

Sign Out



### Beneficiary Web Enrollment (BWE) ?

The current date is NOT in Open Season.

System Date: 2024-05-31

Sponsor EDI:  Bene EDI:

This field shows for QA only. This field shows for QA only. This field shows for QA only.

**Family Members**

(Sponsor)

(Spouse)

(Child)

Medical Enrollments Dental Enrollments Contact Info Pharmacy Coverages

**Medical Coverage**

Coverage: TRICARE Select-Reserve Select Sponsors and Family Members

Coverage Period: 2017-03-01 to Indefinite

## Beneficiary Web Enrollment (BWE)

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### Enroll in TRICARE - Federal Employees Health Benefits (FEHB)

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#### 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 unsure 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 am Not Eligible for, or enrolled in, FEHB.

- 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

5/31/2024 

**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

Continue

**Beneficiary Web Enrollment (BWE) ?**

**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
<input checked="" type="checkbox"/> (Sponsor)	Not Enrolled		
<input checked="" type="checkbox"/> (Spouse)	Not Enrolled		
<input checked="" type="checkbox"/> (Child)	Not Enrolled		Mailing Address same as Residence

**Beneficiary Web Enrollment (BWE) ?**

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**Enroll in TRICARE - Address Verification**

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**Raymond**

**Residential Address**

United States

Home Phone:  
Work Phone:  
Cell Phone:  
Fax:  
Email:

I elect to receive benefit change correspondence via email.

**Edit Information**

**Mailing Address**

Salinas 93907 - 1997

**Hazel**

**Residential 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**

**Mailing Address**

Monterey, CA 93940 - 1934  
United States

**Terrence**

**Residential 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**

**Mailing Address**  
Mailing Address same as Primary Address

**Cancel** **Continue**

## Beneficiary Web Enrollment (BWE)

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\* 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.

Decline

Continue

## Beneficiary Web Enrollment (BWE) ?

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### Enroll in TRICARE Reserve - Select Plan

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#### Step 2 of 5: Select Plan

Enrolling Family Members

Raymond  
Hazel  
Terrence

#### Plan Selection for Raymond

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TRICARE Select-Reserve Select Sponsors and Family Members

Start Date

2024-05-31



Please choose a start date between 2024-05-31 and 2024-08-29. If qualified for an earlier start date than the options provided, you must contact your TRICARE Regional Contractor to assist with your enrollment.

Cancel

Continue

## Beneficiary Web Enrollment (BWE) ?

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### Enroll in TRICARE Reserve - Verify Selected Plan

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**Enrolling Family Members:**

Raymond  
Hazel  
Terrence ,

**Selected Plan:**

TRICARE Select-Reserve Select Sponsors and Family Members

**Selected TRICARE Contractor:**

Humana Military (T5 East)

**Phone Number:**


1-800-444-5445

**Enrollment Period:**

2024-05-31 - Indefinite

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**Beneficiary Web Enrollment (BWE)** 

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

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?**

Card Type *	Card Number *	Security Code *	Expiration Month *	Expiration Year *
Visa	·	111	Jan	2028

16 digits (15 for AMEX), no spaces

**Name on Card**

First Name *	Middle Name	Last Name *
Test		Lastname

**Credit Card Billing Address**

Address 1 \*  
1 Main

Address 2

City *	State *	ZIP *
Alexandria	VA - Virginia	22311

Country \*  
United States

**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).



## Beneficiary Web Enrollment (BWE)

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### Enroll in TRICARE Reserve - Confirm Premium Payment Information

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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
City:	Alexandria
State:	Virginia
ZIP:	22311
Country:	United States

#### Recurring automatic monthly premiums

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

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[Cancel](#)

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[Enrollment Form PDF](#)

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## Beneficiary Web Enrollment (BWE)

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### Enrollment Review

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#### Step 4 of 5: Enrollment Review

#### Raymond<sup>1</sup>

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**Plan:** TRICARE Select-Reserve Select Sponsors and Family Members  
**Enrollment Date:** 2024-05-31

#### Hazel

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**Plan:** TRICARE Select-Reserve Select Sponsors and Family Members  
**Enrollment Date:** 2024-05-31

#### Terrence

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**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.**

Cancel

Submit



Enrollment Form PDF

## Beneficiary Web Enrollment (BWE)

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### Enrollment Forms

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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](#)

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