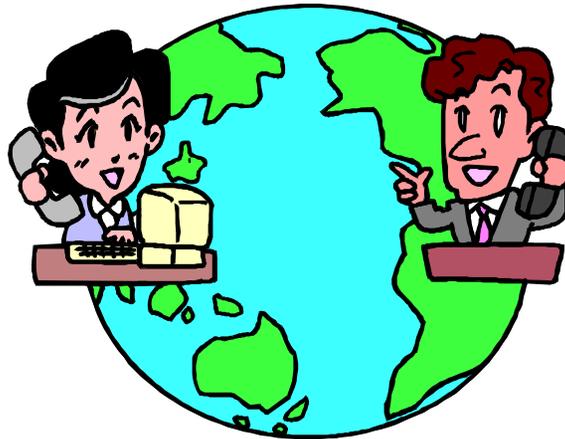




Using The Employee Benefits Information System (EBIS)



To make your health insurance Open Season change

2002



Federal Employees Health Insurance (FEHB) Open Season

FEHB Open Season is 12 November 2001 through 10 December 2001

Open Season changes will be effective 13 January 2002

The premium change will be reflected on the Leave & Earnings Statement (LES) received on or after 1 February 2002



Accessing EBIS

Access EBIS through the Department of Navy
Civilian Human Resources web site at
www.donhr.navy.mil/

Select Pay and Benefits



Select DON Civilian Benefits Information (EBIS)

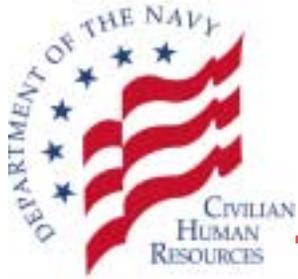


Accessing EBIS

Click
EBIS



A screenshot of a Microsoft Internet Explorer browser window displaying the Department of Navy Civilian Benefits Information Center website. The browser's address bar shows the URL "http://www.civilianbenefits.hrc.navy.mil/". The website has a blue header with the text "Department of Navy Civilian Benefits Information Center" and a red navigation bar with links for "DON Human Resources", "DON Civilian Jobs", "Navy", "Marine Corps", "Join the Navy", and "Join the Marines". On the left side, there is a vertical menu with links for "New User / Forgot your password?", "EBIS", "ABOUT EBIS", "NEWS", "FORMS", "PUBLICATIONS", "CONTACTS", and "Home". The main content area features a "Welcome" message and a "Contents" section with links to "EBIS", "About EBIS", "News", "Forms", "Publications", "Contacts", and "Important Information". The "EBIS" link in the left menu is highlighted by a red arrow from the text "Click EBIS".



Accessing EBIS

Review the warning notice



Warning Notice!

THIS IS A DEPARTMENT OF DEFENSE COMPUTER SYSTEM. THIS COMPUTER SYSTEM, INCLUDING ALL RELATED EQUIPMENT, NETWORKS, AND NETWORK DEVICES (SPECIFICALLY INCLUDING INTERNET ACCESS), ARE PROVIDED ONLY FOR AUTHORIZED U.S. GOVERNMENT USE. DOD COMPUTER SYSTEMS MAY BE MONITORED FOR ALL LAWFUL PURPOSES, INCLUDING TO ENSURE THAT THEIR USE IS AUTHORIZED, FOR MANAGEMENT OF THE SYSTEM, TO FACILITATE PROTECTION AGAINST UNAUTHORIZED ACCESS, AND TO VERIFY SECURITY PROCEDURES, SURVIVABILITY, AND OPERATIONAL SECURITY. MONITORING INCLUDES ACTIVE ATTACKS BY AUTHORIZED DOD ENTITIES TO TEST OR VERIFY THE SECURITY OF THIS SYSTEM. DURING MONITORING, INFORMATION MAY BE EXAMINED, RECORDED, COPIED, AND USED FOR AUTHORIZED PURPOSES. ALL INFORMATION, INCLUDING PERSONAL INFORMATION, PLACED ON OR SENT OVER THIS SYSTEM MAY BE MONITORED. USE OF THIS DOD COMPUTER SYSTEM, AUTHORIZED OR UNAUTHORIZED, CONSTITUTES CONSENT TO MONITORING OF THIS SYSTEM. UNAUTHORIZED USE MAY SUBJECT YOU TO CRIMINAL PROSECUTION. EVIDENCE OF UNAUTHORIZED USE COLLECTED DURING MONITORING MAY BE USED FOR ADMINISTRATIVE, CRIMINAL OR OTHER ADVERSE ACTION. USE OF THIS SYSTEM CONSTITUTES CONSENT TO MONITORING FOR THESE PURPOSES.

