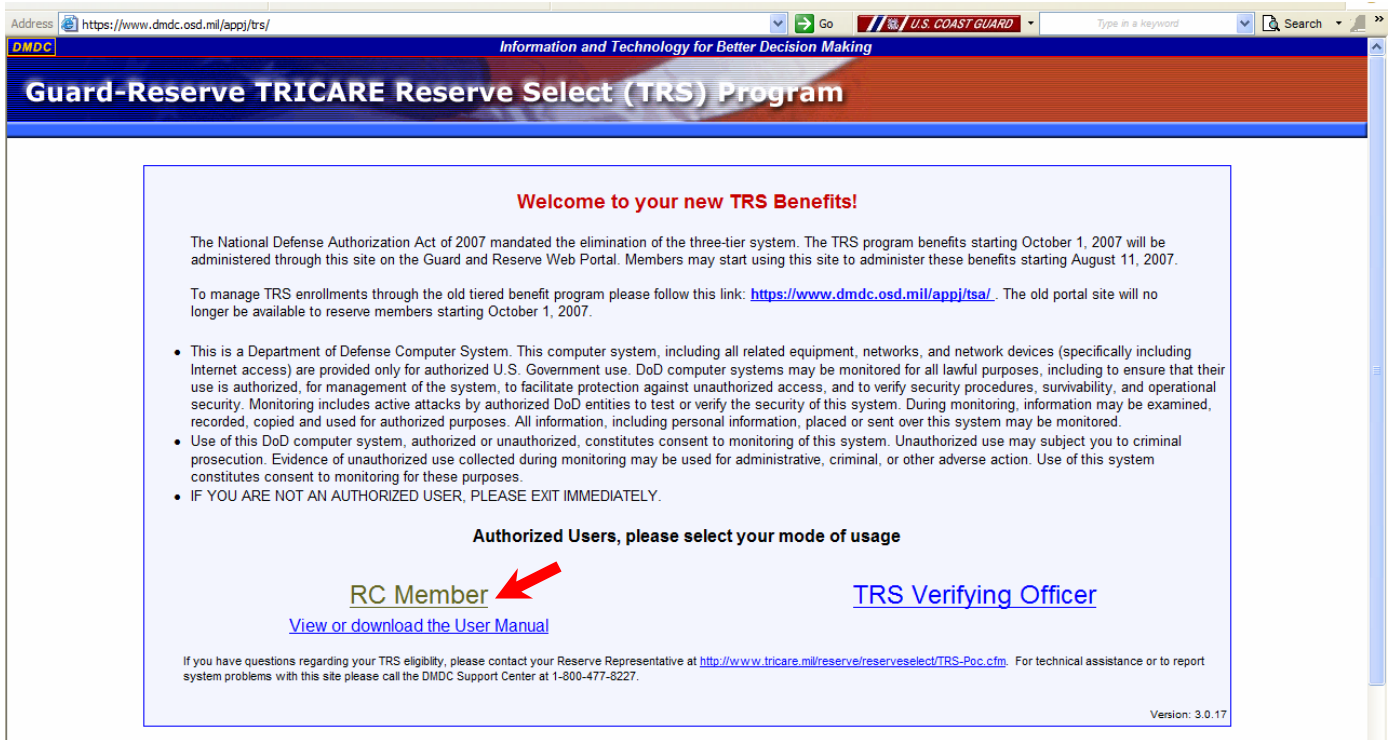


# Enrolling in the new TRICARE Reserve Select (TRS)

*Note: this is a 2-two step process that **requires** an online enrollment followed by mailing the DD2896-1 to the appropriate TRICARE Contractor along with payment (if paying by check). The form is produced at the end of the online enrollment process.*

1. From your home computer, use this web address <https://www.dmdc.osd.mil/appj/trs/> to browse to the TRS enrollment website



2. Select the RC member user link



3. Click the Adobe Reader button to download and install the latest version of Adobe Reader (otherwise you will be unable to generate the DD2896-1 form that must be mailed to your TRICARE contractor)
4. Select your preferred login link

**AUTHORITY:** EO 9397

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**PURPOSE/ROUTINE USE:** Information you provide is used to verify your identity only.

