*	\$1.95

\* Your election requires Evidence of Insurability. Aetna will send you a letter explaining how to provide further information. Aetna will notify your of their approval or denial upon receipt of the information requested.

[Continue](#)

#### Benefit Calculator




Based on Your Current Elections, your per pay period costs are:

Pre-Tax Cost:	\$3.20
After-Tax Cost:	\$0.00
<b>Total Cost:</b>	<b>\$3.20</b>



Child Life Insurance

Home | My Messages | Contact Us | Logout

Welcome

Personal Information

Section 125

Disclosure

Dependents

Beneficiaries

**Benefits**

- Personal Accident Insurance
- Basic Life Insurance
- Supplemental Employee Life Insurance
- Spouse Life Insurance
- Child Life Insurance**
- Disability Insurance
- Medical
- Dental
- Health Care Flexible Spending Account
- Day Care Flexible Spending Account

Enrollment Confirmation Survey

**Child Life Insurance**

To choose Child Life, you must have a dependent child on file under the age of 26. Coverage may continue for a child who is disabled and has been approved by Aetna to continue coverage as a handicapped child before reaching the maximum age under the plan.

You may elect Child Life Insurance coverage below.

After you have made your election, select [Continue] at the bottom of this page.

Benefit Choices	Bi-Weekly Cost
<input checked="" type="radio"/> No Coverage	\$0.00
<input type="radio"/> \$5,000	\$0.29
<input type="radio"/> \$10,000	\$0.57
<input type="radio"/> \$15,000	\$0.86
<input type="radio"/> \$20,000	\$1.14

[Continue](#)

**Benefit Calculator**

Based on Your Current Elections, your per pay period costs are:

Pre-Tax Cost:	\$3.20
After-Tax Cost:	\$0.00
Total Cost:	\$3.20

Privacy Notice

Disability Insurance



- Welcome
- Personal Information
- Section 125
- Disclosure
- Dependents
- Beneficiaries
- Benefits**
  - Personal Accident Insurance
  - Basic Life Insurance
  - Supplemental Employee Life Insurance
  - Spouse Life Insurance
  - Child Life Insurance
  - Disability Insurance**
  - Medical
  - Dental
  - Health Care Flexible Spending Account
  - Day Care Flexible Spending Account
- Enrollment Confirmation
- Survey

### Disability Insurance

This program provides both Short Term and Long Term Disability income benefits. Long Term Disability income benefits end when you reach 61.5 years old. If you enroll in Disability Insurance and are older than 61.5 years of age, you will only be enrolled in and charged for Short Term Disability.

After missing work for 5 calendar days, contact Managed Disability to initiate a claim. After thirty days (or exhaustion of your sick leave, whichever is later), Short Term Disability will pay a weekly benefit of 66 2/3% of your annual pay. After 26 weeks, Long Term Disability will pay a monthly benefit of 66 2/3% of your annual pay. See the Summary Plan Description for more details.

After you have made your election, select [Continue] at the bottom of this page.

Disability	Bi-Weekly Cost
<input checked="" type="radio"/> No Coverage	\$0.00
<input type="radio"/> Enrolled	\$4.80

[Continue](#)

#### Benefit Calculator

Based on Your Current Elections, your per pay period costs are:

Pre-Tax Cost:	\$3.20
After-Tax Cost:	\$0.00
<b>Total Cost:</b>	<b>\$3.20</b>

Benefit Enrollment - Medical

Home | My Messages | Contact Us | Logout



- Welcome
- Personal Information
- Section 125
- Disclosure
- Dependents
- Beneficiaries
- Benefits**
- Personal Accident Insurance
- Basic Life Insurance
- Medical**
- Dental
- Health Care Flexible Spending Account
- Day Care Flexible Spending Account
- Enrollment Confirmation

### Medical

Your medical plan options are listed below. Vision benefits are included in the medical plan. After you have reviewed and/or changed your election, select [Continue] at the bottom of this page.

You can change your medical plan election by clicking the  radio button next to that plan.

To change coverage for your dependents, you must [check or uncheck](#) on the Dependent page.

If more than one medical plan is offered in your area and you would like help determining which medical plan might provide the best coverage for your needs, compare your choices using the Medical Plan Comparison Chart.

