

How to Use *PostalEASE* to Manage Your USPS Non-Career Employee Health Benefits Plan

The PostalEASE telephone system and websites provide a convenient, confidential, and secure way for you to newly enroll, change your current enrollment, or cancel your enrollment in the USPS Non-Career Employee Health Benefits Plan.

You may find it easier to use the PostalEASE website than the telephone. You can access the website through:

- The Internet (https://liteblue.usps.gov),
- At an Employee Self-Service Kiosk (available in some facilities), or
- On the Postal Service intranet (from the Blue page).

You must use your USPS Employee ID number (EIN) and USPS Self-Service password to access LiteBlue and PostalEASE via the web.

- Use your USPS EIN and current 4-digit USPS PIN to conduct self-service transactions on the telephone using interactive voice response (IVR).
- If you don't know your USPS Self-Service Password or USPS PIN, you can reset them using the Self-Service Profile Application at http://ssp.usps.gov or via links provided on Blue and the LiteBlue logon page.

Through PostalEASE, you may:

- Make a change to your current enrollment during Health Benefits Open Season.
- Make an election (enroll or waive enrollment) as a newly eligible non-career employee within 60 days of your eligibility date.
- Update your dependents' information.

Qualifying Life Event:

You cannot use PostalEASE to newly enroll or change your enrollment due to the occurrence of a permitting event, nor to cancel or reduce your coverage due to a qualifying life event (QLE). You must contact the Human Resources Shared Service Center (HRSSC) to assist you with these actions.

If you are not making any changes to your current enrollment, then you do not need to do anything.

Preparing for PostalEASE USPS Non-Career Employee Health Benefits Plan Enrollment

- 1. Read the Privacy Act Statement on page 7 of this form.
- 2. Read and understand the Guide to USPS Non-Career Employee Health Benefits Plan available on LiteBlue.
- 3. Have the following information ready before using PostalEASE:
 - a. Your **EIN**, which is printed at the top of your earnings statement. Enter all eight digits, even if the first number is a zero.
 - b. Your USPS **Self-Service Password (SSP)**. If you have forgotten your SSP, you can logon with your Self-Service Profile Credentials and answer two security questions to get started in order to reset your password via the Internet (http://liteblue.usps. gov). Click the "Forgot Your Password?" option.
 - i. If you have not set up your password in the Self-Service Profile application, you may set one up through https://ssp.usps.gov.
 - ii. You may also request your password reset at an Employee Self-Service Kiosk (available at some facilities), or on the intranet via the Human Resources website.
 - c. If accessing *PostalEASE* using the Employee Self-Service Line (877-477-3273, option 1) have the following information ready your **EIN** and your USPS **PIN**. You can reset a forgotten PIN by logging onto the Self-Service Profile application using the URL https://ssp.usps.gov and following the prompts or by contacting the Human Resources Shared Service Center by calling 877-477-3273, option 5. Enter your EIN and when prompted for your PIN, press 2. Your USPS PIN will be mailed to your address of record.
 - d. Your daytime telephone number.
 - e. The coverage tier of the USPS Non-Career Employee Health Benefits Plan in which you are enrolling.
 - f. The names, Social Security Numbers, mailing addresses, dates of birth, e-mail addresses, and telephone numbers for all **eligible family members** who will be covered under your health benefits enrollment. You will also need telephone numbers, e-mail and mailing addresses for eligible family members who don't live with you. For more information on family member eligibility, see the *Guide to USPS Non-Career Employee Health Benefits Plan.*
 - g. The name and policy number of any **other group insurance** you or any of your eligible family members may have (including Federal Employees Health Benefits (FEHB), TRICARE, Medicare).
 - h. If you are changing plans or canceling coverage, the **enrollment code** of the health benefits plan in which you are **currently enrolled** the plan that you will not have after your choice takes effect. The enrollment code for your current plan is found on your biweekly earnings statement. It is the three-character code that follows the letters "HP" or "HT."
- 4. Complete the worksheet on the following pages, using the information you prepared above.

Now You Are Ready To Enroll

- If you have access, you may find using the PostalEASE Employee website simpler than using the telephone. You can access the website:
 - On the Internet (https://liteblue.usps.gov),
 - At an Employee Self-Service Kiosk (available in some facilities), or
 - On the Postal Service intranet (from the Blue page).
- Otherwise, call the Employee Service Line to reach PostalEASE toll-free at 877-4PS-EASE (877-477-3273, option 1) or 866-260-7507 for TTY.
- When prompted, select USPS Non-Career Employee Health Benefits Plan.
- Follow the script and prompts to enter your Employee Identification Number, your USPS PIN, and the information from your completed PostalEASE USPS Non-Career Employee Health Benefits Plan Worksheet that begins on page 3.

After Completing Your Entries You Should Note the Following Information

Record the confirmation number you receive from PostalEASE:
Your enrollment will be processed on this date:
Your enrollment will be reflected in your paycheck that is dated:

It is recommended that you keep this information and your *PostalEASE* USPS Non-Career Employee Health Benefits Plan Worksheet. You may contact the Human Resources Shared Service Center (HRSSC) for assistance if:

- You are deaf or hard of hearing;
- You cannot use the telephone, Internet, Employee Self-Service kiosk, or intranet for a medical reason; or
- You receive a message in PostalEASE directing you to contact the HRSSC when attempting to make a change.

Just call the Employee Service Line at 877-477-3273. When prompted, select 5 for the HRSSC. Then select Benefits to speak with a representative who will assist you.

To reach the HRSSC using TTY, call 866-260-7507. Leave your name and an email address or phone number where you can be reached along with a message indicating your call is regarding a *PostalEASE* related issue.

