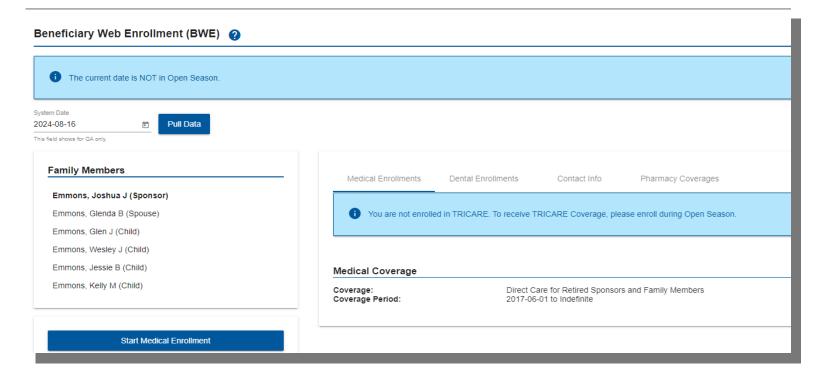
TRICARE Select Enrollment, Disenrollment, and Change Form - OMB Control

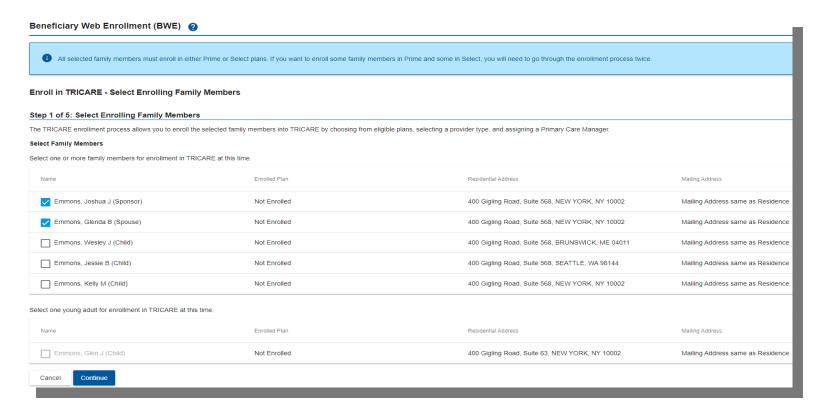
Number

0720-0061

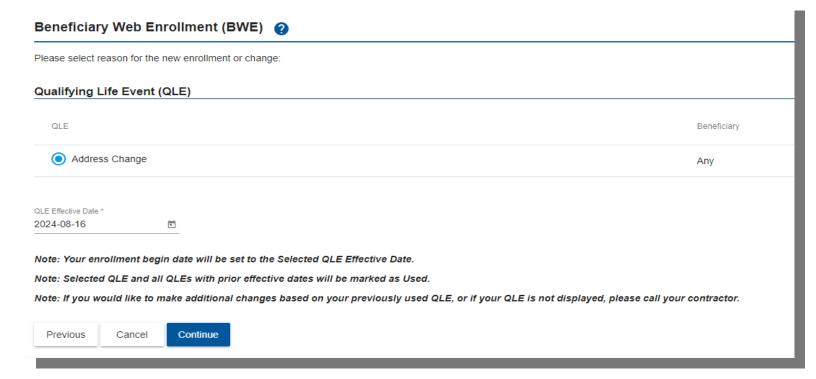
Screenshot #1 - BWE Dashboard



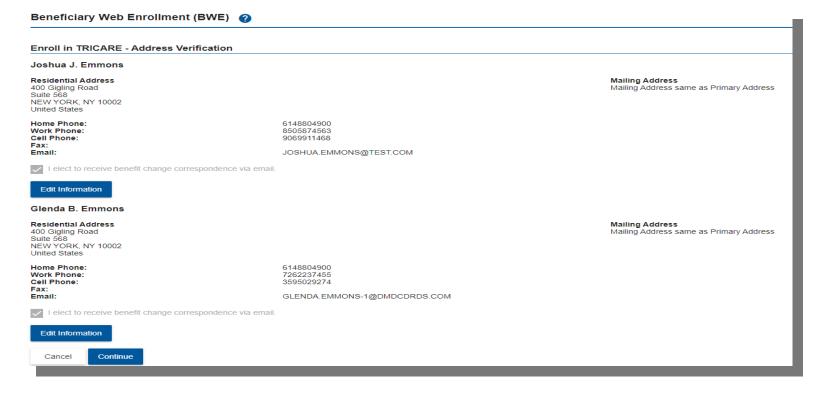
Screenshot #2 - Select Family Members to Enroll



