

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
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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

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

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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).

 [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