**DISCLOSURE:** Voluntary. However, if you fail to provide the requested information, DMDC will not be able to verify your identity. If your identity is not verified, you will be unable to gain access to the website.


**RESTRICTIONS:** [Login using personal identity information is restricted to identifiable Coast Guard Reserve members.](#) Members of the Reserve or National Guard for other service components must use CAC or DFAS Pin authentication to access this web site.  
Please report authentication problems to the Person Information Support Team using this [form](#)

SSN:

Last Name:

Date of Birth (YYYYMMDD):  

5. Complete the authentication fields to begin the enrollment process
6. Select Logon

[Member Info](#) [Purchase Coverage](#)  [Access Member](#)

Sponsor Information					SSN: 123456789
Name	Rank	Service	Category	Eligibility Dates	
Ima Coastie	BM1	Coast Guard	Reserve	10-01-2007 - N/A	

Enrollment Information					
Name	Relation	Enrolled	Start Date	End Date	Eligibility Dates
Ima Coastie	Sponsor	Not Enrolled			
Joe Coastie	Child	Not Enrolled			10-01-2007 - 06-19-2013
Jane Coastie	Child	Not Enrolled			10-01-2007 - 09-21-2017
Junior Coastie	Child	Not Enrolled			10-01-2007 - 09-10-2019
Sam Coastie	Spouse	Not Enrolled			

Federal Employer Health Benefit (FEHB)	
Reporting Source	Reported Date
N/A	N/A

7. Your DEERS information is displayed on the Member Info Tab
  - a. Verify the information is correct
  - b. Contact DEERS/RAPIDS to make any updates 1-800-538-9552
8. Click the Purchase Coverage tab to continue

[Member Info](#)

The family is covered under TRICARE. You may enroll in TRS coverage within 60 days of coming off of EID, Active Duty, or TAMP status. You have 60 days after you become eligible for TRS to enroll and maintain continuous coverage.

To qualify to purchase TRS coverage, a Reserve Component member must be serving in the Selected Reserve on the first day of TRS coverage and must remain in the Selected Reserve for the entire period covered under TRS. Reserve members eligible for or enrolled in a health benefit plan under chapter 89 of title 5 of the United States Code, Federal Employee Health Benefits (FEHB), are not eligible to purchase TRS coverage.

Sponsor Eligibility dates identified below are based on Selected Reserve status dates in DEERS. FEHB status is confirmed when requesting new coverage or changes to enrollments.

Sponsor Information				SSN: 123557899
Name	Rank	Service	Category	
Active Coastie	PS2	Coast Guard	Reserve	


Enrollment Information						
Name	Relation	Date of Birth	Status	Coverage Start	Coverage End	Eligibility Dates
Active Coastie	Sponsor	04-17-1982	Not Enrolled			07-02-2008 - 11-08-2031

9. If you are on active duty over 30 days there will not be a purchase coverage tab available until you within 60 days of RELAD or the end of TAMP status

TRICARE Reserve Select eligibility requires that members are not eligible for Federal Employee Health Benefits (FEHB). In order to proceed, please confirm current FEHB eligibility status. Eligibility start dates may be recorded from today up to 60 days in the future. If eligibility started in the past, enter today's date.

If you are FEHB eligible, and depending on your qualifying status in DEERS, you may be eligible to enroll in TRS until your FEHB eligibility begins.

- Not Eligible  
 Eligible

Please enter an eligibility start date (yyyymmdd):  

By submitting this form, I declare that my FEHB status is accurate, to the best of my knowledge, and is subject to all applicable laws and Department of Defense policies and regulations.

10. You must certify that they are not eligible to receive Federal Employee Health Benefits (FEHB) or any health benefit plan covered under Chapter 89 of Title 5 U.S.C.
  - a. If you will become eligible at a known future date enter it in the eligibility start date field, otherwise leave today's date in the field
11. Select Submit

Please choose the date TRS coverage starts. You may elect to enroll during continuously open enrollment (the first day of the next 2 months), or within 60 days of a Qualifying Life Event, loss of active duty or active duty qualifying eligibility (TAMP, Early entry, etc), or sponsor death (survivor coverage).