Benefit Choices	Self Only	Self + Child(ren)	Self + Spouse	Self + Spouse + Child(ren)
<input checked="" type="radio"/> No Coverage	\$0.00	\$0.00	\$0.00	\$0.00
<input type="radio"/> Aetna Traditional Choice Plan	\$81.39	\$157.08	\$188.01	\$249.05

[Continue](#)

### Benefit Calculator

Based on Your Current Elections, your per pay period costs are:



Pre-Tax Cost:	\$0.00
After-Tax Cost:	\$0.00
Total Cost:	\$0.00


### Dependents

Currently you are not covering any dependents for this benefit.

Benefit Enrollment - Dental

Home | My Messages | Contact Us | Logout



Welcome

Personal Information

Section 125

Disclosure

Dependents

Beneficiaries

**Benefits**

Personal Accident Insurance

Basic Life Insurance

Medical

**Dental**

Health Care Flexible Spending Account

Day Care Flexible Spending Account

Enrollment Confirmation

### Dental

Your dental plan options are listed below. The Stand Alone Dental plan is not an available option if you are enrolled in a medical plan. The Stand Alone Dental plan is for those who do not wish to have medical coverage with the Exchange. **Your medical coverage will be cancelled if you elect the Stand Alone Dental plan.**

After you have reviewed and/or changed your election, select [Continue] at the bottom of this page. You can change your dental plan election by clicking the  radio button next to that plan.

As a reminder, if you want to cover your dependent(s) in the DoD NAF Dental plan, you must elect to cover the same dependent(s) in medical coverage. To change coverage for your dependents, you must [check or uncheck coverage](#) on the Dependent page.

If more than one dental plan is offered in your area and you would like help determining which dental plan might provide the best coverage for your needs, [compare your choices](#) using the Dental Plan Comparison Chart.

Benefit Choices	Self Only	Self + Child(ren)	Self + Spouse	Self + Spouse + Child(ren)
<input checked="" type="radio"/> No Coverage	\$0.00	\$0.00	\$0.00	\$0.00
<input type="radio"/> Stand Alone Dental	\$16.10	\$36.24	\$32.21	\$52.34

[Continue](#)

#### Benefit Calculator

*Based on Your Current Elections, your per pay period costs are:*

Pre-Tax Cost:	\$0.00
After-Tax Cost:	\$0.00
Total Cost:	\$0.00



#### Dependents

Currently you are not covering any dependents for this benefit.


Privacy Notice

DRAFT

Benefit Enrollment - HCFSAs

[Home](#) | [My Messages](#) | [Contact Us](#) | [Logout](#)



Welcome

Personal Information

Section 125

Disclosure

Dependents

Beneficiaries

**Benefits**

Personal Accident Insurance

Basic Life Insurance

Medical

Dental

**Health Care Flexible Spending Account**

Day Care Flexible Spending Account

Enrollment Confirmation

### Health Care Flexible Spending Account (HCFSAs)

A Health Care FSA allows you to reimburse yourself with pre-tax dollars for out of pocket health care expense for you and your eligible dependents and reduces your taxable income for the year which saves you money on your taxes!

You may elect to contribute a minimum amount of \$200 up to a maximum amount of \$2,650 to your HCFSAs. This money must be used for qualifying out-of-pocket health care, dental and/or vision expenses for you or your eligible dependents. A full explanation of eligible and ineligible expenses for a health care spending account is in [IRS Publication 502](#).

It is important to carefully [Estimate Your Expenses](#) so you don't lose your funds. Qualifying medical, dental, or vision expenses incurred in 2019 must be claimed by February 15th of the following year. Remember that up to \$500 of your unused FSA funds can be rolled over to the following plan year. Any unused amount above the \$500 will be forfeited.

During any unpaid leave of absence: your FSA participation and contributions will stop and you may not request reimbursement for eligible expenses incurred during the absence.

If you return to work in the same calendar year, your participation will be reinstated back to the date you went on unpaid leave and at that time you may request reimbursement for eligible expenses incurred during your period of unpaid leave. Your contributions will be recalculated to ensure you meet your annual election amount by the end of the year.

Please enter your election in whole dollars below.

Annual Amount	-	Estimated YTD	Remaining Pay Periods	Estimated Per Pay Period Cost
\$0		\$0	± 9 periods =	\$0.00

[Continue](#)

#### Benefit Calculator

*Based on Your Current Elections, your per pay period costs are:*

Pre-Tax Cost:	\$0.00
After-Tax Cost:	\$0.00
Total Cost:	\$0.00

[Privacy Notice](#)

DRAFT

Benefit Enrollment - DCFSA

Home | My Messages | Contact Us | Logout



- Welcome
- Personal Information
- Section 125
- Disclosure
- Dependents
- Beneficiaries
- Benefits**
- Personal Accident Insurance
- Basic Life Insurance
- Medical
- Dental
- Health Care Flexible Spending Account
- Day Care Flexible Spending Account**
- Enrollment Confirmation

### Day Care Flexible Spending Account (DCFSA)

This plan reimburses for qualifying **DAY CARE** expenses for eligible children and adults.

