



Insurance Administrative Services
from an Extraordinary Partner

TRICARE SUPPLEMENT PLAN ENROLLMENT FORM

FOR EXISTING AND NEW EMPLOYEES

Administered by: Selman & Company

Sponsored by: American Military Retirees Association

Underwritten by: Monumental Life Insurance Company, Cedar Rapids, IA, a Transamerica company

New Enrollment Add Dependent(s) Terminate Coverage Terminate Member Only Terminate Dependent(s) Only Change Address

Check the box below if you are:

- Retired Military
- Retired Military Spouse/Surviving Spouse
- Retired Reservist
- Retired Reservist Spouse/Surviving Spouse

Select your TRICARE option below:

- Standard
- Prime
- Retired Reserve

Medicare beneficiaries are not eligible to enroll

Policy #: **MZ0925783H0000A**

Group Code: **PD**

Member ID #: (leave blank)

Employee SSN:

Coverage Effective Date:

Employee Last Name:

Employee First Name:

Middle Initial:

Gender

M F

Home Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Date of Birth:

Relationship Codes	Last Name	First Name	MI	Date of Birth MM/DD/YYYY	DBN ID/SSN	Gender	If Child disabled Check Y
S						<input type="checkbox"/> M <input type="checkbox"/> F	
C						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y
C						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y
C						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y
C						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y
C						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Y

Coverage Level and Monthly Premium Amounts:

<input type="checkbox"/>	Employee Only	\$ 60.50
<input type="checkbox"/>	Employee plus Child (ren)	\$119.50
<input type="checkbox"/>	Employee plus Spouse	\$119.50
<input type="checkbox"/>	Employee plus Family	\$160.50

If you have more than 6 dependents, please attach an extra sheet with their corresponding code (S-spouse, C-child), name, date of birth, gender and disability status

I hereby enroll myself and/or my dependents with the Monumental Life Insurance Company for Coverage under the American Military Retirees Association (AMRA) sponsored TRICARE Supplement Plan. I understand that I must be a member of AMRA to be eligible for coverage and that my coverage will become effective on the receipt of this enrollment form and premium.

AR, CO, KY, LA, ME, NM, OH, OK, TN and WA Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of a claim or an application containing any false, incomplete or misleading information is guilty of a crime and may be subject to fines or confinement in prison.

DC and RI Residents: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false or fraudulent claim payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FL Residents: Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a crime and may be subject to fines and confinement in prison.

MD Residents: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. FRD1000A.MD

NJ Residents: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

PA Residents: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such a person to criminal and civil penalties.

By signing below I authorize my employer to deduct the monthly premiums from my paycheck on a pre-tax basis. I hereby authorize my employer to reduce my gross salary before taxes are calculated according to the benefit elected.

Sign Here



Employee Signature:

Date: