

# TRICARE Select Enrollment, Disenrollment, and Change Form - OMB Control

Number

0720-0061

## Screenshot #1 - BWE Dashboard

### Beneficiary Web Enrollment (BWE) ?

**i** The current date is NOT in Open Season.

System Date

2024-08-16



**Pull Data**

This field shows for QA only.

#### Family Members

##### Emmons, Joshua J (Sponsor)

Emmons, Glenda B (Spouse)

Emmons, Glen J (Child)

Emmons, Wesley J (Child)

Emmons, Jessie B (Child)

Emmons, Kelly M (Child)

Medical Enrollments

Dental Enrollments

Contact Info

Pharmacy Coverages

**i** You are not enrolled in TRICARE. To receive TRICARE Coverage, please enroll during Open Season.

#### Medical Coverage

**Coverage:**

Direct Care for Retired Sponsors and Family Members

**Coverage Period:**

2017-06-01 to Indefinite

**Start Medical Enrollment**

# Screenshot #2 - Select Family Members to Enroll

## Beneficiary Web Enrollment (BWE) ?

**i** All selected family members must enroll in either Prime or Select plans. If you want to enroll some family members in Prime and some in Select, you will need to go through the enrollment process twice.

### 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"/> Emmons, Joshua J (Sponsor)	Not Enrolled	400 Gigling Road, Suite 568, NEW YORK, NY 10002	Mailing Address same as Residence
<input checked="" type="checkbox"/> Emmons, Glenda B (Spouse)	Not Enrolled	400 Gigling Road, Suite 568, NEW YORK, NY 10002	Mailing Address same as Residence
<input type="checkbox"/> Emmons, Wesley J (Child)	Not Enrolled	400 Gigling Road, Suite 568, BRUNSWICK, ME 04011	Mailing Address same as Residence
<input type="checkbox"/> Emmons, Jessie B (Child)	Not Enrolled	400 Gigling Road, Suite 568, SEATTLE, WA 98144	Mailing Address same as Residence
<input type="checkbox"/> Emmons, Kelly M (Child)	Not Enrolled	400 Gigling Road, Suite 568, NEW YORK, NY 10002	Mailing Address same as Residence

Select one young adult for enrollment in TRICARE at this time.

Name	Enrolled Plan	Residential Address	Mailing Address
<input type="checkbox"/> Emmons, Glen J (Child)	Not Enrolled	400 Gigling Road, Suite 63, NEW YORK, NY 10002	Mailing Address same as Residence

# Screenshot #3 - Select QLE

## Beneficiary Web Enrollment (BWE) ?

Please select reason for the new enrollment or change:

### Qualifying Life Event (QLE)

QLE	Beneficiary
<input checked="" type="radio"/> Address Change	Any

QLE Effective Date \*

2024-08-16



**Note:** Your enrollment begin date will be set to the Selected QLE Effective Date.

**Note:** Selected QLE and all QLEs with prior effective dates will be marked as Used.

**Note:** If you would like to make additional changes based on your previously used QLE, or if your QLE is not displayed, please call your contractor.

Previous

Cancel

Continue

## Screenshot #4 - Confirm Address

### Beneficiary Web Enrollment (BWE) ?

#### Enroll in TRICARE - Address Verification

##### Joshua J. Emmons

**Residential Address**  
400 Gigling Road  
Suite 568  
NEW YORK, NY 10002  
United States

**Home Phone:** 6148804900  
**Work Phone:** 8505874563  
**Cell Phone:** 9069911468  
**Fax:**  
**Email:** JOSHUA.EMMONS@TEST.COM

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

I elect to receive benefit change correspondence via email.

Edit Information

##### Glenda B. Emmons

**Residential Address**  
400 Gigling Road  
Suite 568  
NEW YORK, NY 10002  
United States

**Home Phone:** 6148804900  
**Work Phone:** 7262237455  
**Cell Phone:** 3595029274  
**Fax:**  
**Email:** GLENDA.EMMONS-1@DMDCDRDS.COM

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

I elect to receive benefit change correspondence via email.