**DAY CARE EXPENSE** - You may elect to contribute a minimum of \$200 and up to a maximum amount of \$5,000 to your DAY CARE FLEXIBLE SPENDING ACCOUNT. This money must be used for qualifying out-of-pocket DAY CARE expenses for your eligible child or adult. [IRS Publication 503](#) provides a full explanation of qualifying DAY CARE expenses and defines eligible children and adults.

If you are married and your spouse has a DAY CARE FLEXIBLE SPENDING ACCOUNT through their employer, you are limited to a combined contribution of \$5,000 in a calendar year. If you file a separate income tax return, the most you can contribute is \$2,500.

Use it or Lose it: [Estimate your DAY CARE expenses](#) carefully to get the greatest benefit from this plan. The contributions deducted from your pay are reserved for you, but can only be reimbursed when you send in a request to Aetna with proof that you had qualifying DAY CARE expenses. You will lose any funds that are not spent on qualifying DAY CARE expenses by the December 31<sup>st</sup> deadline, or not requested for reimbursement by the February 15<sup>th</sup> deadline. Estimate your expenses to avoid this loss.

During any unpaid leave of absence: your DAY CARE FLEXIBLE SPENDING ACCOUNT participation and contributions will stop and you may not request reimbursement for qualifying DAY CARE expenses incurred during the absence.

If you return to work in the same calendar year: your DAY CARE FLEXIBLE SPENDING ACCOUNT participation will be reinstated effective the date you returned to work. Your contributions will be recalculated to ensure you meet your annual election amount by the end of the year.

Please enter your election in whole dollars below.

Annual Amount	Estimated YTD	Remaining Pay Periods	Estimated Per Pay Period Cost
<input type="text" value="\$0"/>	- \$0	÷ 9 periods =	\$0.00

[Continue](#)

#### Benefit Calculator




Based on Your Current Elections, your per pay period costs are:

Pre-Tax Cost:	\$0.00
After-Tax Cost:	\$0.00
<b>Total Cost:</b>	<b>\$0.00</b>



Benefit Enrollment Summary

Home | My Messages | Contact Us | Logout

Welcome

Personal Information

Section 125

Disclosure

Dependents

Beneficiaries

Benefits

**Enrollment Confirmation**

## Your 2019 Benefit Election Summary

This Enrollment Confirmation is based on the elections you made during this enrollment session. Please review this summary carefully and print a copy for your records. **A separate confirmation will NOT be mailed to your home.**

To change your elections, click on any underlined link below.

[Continue](#)

Benefit/Option	Coverage	Your Pre-Tax Bi-Weekly Cost	Your After-Tax Bi-Weekly Cost	Exchange Bi-Weekly Cost
Medical *	No Coverage	\$0.00	\$0.00	\$0.00
Dental *	No Coverage	\$0.00	\$0.00	\$0.00
Health Care FSA **	Not Enrolled	\$0.00	\$0.00	\$0.00
Dependent Care FSA **	Not Enrolled	\$0.00	\$0.00	\$0.00
Basic Life and AD&D *	No Coverage	\$0.00	\$0.00	\$0.00
Personal Accident Insurance	No Coverage	\$0.00	\$0.00	\$0.00
<b>Total</b>		\$0.00	\$0.00	\$0.00

\* Deductions for elections you have made (other than No Coverage) for Medical, Dental and Basic Life Insurance (Basic Life and AD&D) for yourself and eligible tax dependents will be made on a pre-tax basis under Section 125, IRC, unless you have indicated otherwise. You may not cancel coverage except during any Open Enrollment Period, unless you have a Family Status Change event. You may choose to change your pre-tax or after tax basis for deductions each year as part of Open Enrollment.

\*\* Deductions for HCFSA or DCFSA are always made on a pre-tax basis. Once you have enrolled in coverage, you may only change your election amount as a result of a Family Status Change event.

**You have no dependents on file.**

You may be subject to a \$50 penalty from the IRS for each failure to provide an accurate SSN/ITIN for a covered individual. For additional information, see IRS Form W-9 instructions (available upon request).

Currently, **you do not have beneficiaries on file.**

**We strongly recommend you designate beneficiaries.**

[Continue](#)

Privacy Notice