If you currently have a USPS Non-Career Employee Health Benefits Plan enrollment and you do not want to make any changes . . . **do nothing.**

No person is permitted to be the enrollee for both the USPS Non-Career Employee Health Benefits Plan and the Federal Employees Health Benefits Plan (FEHB). A person is permitted to be covered under the USPS Non-Career Employee Health Benefits Plan and FEHB where in one plan they are the enrolled employee and in the other plan they are a covered dependent.

Dual enrollment is when you or an eligible family member under your Self and Family enrollment are covered under more than one USPS Non-Career Employee Health Benefits Plan enrollment. No enrollee or family member is permitted to receive benefits under more than one USPS Non-Career Employee Health Benefits Plan enrollment. If you or a family member receives benefits under more than one USPS Non-Career Employee Health Benefits Plan, it is considered fraud and you are subject to disciplinary action.

WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001). I understand that I may be subject to penalties assessed by the Internal Revenue Service (IRS) if I do not have health insurance (26 U.S.C. 5000A).

PostalEASE USPS Non-Career Employee Health Benefits Plan Worksheet

This worksheet will help you prepare to call *PostalEASE*; or use *PostalEASE* on the Internet (*https://liteblue.usps.gov*), on an Employee Self-Service Kiosk (now available in some facilities), or on the Postal Service intranet (from the Blue page). You may contact the Human Resources Shared Service Center (HRSSC) by calling 877-477-3273, Option 5 or TTY, 866-260-7507 for assistance if:

- You are deaf or hard of hearing:
- You cannot use the telephone, Internet, Employee Self-Service kiosk, or intranet for a medical reason; or
- You receive a message in PostalEASE directing you to contact the HRSSC when attempting to make a change.

Please Note: If you are not making a change listed under Part 2, you will need to **provide documentation** showing that your election is due to a qualifying life event (QLE) and that you are contacting the HRSSC within the required time frame.

For more information on QLEs, please refer to the *Guide to USPS Non-Career Employee Health Benefits Plan* available on LiteBlue. Except for open season and the adding of new family members, most enrollments and changes of enrollment are effective on the first day of the pay period after receipt of this form at the HRSSC. The HRSSC can give you the specific date on which your enrollment or enrollment change will take effect.

PART 1 - EMPLOYEE INFORMATION 1) Your Name (Last, First, Middle Initial) 2) Employee Identification Number (EIN): PART 2 - TYPE OF ACTION YOU ARE REQUESTING 1) Open Season: New Enrollment Change Current Enrollment Cancel/Waive Enrollment 2) New Hire: New Enrollment Waive Enrollment 3) Special Enrollment: Change Current Enrollment Cancel Enrollment My signature in Part 8 certifies that I have read and understand the information regarding this election and that I understand that I may be subject to penalties assessed by the IRS if I do not have health insurance. PART 3 - QUALIFYING LIFE EVENT (QLE) ACTIONS (SUPPORTING DOCUMENTATION NEEDED) In most cases enrollment/changes must be received at the HRSSC within 60 days after the QLE. 1) Check one: New Enrollment Change Current Enrollment Update Dependent List Only (Go to Part 7) Cancel/Waive Enrollment Birth/Adoption 2) Check one: Marriage Divorce Dependent Death Other 3) Date of QLE: PART 4 – USPS NON-CAREER EMPLOYEE HEALTH BENEFITS ENROLLMENT 1) USPS Non-Career Employee Health Benefits Plan Coverage Tier: Self and Family Self Only 2) Old Plan Enrollment Code (if you are changing plans or canceling your current plan) PART 5 - YOUR OTHER GROUP INSURANCE - (Not used for waiving enrollment as a new employee) 1) Do you have any group health insurance coverage other than under the USPS Non-Career Employee Health Benefits Plan in which you are now enrolling or already enrolled? Yes If Yes, indicate type of other insurance in item 2. 2) Identify Type of Other Insurance Coverage Federal Employees Health Benefits (FEHB) Medicare Part A Medicare Part B Medicare Part D TRICARE Other . Other Insurance Policy No. USPS Non-Career Employee Health Benefits Plan A USPS Non-Career Employee Health Benefits Plan Self & Family enrollment covers all eligible family members. No person is permitted to be covered under more than one USPS Non-Career Employee Health Benefits Plan enrollment (for example, as a Self Only enrollee and also as a dependent in another person's Self and Family enrollment). No person is permitted to be the enrollee for both the USPS Non-Career Employee Health Benefits Plan and the Federal Employees Health Benefits Plan. A person is permitted to be covered under the USPS Non-Career Employee Health Benefits Plan and FEHB where in one plan they are the enrolled employee and in the other plan they are a covered dependent. PART 6 - PERSONAL INFORMATION 1) Your Gender: 3) Daytime Telephone Number (including area code) Married: Yes Female No EMPLOYEE NAME: EIN: PART 7 – DEPENDENT INFORMATION (for Self and Family coverage only) A complete mailing address (if different from the USPS employee's) and other insurance information, if any, must be provided for each covered dependent. If you are adding or updating information for a dependent who does not reside with you, you will need to use the PostalEASE Employee Web on the Internet (https://liteblue.usps.gov), at an Employee Self-Service Kiosk (available in some facilities), or on the Postal Service intranet (Blue page), or submit the completed worksheet to the HRSSC to process your USPS Non-Career Employee Health Benefits Plan enrollment or change. 1) Please check here if all dependents reside with you. 2) Complete the following information for each dependent. Name of family member (last, first, middle initial): Social Security number: Date of birth (mm/dd/yyyy): Gender: Relationship Code Address (if different from enrollee): (see pg. 6): \square M \square F If you are covered by Medicare, check all that apply: Medicare Claim Number: Are you covered by insurance other than Medicare?

Yes, indicate on next page.

