

Welcome to Open Enrollment!



Gathering your information...

- Personal
- Dependents
- Additional Info

Take a minute to make sure we have everything right.

Verify Your Information

Is this right?

Detail	Have changes?
First Name	[Redacted]
Middle Name	[Redacted]
Last Name	[Redacted]
SSN	[Redacted]
Birth Date	[Redacted]
Sex	Female
Marital Status	Married

[Contact Us](#)

[Exit](#)

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Verify Your Information

Is your address the same?

Address

[Have changes?](#)

Home
(preferred)

Alternate

None

[Contact Us](#)

[Exit](#)

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Any changes to your dependents?

Dependents

—

Details

First Name

[Redacted]

Middle Name

[Redacted]

Last Name

[Redacted]

SSN

[Redacted]

Birth Date

[Redacted]

Sex

Male⁺

Relationship

Spouse

Edit

Add a New Person

[Exit](#)

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Verify Your Information

Any changes here?

Phone

Edit

Home

Office

Mobile

Email

Edit

Work

Alternate
(preferred)

[Contact Us](#)

[Exit](#)

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Verify Your Information

How do you want to stay in touch?

Paperless

Edit

Benefits Materials

Paperless

Benefits materials will be sent to you electronically when possible. If the law does not permit a document to be sent electronically, it will be sent via U.S. Mail.

Required Disclosures

Consented

I acknowledge that I have read and understood the Electronic Consent and I would like to receive required disclosures electronically at tcschreurs@yahoo.com. I understand that I may withdraw this consent at any time on this site.

Text Messages

Edit

Notifications

Off

You are not receiving text message notifications.

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Verify Your Information

Section 125

Deductions for elections you have made (other than No Coverage) for Medical, Dental and Basic Life Insurance may be taken as pre-tax or after-tax deductions.

The provisions of Section 125 of the Internal Revenue Code (IRC) permit you to have your premiums, and those for tax dependents, deducted from your paycheck on a pre-tax basis.

What to consider when selecting your deduction type:

Pre-Tax (Participating in Section 125 provisions)

When premiums are paid with pre-tax dollars under Section 125, IRC, you may not cancel coverage except: During an Open Enrollment period or within 31 Days of a Family Status Change. A cancellation during Open Enrollment is effective on 1 January of the following plan year. Family Status Change elections are effective either the date of the event or date of the election. See your Summary Plan Description for details located on the home page.

Unless you qualify for a state or federal program (see the after-tax section below), you will likely want to participate in the Section 125 provisions that permit pre-tax deductions. By paying for your premiums with pre-tax dollars, you effectively pay less for your coverage. Here is an example:

After-Tax Deductions

Monthly Pay \$1000.00
Taxes (25%) - \$250.00
Insurance - \$100.00
Take Home Pay \$650.00

Pre-Tax Deductions

Monthly Pay \$1000.00
Insurance - \$100.00
New W-2 Pay \$900.00
Taxes (25%) - \$225.00
Take Home Pay \$675.00

After-Tax

If you have been informed that you are eligible to receive reimbursement of your insurance premiums under a state or Federal program, you will need to have your premiums deducted on an after-tax basis before you can receive your reimbursement.

Please Make Your Selection

- I will participate in the Section 125 provisions and have my deductions taken pre-tax
- I will have my deductions taken after tax

[Contact Us](#)

Verify Your Information

Disclosure Section

OMB NO. 0702-0139
OMB approval expires
DEC 31, 2025

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0702-0139, is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT RETURN YOUR RESPONSE TO THE ABOVE ADDRESS.

Responses should be sent to your HR Support Center or to the Treasury Benefit department at the Army and Air Force Exchange Service, 3911 South Walton Walker Blvd., Dallas, TX 75236-1598.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 7013, "Secretary of the Army"; Title 10 U.S.C. 9013, "Secretary of the Air Force"; Title 42 U.S.C. 659, "Consent by United States to income withholding, garnishment, and similar proceeding for enforcement of child support and alimony obligations"; 31 CFR 285.11, "Administrative Wage Garnishment"; DoD Directive 7000.14-R, Volume 13 and 16, "DoD Financial Management Regulation"; Department of Defense Instruction (DoDI) 1400.25, Volume 1408, "DoD Civilian Personnel Management System: Insurance and Annuities for Non appropriated Fund (NAF) Employees"; Army Regulation 215-8/DAFI 34-110(I), "Army and Air Force Exchange Service Operations"; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): Information collected is to provide the basis for computing civilian/retiree/survivor pay deductions and for processing of insurance benefits chosen by active Exchange associates.