Based on your data in DEERS, you are eligible to enroll on the following dates:

- Continuously Open Enrollment: 10-01-2007

12. Choose a coverage begin date from the list provided, based on your data in DEERS
13. Select Submit

Please complete the following information to produce your enrollment form.

### Address Information

**Residential Address:**

Address Line 1: 1900 Half St SW

Address Line 2: Apt 21

City: Washington

State: District of Columbia

Zip Code: 20593 - 0007

Country: United States

**Mailing Address:**

Same as Residential Address

Address Line 1: 1900 Half St SW

Address Line 2: Apt 21

City: Washington

State: District of Columbia

Zip Code: 20593 - 0007

Country: United States

### Initial Premium Payment Method:

For members enrolled in TRS on 09/30/07 and whose current coverage is being paid by automated monthly EFT or Debit/Credit payments, the MCSC will continue that process for the new program if your enrollment request is received prior to 10/01/2007. No premium is necessary at this time.

If you are not using an automated payment process and are sending your payment to the MCSC manually each month, please be sure to submit your premium payment with the TRS Request Form.

- Initial Payment through Check / Money Order / Cashiers Check
- VISA / MasterCard      Credit Card Number       Exp Date (mm/yy):
- Currently enrolled in TRS, please continue existing automatic payments

### Dependent(s)

Name	Relation	D.O.B
<input checked="" type="checkbox"/> Ima Coastie	Sponsor	11-07-1963
<input checked="" type="checkbox"/> Joe Coastie	Child	06-19-1992
<input checked="" type="checkbox"/> Jane Coastie	Child	09-21-1996
<input type="checkbox"/> Junior Coastie	Child	09-10-1998
<input type="checkbox"/> Sam Coastie	Spouse	12-30-1966

You will need to print, sign and date your form and mail it to the TRICARE regional contractor listed at the bottom of the form. Addresses for the contractors can be found at <http://www.tricare.osd.mil/reserve/reserve/select/TRS-purchasing.cfm>

14. Verify your address is correct
  - a. If your mailing address is the same as your residential tick the box to populate the fields
15. Select your payment method
16. Select the family members to enroll
17. Select Continue

- Your FEHB status has been updated in DEERS. Please [click here](#) for a printable version of your form. Print your form and mail it to your regional contractor. Should your FEHB status change at any time while you are enrolled in TRS, you must return to this application and update your FEHB status on DEERS. This application will facilitate your disenrollment at that time.

18. Click where indicated to produce the DD2896-1
19. Verify the information on the DD2896-1 is correct
20. Sign and date in block 7a/7b
21. Mail with your payment (if paying by check) to your TRICARE regional contractor listed in block 6

If you have any questions or concerns please contact the TRICARE representative for your service:

<http://www.defenselink.mil/ra/html/tricare.html>

For Coast Guard members, please contact your nearest Verifying Official:

[http://www.uscg.mil/reserve/pay\\_benefits/tricare.htm](http://www.uscg.mil/reserve/pay_benefits/tricare.htm)

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#### Where to mail your TRICARE signed and completed DD2896-1 TRS Enrollment Forms:

**North Region** includes Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin and portions of Iowa (Rock Island Arsenal area), Missouri (St. Louis area) and Tennessee (Ft. Campbell area).

Health Net Federal Services, Inc.  
c/o PGBA, LLC/TRICARE Enrollment Forms  
PO Box 870143  
Surfside Beach, SC 29587-9743

**South Region** includes Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee (excluding the Ft. Campbell area) and Texas (excluding the El Paso area).

Humana Military Healthcare Services  
P. O. Box 105389  
Atlanta, GA 30348-5389

**West Region** includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa (excluding Rock Island Arsenal area), Kansas, Minnesota, Missouri (except the St. Louis area), Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas (the southwestern corner, including El Paso), Utah, Washington and Wyoming.

TriWest Healthcare Alliance  
P.O. Box 42048  
Phoenix, Arizona 85080-2048