A | B | D

Indicate the type(s) of other insurance:						
TRICARE Other: Name of other insurance: Policy number:						
USPS Non-Career Employee Health Benefits Plan* Federal Employees Health Benefits (FEHB) *A USPS Non-Career Employee Health Benefits Plan Self and Family enrollment covers all eligible family members. No person is permitted to be covered under more than one USPS Non-						
					be covered under more than one USPS Non- ramily enrollment). No person is permitted to be	
the enrollee for both the USPS Non-C	areer Employee Health Benefit	s Plan and the Federal Employ	rees Health E	Benefits Plan. A person is permit	ted to be covered under the USPS Non-Career	
Employee Health Benefits Plan and F						
Email address (if home address is different from enrollee's):				Preferred telephone number (if home address is different from enrollee's):		
Name of family member (last, fil	rst, middle initial):		Social Sec	curity number:	Date of birth (mm/dd/yyyy):	
Gender: Relationship Code Address (if different from enr.						
(see pg. 6):						
If you are covered by Medicare, check all that apply: Medicare Claim Number: Are you covered by insurance other than Medicare?					nce other than Medicare?	
A B D			Yes, indicate below.			
Indicate the type(s) of other insu		1		Dell's souls of	_	
	e of other insurance:		. I loolth De	Policy number:		
USPS Non-Career Employee		Federal Employees			pe covered under more than one USPS Non-	
Career Employee Health Benefits Planthe enrollee for both the USPS Non-C	n enrollment (for example, as a areer Employee Health Benefit	Self Only enrollee and also as s Plan and the Federal Employ	s a depender rees Health E	nt in another person's Self and F Benefits Plan. A person is permit	amily enrollment). No person is permitted to be ted to be covered under the USPS Non-Career	
Employee Health Benefits Plan and Fl Email address (if home address					address is different from enrollee's):	
Erraii adarooo (ii riorrio adarooo	to amorane nom ornone	<i>.</i> ,.	1 10101100		addi dee le amarent menn armened ej.	
Name of family as a sale or //a at fi	est esistalla initial).	1	0:-10		Data of laintle (name (ala)), and	
Name of family member (last, fil	st, middie initial):		Social Sec	curity number:	Date of birth (mm/dd/yyyy):	
Gender:	Relationship Code (see pg. 6):	Address (if different from	n enrollee):			
	(666 pg. 6).					
If you are covered by Medicare,	check all that apply:	Medicare Claim Number	Are you covered by insurance other than Medicare?			
ПАПВПО				Van indianta hala		
∐ A				Yes, indicate below.		
Indicate the type(s) of other insu				Yes, indicate below.	No	
Indicate the type(s) of other insu TRICARE Other: Name	of other insurance:			Policy number:		
Indicate the type(s) of other insumer TRICARE Other: Name USPS Non-Career Employe	e of other insurance: e Health Benefits Plan*	Federal Employees		Policy number:		
Indicate the type(s) of other insu- TRICARE Other: Name USPS Non-Career Employee *A USPS Non-Career Employee Healt	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family	enrollment covers all eligible	family meml	Policy number: enefits (FEHB) pers. No person is permitted to I	pe covered under more than one USPS Non-	
Indicate the type(s) of other insumption TRICARE Other: Name USPS Non-Career Employee *A USPS Non-Career Employee Healt Career Employee Health Benefits Plaithe enrollee for both the USPS Non-Career Employee Health Benefits Plaithe enrollee for both the USPS Non-Career Employee Health Benefits Plaithe enrollee for both the USPS Non-Career Employee Health Benefits Plaithe enrollee for both the USPS Non-Career Employee Health Benefits Plaitheauth Be	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit	enrollment covers all eligible Self Only enrollee and also as s Plan and the Federal Employ	family meml a depender ees Health E	Policy number: enefits (FEHB) pers. No person is permitted to l at in another person's Self and F Benefits Plan. A person is permit	pe covered under more than one USPS Non- amily enrollment). No person is permitted to be ted to be covered under the USPS Non-Career	
Indicate the type(s) of other insumption TRICARE Other: Name USPS Non-Career Employee Health Benefits Plathe enrollee for both the USPS Non-Career Employee Health Benefits Plathe enrollee for both the USPS Non-Career Employee Health Benefits Plan and Flathers.	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit EHB where in one plan they are	enrollment covers all eligible Self Only enrollee and also as s Plan and the Federal Employ e the enrolled employee and ir	family meml s a depender rees Health E n the other pl	Policy number: enefits (FEHB) pers. No person is permitted to I at in another person's Self and F Benefits Plan. A person is permit an they are a covered depender	pe covered under more than one USPS Non- amily enrollment). No person is permitted to be ted to be covered under the USPS Non-Career nt.	
Indicate the type(s) of other insumption TRICARE Other: Name USPS Non-Career Employee Health Benefits Plathe enrollee for both the USPS Non-Career Employee Health Benefits Plathe enrollee for both the USPS Non-Career Employee Health Benefits Plan and Flathers.	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit EHB where in one plan they are	enrollment covers all eligible Self Only enrollee and also as s Plan and the Federal Employ e the enrolled employee and ir	family meml s a depender rees Health E n the other pl	Policy number: enefits (FEHB) pers. No person is permitted to I at in another person's Self and F Benefits Plan. A person is permit an they are a covered depender	pe covered under more than one USPS Non- amily enrollment). No person is permitted to be ted to be covered under the USPS Non-Career	
Indicate the type(s) of other insumption of the	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit EHB where in one plan they are is different from enrollee's	enrollment covers all eligible Self Only enrollee and also as s Plan and the Federal Employ e the enrolled employee and ir	family meml s a depender vees Health E n the other pl Preferred	Policy number: enefits (FEHB) pers. No person is permitted to I at in another person's Self and F Benefits Plan. A person is permit an they are a covered dependent telephone number (if home	be covered under more than one USPS Non- amily enrollment). No person is permitted to be ted to be covered under the USPS Non-Career nt. address is different from enrollee's):	
Indicate the type(s) of other insumption TRICARE Other: Name USPS Non-Career Employee Health Benefits Plathe enrollee for both the USPS Non-Career Employee Health Benefits Plathe enrollee for both the USPS Non-Career Employee Health Benefits Plan and Flathers.	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit EHB where in one plan they are is different from enrollee's	enrollment covers all eligible Self Only enrollee and also as s Plan and the Federal Employ e the enrolled employee and ir	family meml s a depender vees Health E n the other pl Preferred	Policy number: enefits (FEHB) pers. No person is permitted to I at in another person's Self and F Benefits Plan. A person is permit an they are a covered depender	pe covered under more than one USPS Non- amily enrollment). No person is permitted to be ted to be covered under the USPS Non-Career nt.	
Indicate the type(s) of other insumption of the	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit EHB where in one plan they are is different from enrollee's	enrollment covers all eligible Self Only enrollee and also as s Plan and the Federal Employ e the enrolled employee and ir	family meml s a depender vees Health E n the other pl Preferred	Policy number: enefits (FEHB) pers. No person is permitted to I at in another person's Self and F Benefits Plan. A person is permit an they are a covered dependent telephone number (if home	be covered under more than one USPS Non- amily enrollment). No person is permitted to be ted to be covered under the USPS Non-Career nt. address is different from enrollee's):	
Indicate the type(s) of other insumption of the	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit EHB where in one plan they are is different from enrollee's est, middle initial): Relationship Code	enrollment covers all eligible Self Only enrollee and also as s Plan and the Federal Employ e the enrolled employee and ir	family memls a depender vees Health Eathe other plant Preferred	Policy number: enefits (FEHB) pers. No person is permitted to I at in another person's Self and F Benefits Plan. A person is permit an they are a covered dependent telephone number (if home	be covered under more than one USPS Non- amily enrollment). No person is permitted to be ted to be covered under the USPS Non-Career nt. address is different from enrollee's):	
Indicate the type(s) of other insumple Indicate the type(s) of other insumple Indicate the type(s) of other: Name Indicate Indica	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit EHB where in one plan they are is different from enrollee's erst, middle initial):	r enrollment covers all eligible Self Only enrollee and also as s Plan and the Federal Employ e the enrolled employee and in s):	family memls a depender vees Health En the other place. Preferred	Policy number: enefits (FEHB) pers. No person is permitted to I at in another person's Self and F Benefits Plan. A person is permit an they are a covered dependent telephone number (if home	be covered under more than one USPS Non- amily enrollment). No person is permitted to be ted to be covered under the USPS Non-Career nt. address is different from enrollee's):	
Indicate the type(s) of other insu- Indicate the type(s) of other: Name Indicate the type(s) of other: Name Indicate the type(s) of other insu- Indicate the type(s) of other: Name Indicate the type(s) of other type(s) of ot	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit EHB where in one plan they are is different from enrollee's est, middle initial): Relationship Code (see pg. 6):	r enrollment covers all eligible Self Only enrollee and also as s Plan and the Federal Employ e the enrolled employee and in s):	family memis a depender vees Health En the other plant Preferred Social Section enrollee):	Policy number: enefits (FEHB) pers. No person is permitted to I at in another person's Self and F Benefits Plan. A person is permit an they are a covered dependent telephone number (if home	pe covered under more than one USPS Non- family enrollment). No person is permitted to be ted to be covered under the USPS Non-Career it. address is different from enrollee's): Date of birth (mm/dd/yyyy):	
Indicate the type(s) of other insumants. TRICARE Other: Name USPS Non-Career Employee *A USPS Non-Career Employee Healt Career Employee Health Benefits Plat the enrollee for both the USPS Non-C Employee Health Benefits Plan and Fl Email address (if home address Name of family member (last, fine) Gender: M F If you are covered by Medicare, A B D	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a lareer Employee Health Benefit EHB where in one plan they are is different from enrollee's est, middle initial): Relationship Code (see pg. 6): check all that apply:	r enrollment covers all eligible Self Only enrollee and also as s Plan and the Federal Employ e the enrolled employee and ir s): Address (if different from	family memis a depender vees Health En the other plant Preferred Social Section enrollee):	Policy number: enefits (FEHB) pers. No person is permitted to late in another person's Self and Febrefits Plan. A person is permit an they are a covered dependent telephone number (if home curity number:	pe covered under more than one USPS Non- family enrollment). No person is permitted to be ted to be covered under the USPS Non-Career it. address is different from enrollee's): Date of birth (mm/dd/yyyy):	
Indicate the type(s) of other insu- Indicate the type(s) of other insu- Indicate the type(s) of other: Name Indicate the type(s) of other: Name Indicate the type(s) of other: Name Indicate the type(s) of other insu- Indicate the type(s) of other	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a lareer Employee Health Benefit EHB where in one plan they are is different from enrollee's est, middle initial): Relationship Code (see pg. 6): check all that apply:	r enrollment covers all eligible Self Only enrollee and also as s Plan and the Federal Employ e the enrolled employee and ir s): Address (if different from	family memis a depender vees Health En the other plant Preferred Social Section enrollee):	Policy number: enefits (FEHB) pers. No person is permitted to late in another person's Self and Fenefits Plan. A person is permit an they are a covered dependent telephone number (if home curity number: Are you covered by insura	Dee covered under more than one USPS Non-camily enrollment). No person is permitted to be ted to be covered under the USPS Non-Career int. address is different from enrollee's): Date of birth (mm/dd/yyyy): nce other than Medicare?	
Indicate the type(s) of other insumple Indicate the type(s) of other: Name Indicate the type(s) of other: Name Indicate the type Indicate the type Indicate the Indicate the Indicate the Indicate the Indicate the Indicate Indicat	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit EHB where in one plan they are is different from enrollee's est, middle initial): Relationship Code (see pg. 6): check all that apply: arance: e of other insurance:	r enrollment covers all eligible Self Only enrollee and also as s Plan and the Federal Employe the enrolled employee and ir s): Address (if different from Medicare Claim Number	family memls a depender rees Health Enthe other plants of the othe	Policy number: enefits (FEHB) pers. No person is permitted to later in another person's Self and Fenefits Plan. A person is permit an they are a covered dependent telephone number (if home curity number: Are you covered by insura Yes, indicate below. Policy number:	pe covered under more than one USPS Non- family enrollment). No person is permitted to be ted to be covered under the USPS Non-Career and the use of birth (mm/dd/yyyy): Date of birth (mm/dd/yyyy):	
Indicate the type(s) of other insumple of the content of the conte	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit EHB where in one plan they are is different from enrollee's est, middle initial): Relationship Code (see pg. 6): check all that apply: erance: e of other insurance: e Health Benefits Plan*	renrollment covers all eligible Self Only enrollee and also as s Plan and the Federal Employe the enrolled employee and in s): Address (if different from Medicare Claim Number	family memls a depender rees Health E the other pl Preferred Social Section of enrollee):	Policy number: enefits (FEHB) pers. No person is permitted to late in another person's Self and February are a covered dependent telephone number (if home surity number: Are you covered by insura Yes, indicate below. Policy number:	Dee covered under more than one USPS Non- family enrollment). No person is permitted to be ted to be covered under the USPS Non-Career int. address is different from enrollee's): Date of birth (mm/dd/yyyy): Ince other than Medicare?	
Indicate the type(s) of other insumple of the content of the conte	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit EHB where in one plan they are is different from enrollee's est, middle initial): Relationship Code (see pg. 6): check all that apply: rance: e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family	renrollment covers all eligible Self Only enrollee and also as s Plan and the Federal Employe the enrolled employee and ir s): Address (if different from Medicare Claim Number Enrollment covers all eligible enrollment covers all eligible	family memls a depender rees Health En the other pl Preferred Social Sector of enrollee):	Policy number: enefits (FEHB) pers. No person is permitted to late in another person's Self and February are a covered dependent telephone number (if home curity number: Are you covered by insura Yes, indicate below. Policy number: enefits (FEHB) pers. No person is permitted to late.	Dee covered under more than one USPS Non-camily enrollment). No person is permitted to be ted to be covered under the USPS Non-Career int. address is different from enrollee's): Date of birth (mm/dd/yyyy): nce other than Medicare?	
Indicate the type(s) of other insumple Indicate the type(s) of other: Name Indicate the type(s) of other: Name Indicate the type(s) of other: Name Indicate the Indicate the enrollee for both the USPS Non-Cemployee Health Benefits Plan and Flemail address (if home address Indicate the type(s) of other insumple Indicate the type(s) of other insumple Indicate the type(s) of other: Name Indicate the type(s) of other insumple Indicate I	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a lareer Employee Health Benefit EHB where in one plan they are is different from enrollee's st, middle initial): Relationship Code (see pg. 6): check all that apply: arance: e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a lareer Employee Health Benefit	renrollment covers all eligible Self Only enrollee and also as s Plan and the Federal Employe the enrolled employee and in s): Address (if different from Medicare Claim Number enrollment covers all eligible Self Only enrollee and also as s Plan and the Federal Employees self and the Federal Employees self and the Federal Employees self only enrollee and also as s Plan and the Federal Employees.	family memls a depender vees Health Earth en the other pl Preferred Social Section of the enrollee): See Health Be family memls a depender vees Health Earth en the enrollee sees Health Earth enrollee sees Health enrollee sees H	Policy number: enefits (FEHB) pers. No person is permitted to I at in another person's Self and F genefits Plan. A person is permit an they are a covered dependent telephone number (if home curity number: Are you covered by insura Yes, indicate below. Policy number: enefits (FEHB) pers. No person is permitted to I at in another person's Self and F genefits Plan. A person is permit	Date of birth (mm/dd/yyyy): Date other than Medicare? No De covered under more than one USPS Non-Career int. Address is different from enrollee's): Date of birth (mm/dd/yyyy):	
Indicate the type(s) of other insumple Indicate the type(s) of other insumple Indicate the type(s) of other insumple Indicate the type(s) of other: Name USPS Non-Career Employee Health Benefits Planthe enrollee for both the USPS Non-Cemployee Health Benefits Plan and Flemail address (if home address) Name of family member (last, fine Indicate	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a lareer Employee Health Benefit EHB where in one plan they are is different from enrollee's est, middle initial): Relationship Code (see pg. 6): check all that apply: arance: e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a lareer Employee Health Benefit EHB where in one plan they are	renrollment covers all eligible Self Only enrollee and also as as Plan and the Federal Employe the enrolled employee and in s): Address (if different from Medicare Claim Number enrollment covers all eligible Self Only enrollee and also as Plan and the Federal Employee the enrolled employee and in the enrolled employee.	family memls a depender rees Health En the other pl Preferred Social Section of the entrollee): See Health Be family memls a depender rees Health En the other pl	Policy number: enefits (FEHB) pers. No person is permitted to I at in another person's Self and F genefits Plan. A person is permit an they are a covered dependent telephone number (if home curity number: Are you covered by insura Yes, indicate below. Policy number: enefits (FEHB) pers. No person is permitted to I at in another person's Self and F genefits Plan. A person is permit an they are a covered depender	Date of birth (mm/dd/yyyy): Date other than Medicare? No De covered under more than one USPS Non-Career int. Address is different from enrollee's): Date of birth (mm/dd/yyyy):	
Indicate the type(s) of other insumple Indicate the type(s) of other: Name Indicate the type(s) of other: Name Indicate the type(s) of other: Name Indicate the Indicate the enrollee for both the USPS Non-Cemployee Health Benefits Plan and Flemail address (if home address Indicate the type(s) of other insumple Indicate the type(s) of other insumple Indicate the type(s) of other: Name Indicate the type(s) of other insumple Indicate I	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a lareer Employee Health Benefit EHB where in one plan they are is different from enrollee's est, middle initial): Relationship Code (see pg. 6): check all that apply: arance: e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a lareer Employee Health Benefit EHB where in one plan they are	renrollment covers all eligible Self Only enrollee and also as as Plan and the Federal Employe the enrolled employee and in s): Address (if different from Medicare Claim Number enrollment covers all eligible Self Only enrollee and also as Plan and the Federal Employee the enrolled employee and in the enrolled employee.	family memls a depender vees Health Earthe other pl Preferred Social Section of the entire of the en	Policy number: enefits (FEHB) pers. No person is permitted to I at in another person's Self and F genefits Plan. A person is permit an they are a covered dependent telephone number (if home curity number: Are you covered by insura Yes, indicate below. Policy number: enefits (FEHB) pers. No person is permitted to I at in another person's Self and F genefits Plan. A person is permit an they are a covered depender	Date of birth (mm/dd/yyyy): Date other than Medicare? No De covered under more than one USPS Non-Career int. Address is different from enrollee's): Date of birth (mm/dd/yyyy):	
Indicate the type(s) of other insumple Indicate the type(s) of other: Name Indicate the type(s) of other: Name Indicate the type(s) of other: Name Indicate the enrollee for both the USPS Non-Career Employee Health Benefits Plan and Flemail address (if home address Indicate the type(s) of other insumple Indicate the type(s) of other insumple Indicate the type(s) of other: Name Indicate the type(s) of other insumple Indicate	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit EHB where in one plan they are is different from enrollee's est, middle initial): Relationship Code (see pg. 6): check all that apply: arance: e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit EHB where in one plan they are is different from enrollee's	renrollment covers all eligible Self Only enrollee and also as as Plan and the Federal Employe the enrolled employee and in s): Address (if different from Medicare Claim Number enrollment covers all eligible Self Only enrollee and also as Plan and the Federal Employee the enrolled employee and in the enrolled employee.	family memls a depender rees Health En the other pl Preferred Social Section of the entrollee): See Health Be family memls a depender rees Health En the other pl Preferred Preferred Preferred Section 1.	Policy number: enefits (FEHB) pers. No person is permitted to let in another person's Self and Fenefits Plan. A person is permit an they are a covered dependent telephone number (if home telephone number: Are you covered by insura Yes, indicate below. Policy number: enefits (FEHB) pers. No person is permitted to let in another person's Self and Fenefits Plan. A person is permit an they are a covered dependent telephone number (if home telephone number (if home)	Date of birth (mm/dd/yyyy): Date other than Medicare? No Decovered under more than one USPS Non-career int. Address is different from enrollee's): Date of birth (mm/dd/yyyy): Decovered under more than one USPS Non-amily enrollment). No person is permitted to be ted to be covered under the USPS Non-Career int. Address is different from enrollee's):	
Indicate the type(s) of other insumple Indicate the type(s) of other insumple Indicate the type(s) of other insumple Indicate the type(s) of other: Name USPS Non-Career Employee Health Benefits Planthe enrollee for both the USPS Non-Cemployee Health Benefits Plan and Flemail address (if home address) Name of family member (last, fine Indicate	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit EHB where in one plan they are is different from enrollee's est, middle initial): Relationship Code (see pg. 6): check all that apply: arance: e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit EHB where in one plan they are is different from enrollee's	renrollment covers all eligible Self Only enrollee and also as as Plan and the Federal Employe the enrolled employee and in s): Address (if different from Medicare Claim Number enrollment covers all eligible Self Only enrollee and also as Plan and the Federal Employee the enrolled employee and in the enrolled employee.	family memls a depender vees Health Earthe other plants of the oth	Policy number: enefits (FEHB) pers. No person is permitted to I at in another person's Self and F genefits Plan. A person is permit an they are a covered dependent telephone number (if home curity number: Are you covered by insura Yes, indicate below. Policy number: enefits (FEHB) pers. No person is permitted to I at in another person's Self and F genefits Plan. A person is permit an they are a covered depender	Date of birth (mm/dd/yyyy): Date other than Medicare? No De covered under more than one USPS Non-Career int. Address is different from enrollee's): Date of birth (mm/dd/yyyy):	
Indicate the type(s) of other insumple Indicate the type(s) of other: Name TRICARE Other: Name USPS Non-Career Employee Health Career Employee Health Benefits Plan the enrollee for both the USPS Non-Cemployee Health Benefits Plan and Flemail address (if home address) Name of family member (last, find Indicate the type(s) of other insumple Indicate the type(s) of other: Name USPS Non-Career Employee Health Benefits Plan and Flemail address (if home address) Name of family member (last, find Indicate the type(s) of other insumple Indicate Indicate Imployee Health Benefits Plan and Flemail address (if home address) Name of family member (last, find Indicate Ind	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit EHB where in one plan they are is different from enrollee's rst, middle initial): Relationship Code (see pg. 6): check all that apply: crance: e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit EHB where in one plan they are is different from enrollee's	renrollment covers all eligible Self Only enrollee and also as as Plan and the Federal Employe the enrolled employee and ir s): Address (if different from Medicare Claim Number enrollment covers all eligible Self Only enrollee and also as Plan and the Federal Employee and ir self only enrolled employee and ir self only enrolled employee and ir self.	family memls a depender rees Health Earthe other pl Preferred Social Section of the section of t	Policy number: enefits (FEHB) pers. No person is permitted to let in another person's Self and Fenefits Plan. A person is permit an they are a covered dependent telephone number (if home telephone number: Are you covered by insura Yes, indicate below. Policy number: enefits (FEHB) pers. No person is permitted to let in another person's Self and Fenefits Plan. A person is permit an they are a covered dependent telephone number (if home telephone number (if home)	Date of birth (mm/dd/yyyy): Date other than Medicare? No Decovered under more than one USPS Non-career int. Address is different from enrollee's): Date of birth (mm/dd/yyyy): Decovered under more than one USPS Non-amily enrollment). No person is permitted to be ted to be covered under the USPS Non-Career int. Address is different from enrollee's):	
Indicate the type(s) of other insumple Indicate the type(s) of other: Name Indicate the type(s) of other: Name Indicate the type(s) of other: Name Indicate the enrollee for both the USPS Non-Career Employee Health Benefits Plan and Flemail address (if home address Indicate the type(s) of other insumple Indicate the type(s) of other insumple Indicate the type(s) of other: Name Indicate the type(s) of other insumple Indicate	e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit EHB where in one plan they are is different from enrollee's est, middle initial): Relationship Code (see pg. 6): check all that apply: arance: e of other insurance: e Health Benefits Plan* h Benefits Plan Self and Family n enrollment (for example, as a areer Employee Health Benefit EHB where in one plan they are is different from enrollee's	renrollment covers all eligible Self Only enrollee and also as as Plan and the Federal Employe the enrolled employee and in s): Address (if different from Medicare Claim Number enrollment covers all eligible Self Only enrollee and also as Plan and the Federal Employee the enrolled employee and in the enrolled employee.	family memls a depender rees Health Earthe other pl Preferred Social Section of the section of t	Policy number: enefits (FEHB) pers. No person is permitted to let in another person's Self and Fenefits Plan. A person is permit an they are a covered dependent telephone number (if home telephone number: Are you covered by insura Yes, indicate below. Policy number: enefits (FEHB) pers. No person is permitted to let in another person's Self and Fenefits Plan. A person is permit an they are a covered dependent telephone number (if home telephone number (if home)	Date of birth (mm/dd/yyyy): Date other than Medicare? No Decovered under more than one USPS Non-career int. Address is different from enrollee's): Date of birth (mm/dd/yyyy): Decovered under more than one USPS Non-amily enrollment). No person is permitted to be ted to be covered under the USPS Non-Career int. Address is different from enrollee's):	