ROUTINE USE(S): Your records may be disclosed outside of DoD pursuant to Title 5 U.S.C. §552a(b)(3) regarding DoD "Blanket Routine Uses" published at <http://dpcl.d.defense.gov/Privacy/SORNSIndex/BlanketRoutineUses.aspx>. Information may be disclosed to former spouses and/or survivors, to federal, state, or local child support agencies for purposes of assisting the agencies in the discharge of their responsibilities under federal and state law.

DISCLOSURE: Voluntary, however, failure to provide all the requested information may result in the denial of your application for benefits.

SYSTEM OF RECORD NOTICE: AAFES 0703.07 "Employee Pay System Records"; <http://dpcl.d.defense.gov/Privacy/SORNSIndex/?Page=9> A copy of the Privacy Impact Assessment (PIA) for the collection of information may be located at <https://www.aafes.com/about-exchange/public-affairs/FOIA/assessments.htm>.

This site provides eligible Exchange associates the capability to manage their benefit enrollments. The information contained herein falls under the purview of the Privacy Act of 1974 and will be safeguarded in accordance with the applicable system of records notices listed above.

I understand

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Preparing Your Enrollment...

If you do not update or make a new selection for any given benefit, the elections you see here will be your elections for the next plan year.



OK, Got It!

Attention!



Start with Medical Plans or Finish Enrollment

Not sure where to start? If you like the benefits you have, you can keep them with just one click. But don't forget that in most years, several things are likely to change. For example:



Premiums



Plan Details



Available Plans

If you'd rather take an in-depth look, you can start your journey with Medical plans, and take each benefit one-at-a-time.

[Start With Medical](#)

[Keep My Benefits](#)

Your Medical Profile

Gathering your information

Dependents

Next

Who's Covered on Medical



Choose who you would like to cover from your list of eligible dependents.

You

[Redacted]
(Spouse)

Missing someone?

[Add a New Person](#)

[Skip This](#)

Next

Add a New Person



It looks like you have other people on file who may be eligible for coverage. Select one below to check if they are eligible for coverage.

[Redacted]

[Redacted]

Next

Add Someone Else

[Cancel](#)

Confirm Eligible Dependent



Let's go over some questions. First, are they an eligible dependent?

Yes

No

An Eligible Spouse is defined as:

- Your legal spouse or common-law spouse (if recognized by your state of residence)

Dependent Children are defined as:

- Your dependent children to age 26.

Your dependent children are:

- Your children by birth or adoption;
- Children placed with you for adoption (this means that you have taken on the legal obligation for total or partial support of children whom you plan to adopt);
- Your stepchildren;
- Your foster children; and
- Children you support under a qualified medical child support order (QMCSO).

Other: Your unmarried, dependent child of any age who is handicapped, provided that the handicap began before the child reached the Plan's age limit for coverage.

Note: No one may be covered both as an employee and as a dependent, and no family member may be covered by more than one employee. If you and your spouse are both eligible employees, you have these options:

- One of you may enroll as an employee and cover the other as a dependent.
- You may each enroll as an employee.
- Only one of you may enroll your children as dependents.

[Show less...](#)

An Eligible Sponsored Child is defined as:

- Any other child who lives with you and is dependent on you for support. You must provide proof of legal guardianship or copies of your income tax forms as proof of dependency.

[Show less...](#)

[Cancel](#)

Next

Who Add a New Person



Choose Persona Information

You

CH (Sp)

Missing [Add](#)

Relationship

Select ▼

First Name

Middle Name (optional)

Last Name

Suffix (optional)

Birth Date

mm/dd/yyyy

SSN

__-__-____

Sex

Select ▼

Home (optional)

(123) 456-7890

International Number

Mobile (optional)

(123) 456-7890

International Number

Address

Use my home address for this person

Country

Select ▼

Street

Street, P.O. Box, Other

Apt, Bldg, Ste, etc. (optional)

Line 3 (optional)

C/O, Section

City

State

Select ▼

Zip

12345

[Cancel](#)

[Next](#)

Next