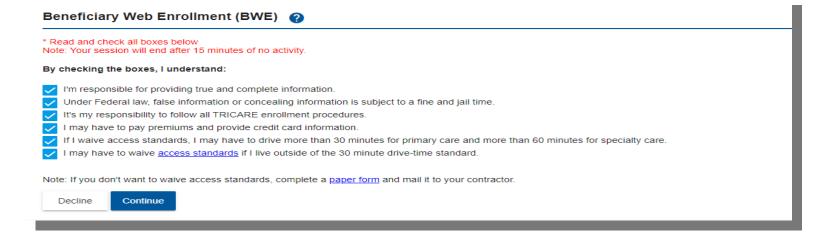
Screenshot #3 - Select QLE



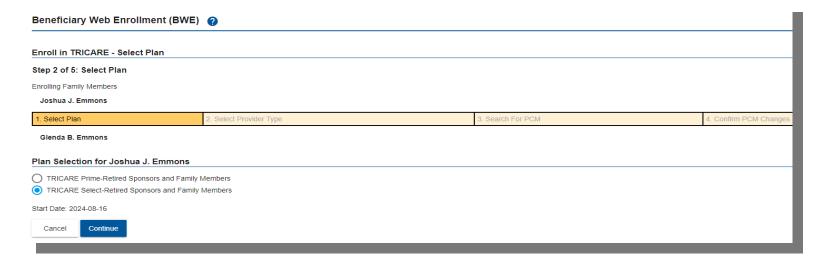
Screenshot #4 - Confirm Address



Screenshot #5 - Check Compliance Boxes



Screenshot #6 - Select A Plan



Screenshot #7 - Verify Plan and Contractor Information



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 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 Number * Expiration Month * Expiration Year * Master Card 5454545454545454 544 **▼** 2027 Apr 16 digits (15 for AMEX), no spaces Name on Card Middle Name Last Name ¹ Test FN Test LN **Credit Card Billing Address** Address 1 * 123 Main St Address 2 ZIP * City * State * 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 quarterly ✓ basis. I choose to have my enrollment premiums paid by monthly allotment from my Uniformed Services Payroll account.

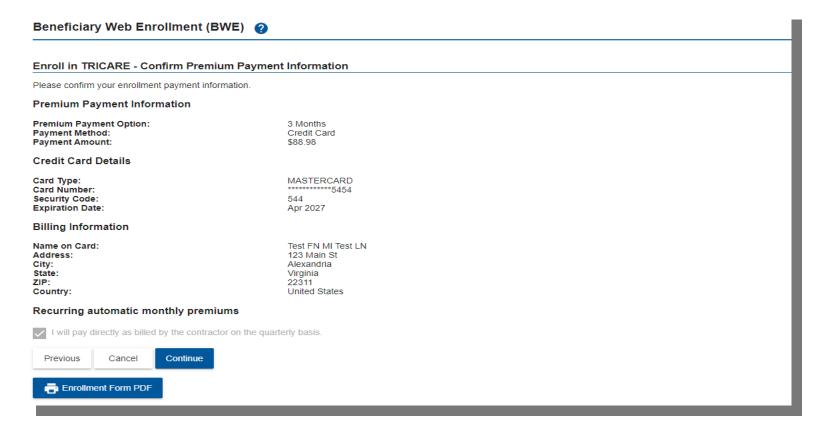
Continue

Enrollment Form PDF

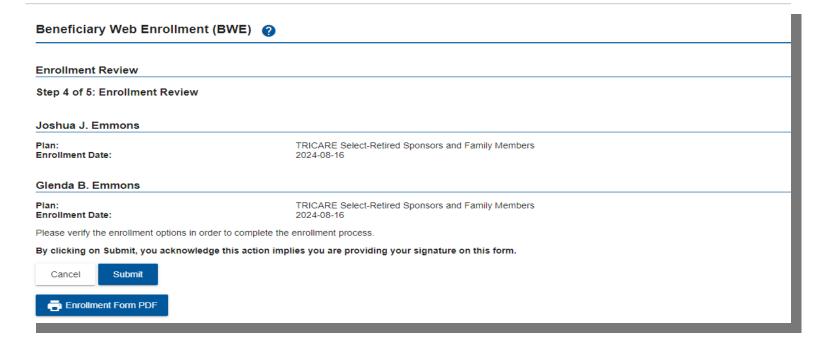
Cancel

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).



Screenshot #10 - Confirm Enrollment Information



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