Edit Information

Cancel

Continue

## Screenshot #5 - Check Compliance Boxes

## 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

## Screenshot #6 - Select A Plan

### Beneficiary Web Enrollment (BWE) ?

#### Enroll in TRICARE - Select Plan

##### Step 2 of 5: Select Plan

Enrolling Family Members

Joshua J. Emmons

1. Select Plan	2. Select Provider Type	3. Search For PCM	4. Confirm PCM Changes
----------------	-------------------------	-------------------	------------------------

Glenda B. Emmons

#### Plan Selection for Joshua J. Emmons

- TRICARE Prime-Retired Sponsors and Family Members
- TRICARE Select-Retired Sponsors and Family Members

Start Date: 2024-08-16

Cancel

Continue

## Screenshot #7 - Verify Plan and Contractor Information

### Beneficiary Web Enrollment (BWE) ?

#### Enroll in TRICARE - Verify Selected Plan

<b>Beneficiary Name:</b>	Joshua J. Emmons
<b>Selected Plan:</b>	TRICARE Select-Retired Sponsors and Family Members
<b>Selected TRICARE Contractor:</b>	Humana Military (T5 East)
<b>Phone Number:</b>	1-800-444-5445
<b>Enrollment Period:</b>	2024-08-16 - 2039-11-30

Previous

Continue

## Screenshot #8 - Collect Premiums

## Beneficiary Web Enrollment (BWE)

### Enroll in TRICARE - Premiums

#### Enrollment Payment Information

If you elect monthly payment from your Uniformed Services pay account as the payment method for your TRICARE Select enrollment premiums, your completion of this application will constitute authorization for the medical contractor to initiate a monthly allotment with your Uniformed Service Pay Center in lieu of an allotment authorization letter. NOTE: If you select this type of payment, you must make the first monthly payment by credit card when you submit this enrollment

If you elect electronic funds transfer (EFT) as the payment method for your TRICARE Select 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

If you do not elect to establish payment by monthly EFT or allotment, you will be direct billed by your contractor at the frequency you indicate.

Retired beneficiaries and retiree family members entitled to Medicare Part B must be enrolled in Medicare Part B to be eligible for enrollment in TRICARE Prime. TRICARE enrollment Premiums are waived for these retirees and retiree family members if DEERS reflects their entitlement to Medicare Part B

Quarterly and annual bills will be sent on a quarterly and annual basis, respectively. Monthly bills will not be sent.

#### Initial Enrollment Premium Payment Information

**Premium Payment Option:** Quarterly Payment  
**Payment Method:** Credit Card  
**Initial Payment Amount:** \$88.98

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 *
Master Card	5454545454545454	544	Apr	2027
	<small>16 digits (15 for AMEX), no spaces</small>			

#### Name on Card

First Name *	Middle Name	Last Name *
Test FN	MI	Test LN

#### Credit Card Billing Address

Address 1 \*  
123 Main St

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 will pay directly as billed by the contractor on the  basis.
- I choose to have my enrollment premiums paid by monthly allotment from my Uniformed Services Payroll account.  
Note: Only the Uniformed Service member may establish an allotment from their payroll account.
- I choose to have my enrollment premiums paid by electronic funds transfer (EFT).

Cancel Continue

 Enrollment Form PDF

## Beneficiary Web Enrollment (BWE) ?

### Enroll in TRICARE - Confirm Premium Payment Information

Please confirm your enrollment payment information.

#### Premium Payment Information

Premium Payment Option: 3 Months  
Payment Method: Credit Card  
Payment Amount: \$88.98

#### Credit Card Details

Card Type: MASTERCARD  
Card Number: \*\*\*\*\*5454  
Security Code: 544  
Expiration Date: Apr 2027

#### Billing Information

Name on Card: Test FN MI Test LN  
Address: 123 Main St  
City: Alexandria  
State: Virginia  
ZIP: 22311  
Country: United States

#### Recurring automatic monthly premiums

I will pay directly as billed by the contractor on the quarterly basis.

Previous

Cancel

Continue

 Enrollment Form PDF

## Screenshot #10 - Confirm Enrollment Information

## Beneficiary Web Enrollment (BWE) ?

### Enrollment Review

#### Step 4 of 5: Enrollment Review

#### Joshua J. Emmons

Plan: TRICARE Select-Retired Sponsors and Family Members  
Enrollment Date: 2024-08-16

#### Glenda B. Emmons

Plan: TRICARE Select-Retired Sponsors and Family Members  
Enrollment Date: 2024-08-16

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

## Screenshot #11 - Print Enrollment Form

## 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:

**Note: Each form can only be prepopulated for a maximum of 3 family members (excluding Sponsor).**

[Humana Military \(T5 East\) Select](#)

Return