



Enroll in TRICARE - Federal Employees Health Benefits (FEHB)

Verify Federal Employees Health Benefits

A member who is enrolled or eligible to enroll in the Federal Employees Health Benefits (FEHB) program, as a civilian Federal employee (a Federal civil servant) in their own right, does NOT qualify to purchase TRS or TRR coverage by law.

IMPORTANT NOTE: Your status as a member of the National Guard or Reserves as a Selected Reservist, does NOT make you eligible for FEHB. If you are eligible for FEHB, please check with a human resources representative in your Federal agency or organization before proceeding. Please read the information below for additional FEHB eligibility information.

If you meet any of the conditions listed below, you are included in the FEHB exclusion and do NOT qualify to purchase TRS or TRR coverage.

- A civilian Federal employee under Chapter 89, United States Code (USC) Title 5, Section 2105
- A Congressional employee (as stated in USC Title 10 Section 2106) other than the following:
- A full or part time employee of an official office of a Member of Congress, for the FEHB plan year, as designated by his or her employing office (annual designation), whether in Washington, DC or outside of Washington, DC, is not eligible to enroll in the FEHB program and thus may qualify to purchase TRS or TRR
- Annuitants with FEHB eligibility including retired Federal employees, certain survivors and certain former spouses
- An employee of Gallaudet College
- An employee of a county committee established under USC Title 16 Section 590h(b)
- Others in accordance with USC Title 5 Chapter 89

If you become a civilian Federal employee, but have a waiting period before your FEHB eligibility begins, and depending on your qualifying status in DEERS, you may still be eligible to purchase TRS/TRR coverage until such time your FEHB eligibility would begin.



- . I certify that I am not eligible for, or enrolled in, an FEHB plan.
- I understand that should I become eligible for a health coverage plan under FEHB, I am required to disenroll from my TRS/TRR coverage.
 I understand that periodic validation of my eligibility for FEHB will be conducted.

 I am Eligible for, or enrolled in, FEHB. FEHB Start Date

WARNING: Your eligibility or enrollment in FEHB means that you do NOT qualify to purchase TRS or TRR coverage. If you confirm your eligibility for FEHB, you will not be able to purchase TRS or TRR coverage.

Decline



Enroll in TRICARE - Select Enrolling Family Members

Step 1 of 5: Select Enrolling Family Members

The TRICARE enrollment process allows you to enroll the selected family members into TRICARE by choosing from eligible plans, selecting a provider type, and assigning a Primary Care Manager.

Select Family Members

Select one or more family members for enrollment in TRICARE at this time.

Name		Enrolled Plan	Residential Address	Mailing Address
<u>~</u>	(Sponsor)	Not Enrolled		
✓	(Spouse)	Not Enrolled		
<u>~</u>	(Child)	Not Enrolled		Mailing Address same as Residence

Cancel

Enroll in TRICARE - Address Verification				
Raymond				
Residential Address .	Mailing Address			
United States	Salinas 93907 - 1997			
Home Phone: Work Phone: Cell Phone: Fax: Email:				
I elect to receive benefit change correspondence via email.				
Edit Information				
Hazel				
Residential Address	Mailing Address			
BEDFORD, TX 76021 - 2453 United States	Monterey, CA 93940 - 1934 United States			
Home Phone: Work Phone: Cell Phone: Fax: Email:				
I elect to receive benefit change correspondence via email.				
Edit Information				
Terrence '				
Residential Address	Mailing Address Mailing Address same as Primary Address			
BEDFORD, TX 76021 - 2453 United States				
Home Phone: Work Phone: Cell Phone: Fax: Email:				
I elect to receive benefit change correspondence via email.				
Edit Information				
Cancel Continue				



* Read and check all boxes below Note: Your session will end after 15 minutes of no activity.