If you are covered by Medicare,	check all that apply:	Medicare Claim Number	r:	Are you covered by insura	nce other than Medicare?		
□A □B □D				Yes, indicate below.	No		
Indicate the type(s) of other insurance:							
TRICARE Other: Name of other insurance: Policy number:							
USPS Non-Career Employee		Federal Employees			he covered under more than one USDS Non		
*A USPS Non-Career Employee Health Benefits Plan Self and Family enrollment covers all eligible family members. No person is permitted to be covered under more than one USPS Non-Career Employee Health Benefits Plan enrollment (for example, as a Self Only enrollee and also as a dependent in another person's Self and Family enrollment). No person is permitted to be the enrollee for both the USPS Non-Career Employee Health Benefits Plan and the Federal Employees Health Benefits Plan. A person is permitted to be covered under the USPS Non-Career Employee Health Benefits Plan and FEHB where in one plan they are the enrolled employee and in the other plan they are a covered dependent.							
Email address (if home address					address is different from enrollee's):		
Name of family member (last, first, middle initial):				Social Security number: Date of birth (mm/dd/yyyy):			
Gender:	Relationship Code	Address (if different from	n enrollee):				
Пм П Е	(see pg. 6):						
If you are covered by Medicare,	check all that apply:	Medicare Claim Number	r:	Are you covered by insura	nce other than Medicare?		
ПА ПВ ПО				Yes, indicate below.	□No		
Indicate the type(s) of other insu	irance:						
TRICARE Other: Name	e of other insurance:			Policy number:			
USPS Non-Career Employe		Federal Employees		, ,			
Career Employee Health Benefits Plan	n enrollment (for example, as a Career Employee Health Benefit:	Self Only enrollee and also as s Plan and the Federal Employ	s a depender yees Health I	nt in another person's Self and F Benefits Plan. A person is permit	be covered under more than one USPS Non- family enrollment). No person is permitted to be tted to be covered under the USPS Non-Career nt.		
Email address (if home address	s is different from enrollee's):	Preferred	telephone number (if home	address is different from enrollee's):		
Name of family member (last, fin	ret middle initial):		Social Soc	curity number:	Date of birth (mm/dd/yyyy):		
name of family member (last, m	st, mudie ii iliai).		300iai 3ei	curty number.	Date of billin (min/dd/yyyy).		
Gender:	Relationship Code	Address (if different from	n enrollee):				
	(see pg. 6):						
If you are covered by Medicare,	check all that apply:	Medicare Claim Number	r:	Are you covered by insura	nce other than Medicare?		
Па Пв Пр				Yes, indicate below.	No		
Indicate the type(s) of other insu		I.					
TRICARE Other: Name				Policy number:			
USPS Non-Career Employe		Federal Employees		, ,			
*A USPS Non-Career Employee Health Benefits Plan Self and Family enrollment covers all eligible family members. No person is permitted to be covered under more than one USPS Non-Career Employee Health Benefits Plan enrollment (for example, as a Self Only enrollee and also as a dependent in another person's Self and Family enrollment). No person is permitted to be the enrollee for both the USPS Non-Career Employee Health Benefits Plan and the Federal Employees Health Benefits Plan. A person is permitted to be covered under the USPS Non-Career Employee Health Benefits Plan and FEHB where in one plan they are the enrolled employee and in the other plan they are a covered dependent.							
Email address (if home address is different from enrollee's):			Preferred telephone number (if home address is different from enrollee's):				
Name of family member (last, file	rst, middle initial):		Social Sec	curity number:	Date of birth (mm/dd/yyyy):		
Gender:	Relationship Code	Address (if different from	n enrollee):				
Пм Пғ	(see pg. 6):						
If you are covered by Medicare,	L check all that apply:	Medicare Claim Number	r:	Are you covered by insura	nce other than Medicare?		
Па Пв Пр				Yes, indicate below.			
Indicate the type(s) of other insurance:							
TRICARE Other: Name of other insurance:				Policy number:			
USPS Non-Career Employee Health Benefits Plan* Federal Employees Health Benefits (FEHB) *A USPS Non-Career Employee Health Benefits Plan Self and Family enrollment covers all eligible family members. No person is permitted to be covered under more than one USPS Non-Career Employee Health Benefits Plan enrollment (for example, as a Self Only enrollee and also as a dependent in another person's Self and Family enrollment). No person is permitted to be the enrollee for both the USPS Non-Career Employee Health Benefits Plan and the Federal Employees Health Benefits Plan. A person is permitted to be covered under the USPS Non-Career Employee Health Benefits Plan and FEHB where in one plan they are the enrolled employee and in the other plan they are a covered dependent.							
Email address (if home address			Preferred telephone number (if home address is different from enrollee's):				
Name of family member (last, fin	rst, middle initial):		Social Sec	curity number:	Date of birth (mm/dd/yyyy):		

