

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)

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 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) ?

Enroll in TRICARE - Address Verification

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)

* 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) ?

Enroll in TRICARE Reserve - Select Plan

Step 2 of 5: Select Plan

Enrolling Family Members

Raymond
Hazel
Terrence

Plan Selection for Raymond

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) ?

Enroll in TRICARE Reserve - Verify Selected Plan

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

Previous

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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
<small>16 digits (15 for AMEX), no spaces</small>				

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).

 [Enrollment Form PDF](#)

Beneficiary Web Enrollment (BWE)

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
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).

Previous

Cancel

Continue



Enrollment Form PDF

Beneficiary Web Enrollment (BWE)

Enrollment Review

Step 4 of 5: Enrollment Review

Raymond¹

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

Hazel

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

Cancel

Submit

 Enrollment Form PDF

Beneficiary Web Enrollment (BWE)

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](#)