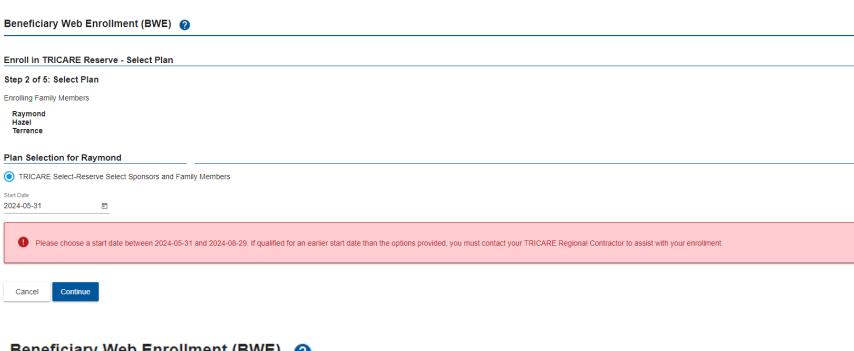
By checking the boxes, I understand:

- I'm responsible for providing true and complete information.
- Under Federal law, false information or concealing information is subject to a fine and jail time.
- It's my responsibility to follow all TRICARE enrollment procedures.
- I may have to pay premiums and provide credit card information.
- If I waive access standards, I may have to drive more than 30 minutes for primary care and more than 60 minutes for specialty care.
- I may have to waive access standards if I live outside of the 30 minute drive-time standard.

Note: If you don't want to waive access standards, complete a paper form and mail it to your contractor.



Continue





Enroll in TRICARE Reserve - Verify Selected Plan

Enrolling Family Members: Raymond Hazel

Terrence . TRICARE Select-Reserve Select Sponsors and Family Members Selected Plan:

Selected TRICARE Contractor: Humana Military (T5 East)

1-800-444-5445 Phone Number: **Enrollment Period:** 2024-05-31 - Indefinite

Previous

Continue



Enroll in TRICARE Reserve - Premiums

Enrollment Payment Information

If you elect electronic funds transfer (EFT) as the payment method for your TRICARE Reserve enrollment Premiums, ensure you provide your banking information below. NOTE: If you select this type of payment, you must make the first monthly payment by credit card when you submit this enrollment Monthly bills will not be sent.

Initial Enrollment Premium Payment Information

Premium Payment Option: Payment Method: 2 months initial payment at enrollment Credit Card \$513.74 Initial Payment Amount:

Note: If you would like to pay by check, you must print the enrollment form and mail it in along with your payment.

How do you want to make your initial enrollment payment?



How do you want to pay your recurring automatic monthly premiums?

Please select a recurring payment option. *

 I choose to have my enrollment Premiums paid by credit card (will use the credit card information above for recurring payments). I choose to have my enrollment premiums paid by electronic funds transfer (EFT).







Enroll in TRICARE Reserve - Confirm Premium Payment Information

Please confirm your enrollment payment information.

Premium Payment Information

Premium Payment Option: 2 Months Payment Method: Credit Card Payment Amount: \$513.74

Credit Card Details

Card Type: VISA Card Number: ********** Security Code: 111 Expiration Date: Jan 2028

Billing Information

Name on Card: Test Lastname Address: 1 Main Alexandria City: State: Virginia ZIP: 22311 United States Country:

Recurring automatic monthly premiums





Enrollment Review

Step 4 of 5: Enrollment Review

Raymond

TRICARE Select-Reserve Select Sponsors and Family Members Plan:

Enrollment Date: 2024-05-31

Hazel •

TRICARE Select-Reserve Select Sponsors and Family Members Plan:

Enrollment Date: 2024-05-31

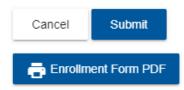
Terrence

Plan: TRICARE Select-Reserve Select Sponsors and Family Members

Enrollment Date: 2024-05-31

Please verify the enrollment options in order to complete the enrollment process.

By clicking on Submit, you acknowledge this action implies you are providing your signature on this form.





Enrollment Forms

You have selected the Print and Mail Enrollment Form option. To complete your action, please complete the printed form and mail it to your contractor.

Click a link below to print a form:

Humana Military (T5 East) Reserve

Return