Gender:							
M F (see pg. 6):							
If you are covered by Medicare,	Medicare Claim Numbe	Medicare Claim Number: Are you covered by		rance other than Medicare?			
□A □B □D			Yes, indicate below	v. 🔲 No			
Indicate the type(s) of other insu							
TRICARE Other: Name of other insurance: USPS Non-Career Employee Health Benefits Plan* Federal Employee				Policy numbe	r:		
		Federal Employee			o be covered under more than one USPS Non-		
Career Employee Health Benefits Plan	n enrollment (for example, as	a Self Only enrollee and also a	as a depende	nt in another person's Self and	d Family enrollment). No person is permitted to be		
the enrollee for both the USPS Non-C Employee Health Benefits Plan and F					mitted to be covered under the USPS Non-Career dent.		
Email address (if home address is different from enrollee's):				Preferred telephone number (if home address is different from enrollee's):			
Name of family member (last, fi	rst, middle initial):		Social Se	curity number:	Date of birth (mm/dd/yyyy):		
Gender:	Relationship Code	Address (if different from	n enrollee):		I		
ПМ ПЕ	(see pg. 6):						
If you are covered by Medicare,	L., check all that apply:	Medicare Claim Numbe	er:	Are you covered by insu	rance other than Medicare?		
Па Пв Пр				Yes, indicate below	v. No		
Indicate the type(s) of other insu							
	e of other insurance:			Policy numbe	r:		
USPS Non-Career Employee		Federal Employee		, ,	o be covered under more than one USPS Non-		
					d Family enrollment). No person is permitted to be		
					nitted to be covered under the USPS Non-Career		
Employee Health Benefits Plan and FEHB where in one plan they are the enrolled employee an Email address (if home address is different from enrollee's):			Preferred telephone number (if home address is different from enrollee's):				
* Relationship Codes:							
01 - Spouse							
02 – Common Law Spouse)						
09 – Adopted child under a	ige 26						
10 - Foster child under age	26 (Requires certific	ation to be filed with t	he HRSS	C)			
17 – Stepchild under age 2	6			,			
19 - Child under age 26							
99 – Child age 26 or older i	ncapable of self supp	ort (Requires certifica	ation to b	e filed with the HRSS	C)		
PART 8 - SIGNATURE					,		
PART 6 - SIGNATURE							
Employoo Signatura				Data			
Linployee Signature				_ Date			
Email Address Preferred Telephone Number							
Liliali Addiess				_ Treferred releption			
PostalEASE Confirmation N	Number						
1 Soluie NOE COMMINIATION I	*GIIDOI						
WARNING:							
	ement in this applicati	on or willful misrepres	sentation	relative thereto is a vi	olation of the law punishable by a fine		

Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both.

(18 U.S.C. 1001). I understand that I may be subject to penalties assessed by the IRS if I do not have qualifying health insurance per the Patient Protection and Affordable Care Act (26 U.S.C. 5000A).

For HRSSC Use	Only	
REMARKS: Specific information on the type of qualifying life event, reason for correction, type of certification, supporting documentation, reason for verification, etc., should be provided below in PROCESSING NOTES.		
PROCESSING NO	TES:	
Employing Office:		LATE/UNPROCESSED ACTION?
	HRSSC COMP & BENEFITS	YES
		□ NO
Address:	DO DOV 070400	Date Received at HRSSC:
	PO BOX 970400	
City/State/Zip:		QLE Date:
	GREENSBORO NC 27497-0400	
Processed By:		Effective Date:
	PPS @ HRSSC	
Date Scanned to Eag	an Accounting Service Center:	
		File copy in eOPF

Privacy Act Statement: Your information will be used to process your enrollment in the Non-Career Employees Health Benefits Plan and to manage your claim under that plan. Collection is authorized by 39 U.S.C. 401, 410, 1001, 1005, and 1206. Providing the information is voluntary, but if not provided, we may not process your request. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service (USPS) or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel; and to contractors and other entities aiding us to fulfill the service (service providers). For more information regarding our privacy policies visit usps.com/privacypolicy.