



BENEFEDS Enrollee Portal Main Screen Save Point



► SELECT YOUR ELIGIBILITY

Select your eligibility group

Before enrolling in the Federal Employees Dental and Vision Insurance Program (FEDVIP), we need to ask you some questions to determine which FEDVIP plans you are eligible for, or if you are eligible at all.

Which Federal family are you currently associated with?

- Federal or U.S. Postal Service (USPS) employee, retiree, or family member
- Uniformed service member, retiree, or family member

Belong to both groups?

You can only enroll as part of one eligibility group. Select an option for more information on each group.

FEDVIP plans and premiums are the same for all eligible groups. They may only vary based on the region where you live or plan you select, not based on your eligibility.

Continue



► ELIGIBILITY CONFIRMATION

You are eligible to enroll in FEDVIP dental and vision coverage

Before enrolling, you will need to create a My BENEFEDS account to save your FEDVIP eligibility information (if you haven't already).

Certification of eligibility

I certify that I am eligible to enroll in the Federal Employees Dental and Vision Insurance Program (FEDVIP) as a Federal employee, U.S. Postal Service employee, annuitant, survivor annuitant, or compensationer as defined in the FEDVIP regulations (5 CFR Part 894).

I further certify that I will not be covered under more than one FEDVIP dental plan and/or FEDVIP vision plan, nor will any of my eligible family members. If I am or any of my eligible family members are covered or will be covered under someone else's FEDVIP dental plan and/or FEDVIP vision plan, I will not proceed with this enrollment.

I certify that the above statements are correct

Create a My BENEFEDS Account

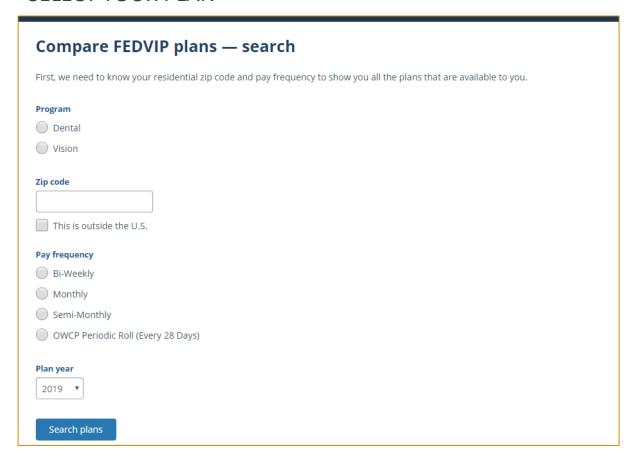
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► CREATE YOUR ACCOUNT

Create a BENEFEDS account Before selecting a FEDVIP plan, you need to create an account to save your eligibility information. We'll finish building your profile in the next step. Personal information Edit Mr. John Doe ***-**-1979 December 8, 1979 Male email@email.com Login credentials Edit User ID email@email.com What is the name of the city where you were born? Boston What is the name of your first pet? Rex Save account

► SELECT YOUR PLAN





► ENROLLMENT CONFIRMATION

	Make sure all your information is correct. Once you're enrolled, you'll only be able to edit certain information.		
nrollment term	Selected vision plan		Ed
Eligibility	Aetna Vision, PPO High National/International	Coverage effective date: 01/01/2019 Premium effective date: 01/01/2019 Premium effective date: 01/01/2019 Premium effective date: 01/01/2019	
1. I certify that:	Self Only	Premium effective date: 01/01/2019	
-	\$13.61 Monthly		
I am eligible t			
Program (FEC			
Any family me	Other insurance		Ed
I will not be o			
members. If	Non-FEHB/non-FEDVIP insurance? No	FEHB? Yes	
] I agree to the BEI			
Submit vision enro	Automatic bank withdraw	al (ABW)	Ed
	Bank name: BoA		
	Routing number: 123456780		
	Account number: *******		
	Account type: Savings		