Note: Selection of the Exit button within the POE application will initiate client-side scripting and will exit the browser.

Click Continue





Accessing EBIS

If you are a current user enter your SSN and password
Click Continue

If you are a new user or have forgotten your password,
Click Set Password

The image shows a screenshot of the "Point of Entry (POE) Login" web interface. The interface has a dark blue header with the title "Point of Entry (POE) Login". Below the header, there are two main sections. The first section is titled "Current Users:" and contains the instruction "Enter your Social Security Number and Password. (No dashes or spaces. Your Password is case sensitive.)". This section has two input fields: "SSN:" and "Password:". A red arrow points from the text "enter your SSN and password" to the SSN input field. Below these fields is a "Continue" button. A red arrow points from the text "Click Continue" to this button. The second section is titled "New Users/Forgot Password" and contains the instruction "If you are a new user or have forgotten your password, you will need a copy of your most recent Leave and Earnings Statement (LES) or Notification of Personnel Action (SF-50) to continue. Click appropriate button when you are ready." Below this text are two buttons: "Set Password" and "Exit". A red arrow points from the text "Click Set Password" to the "Set Password" button.



Accessing EBIS

If you select Set Password complete the information based on your most recent SF-50, Notification of Personnel Action or LES

Click Continue

Create or Reestablish Password

Using your most recent Leave and Earnings Statement (LES) or Notification of Personnel Action (SF-50), enter the below information which is required to allow you to enter our secure web site, access your personal information and conduct business transactions over the web. All information is transmitted through secure means (Secure Sockets Layer).

You should only use this screen to establish a new password or reestablish a password.

Social Security Number: (No dashes or spaces)

Service Computation Date for Leave: - - (MM-DD-YYYY)

Date of Birth: - - (MM-DD-YYYY)

Civilian Pay Plan: (Example: GS, WG, WS)

Grade: (Example: 03, 05, 11, 13)

Step: (Example: 01, 03, 06, 10)

Email Address:

Click here if you want to be notified by email of successful /unsuccessful attempts to recreate or change your password.



Accessing EBIS

Create Password

Instructions: Your password must contain 8 - 10 characters, cannot match any portion of your SSN forward or backwards, cannot be the same password used within the past 6 password changes or the past 6 months, and must contain at least 3 of the following 4 character types:

- Uppercase letters (A, B, C,...Z)
- Lowercase letters (a, b, c,...z)
- Numerals (0, 1, 2,...9)
- Special Characters: (exclamation point (!), at sign (@), number sign (#), etc.)

DO NOT USE apostrophes ('), commas (,), pipes (|), or periods(.)

Examples of Valid Passwords:

- Dd112264,October8 (uppercase/lowercase/numeric)
- 090971Tm (numeric/uppercase/lowercase)
- adhoM@30 (lowercase/uppercase/special character)
- 082597Hd (numeric/uppercase/lowercase)
- IuAMears! (uppercase/lowercase/special characters)

New Password:

Reenter New Password to Verify:

Create your password based on the instructions

Reenter to Verify

Click Continue



Accessing EBIS

Select change your password

or

EBIS1 to enter the EBIS program

To Change Your Password Click the Button Below

Change Password

POE Main Menu

Select an application:

Application

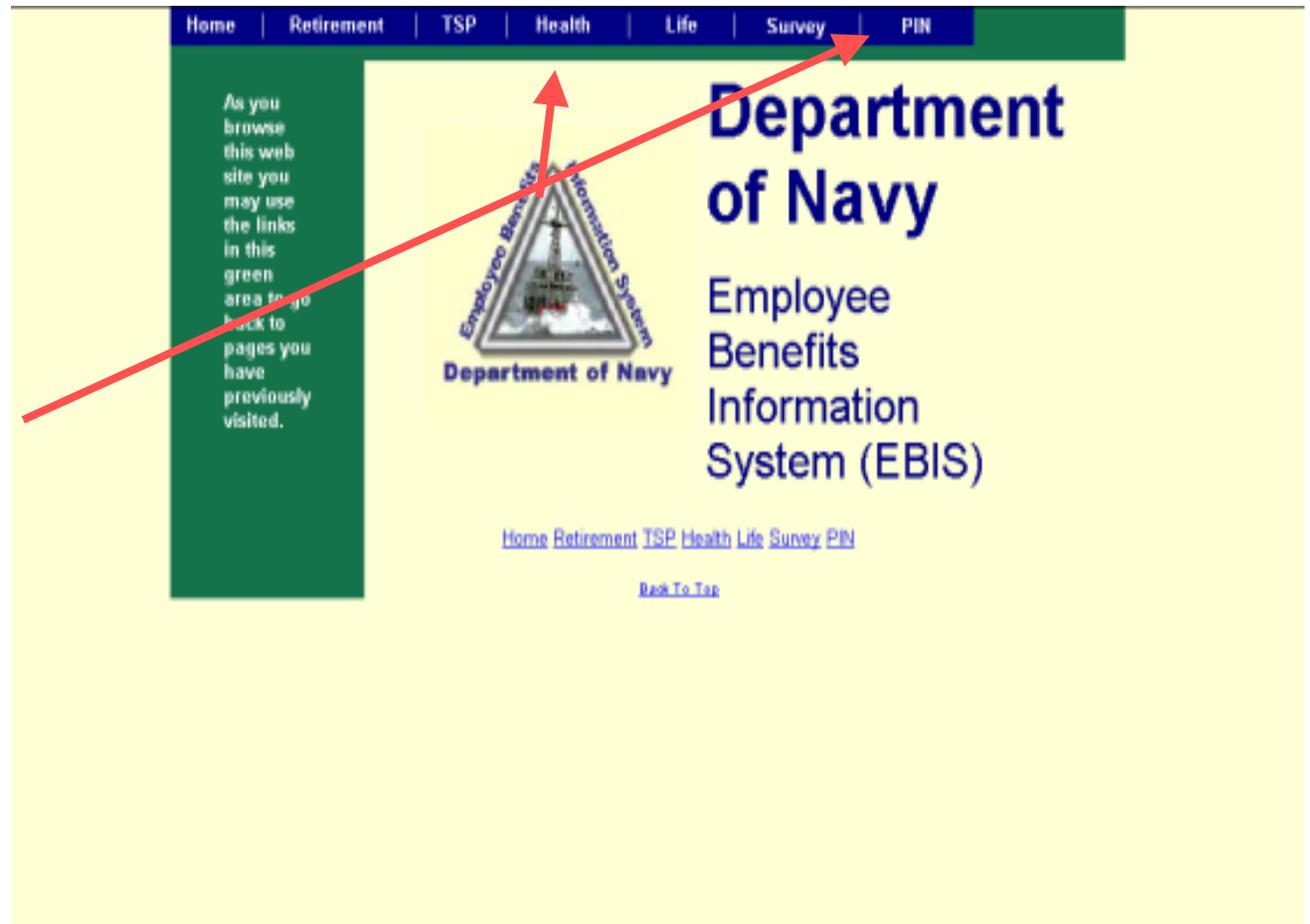
EBIS1



Creating Your PIN

If you are a new user or have forgotten your Personal Identification Number (PIN) create your PIN by clicking on PIN on the toolbar

Otherwise Click on Health to begin your Open Season change





Creating Your PIN

Make a selection from the PIN Menu

A screenshot of a web application interface. At the top is a dark blue navigation bar with white text links: Home, Retirement, TSP, Health, Life, Survey, and PIN. Below this is a green vertical sidebar on the left containing the text "Personal Identification Number". The main content area has a light yellow background. It features a blue heading "Personal Identification Number (PIN) Main Menu". Below the heading is a paragraph of text: "All employees are required to have a 6-digit Human Resources Service Center (HRSC) Personal Identification Number (PIN) in order to access personal transactions on the Employee Benefits Information System (EBIS).". There are three red text prompts with arrows pointing to blue underlined links: "If you want to change your current PIN" points to "CHANGE MY PIN"; "If you do not remember your PIN" points to "I DON'T REMEMBER MY PIN"; and "If you do not currently have a PIN" points to "CREATE MY PIN". At the bottom of the page, there is a footer with blue underlined links: "Home Retirement TSP Health Life Survey PIN" and "Back To Top".



Creating Your PIN

Enter Your:

SSN

Month and Year of Birth

Example: 1274

6 Digit PIN of your choice

Example: 563952

Reenter PIN to verify

Click on Submit

Home | Retirement | TSP | Health | Life | Survey | PIN

CREATE YOUR PERSONAL IDENTIFICATION NUMBER (PIN)

You must create a **Human Resources Service Center (HRSC)** Personal Identification Number (PIN). Your PIN must be 6 digits in length and may only contain numbers.

To create your **Human Resources Service Center (HRSC)** PIN:

Enter Your Social Security Number (SSN):	<input type="text"/>
Enter Your Month and Year of Birth:	<input type="text"/> (mmyy)
Enter A New Human Resources Service Center (HRSC) PIN:	<input type="text"/> (must be 6 digits)
For Verification, Re-Enter Your New Human Resources Service Center (HRSC) PIN:	<input type="text"/> (must be 6 digits)
<input type="button" value="Submit"/> <input type="button" value="Reset"/>	



Making Your Health Insurance Change

You are now ready to make your Open Season change

Click on Health on the Toolbar

A screenshot of the Department of Navy Employee Benefits Information System (EBIS) website. At the top, there is a dark green navigation toolbar with white text links: Home, Retirement, TSP, Health, Life, Survey, and PIN. The 'Health' link is highlighted in a lighter green. Below the toolbar, on the left, is a green vertical box containing white text: "As you browse this web site you may use the links in this green area to go back to pages you have previously visited." In the center, there is a logo for the Department of Navy EBIS, which is a triangle containing a ship and the text "Employee Benefits Information System" and "Department of Navy". To the right of the logo, the text "Department of Navy" is displayed in large blue font, followed by "Employee Benefits Information System (EBIS)" in smaller blue font. At the bottom of the page, there are blue underlined links: "Home Retirement TSP Health Life Survey PIN" and a "Back To Top" link.



Making Your Health Insurance Change

Click on
Personal
Transactions

A screenshot of a web application interface. At the top is a dark blue navigation bar with white text links: Home, Retirement, TSP, Health, Life, Survey, and PIN. Below this is a green sidebar on the left with the text "Health Insurance Information". The main content area has a yellow background. It features the heading "Health Insurance Information Main Menu" in blue. Below the heading is the text "Please select from one of the following options:". There are two red underlined links: "Basic Program Information" and "Personal Transactions". At the bottom of the main area are blue underlined links: "Home", "Retirement", "TSP", "Health", "Life", "Survey", "PIN", and "Back To Top". A red arrow points from the text "Click on Personal Transactions" to the "Personal Transactions" link.



Making Your Health Insurance Change

Click FEHB
Open Season
Elections/
Changes in
Enrollment

The screenshot shows a web interface with a dark blue navigation bar at the top containing links for Home, Retirement, TSP, Health, Life, Survey, and PIN. A green sidebar on the left contains a diamond icon and the text "Health Insurance Information" and "Personal Transactions". The main content area has a yellow background and is titled "Health Insurance: Personal Transactions". Below the title, there is a paragraph: "To change your participation in FEHB Premium Conversion ONLY contact Human Resources Service Center (HRSC) at [your local region](#)." Below this, it says "Please select from one of the following options:" followed by a list of red underlined links: "General Information", "View Your Current Health Plan Enrollment", "FEHB Enrollment Codes", "View and/or Void FEHB Projected Action", "New Permanent Employees and Temporary Employees Completing One Year of Continuous Federal Service", "Change FEHB Enrollment from Self and Family to Self Only", "Add a Foster Child to Your FEHB Self and Family Coverage", and "FEHB Open Season Elections/Changes in Enrollment". A red arrow points from the text on the left to the "FEHB Open Season Elections/Changes in Enrollment" link.



Making Your Health Insurance Change

Read the Open Season Information

- ◆ Health Insurance Information
- ◆ Personal Transactions
- ◆ FEHB Open Season Elections/Changes in Enrollment

Health Insurance Information: FEHB Open Season Elections/Changes in Enrollment

The Office of Personnel Management (OPM) holds a Federal Employees Health Benefits (FEHB) program open season each year, normally, from Monday of the second full workweek in November through Monday of the second full workweek in December. The 2001 FEHB program open season will begin in November 2001.

During an open season, if eligible, you may

- Enroll in the FEHB program
- Change your FEHB enrollment from Self Only to Self and Family
- Change from one plan or option to another
- Make any combination of the above.

Plan Enrollment Code: To conduct Federal Employee Health Benefits (FEHB) business transactions, you will need the **plan enrollment code** of the health plan of your choice. You will find this code in the FEHB plan guide. If your enrollment will be for self and family coverage, you will need each family member's name, zip code, date of birth, sex, relationship code and social security number. Some carriers restrict enrollment based on geographic location.



Making Your Health Insurance Change

Before making your Open Season transaction read this information to ensure that an Open Season election is the correct option for you

FEHB OPEN SEASON

ENROLLMENT/CHANGES IN ENROLLMENT

Before beginning an FEHB Open Season transaction:

- DO NOT USE THIS MODULE if you want to change your enrollment from **self and family to self only coverage** and remain under the same FEHB health plan carrier with the same level of coverage. Go to [Change FEHB Enrollment from Self and Family to Self Only](#) from the Personal Transactions Main Menu.
- DO NOT USE THIS MODULE if you need to **add a foster child** to your FEHB self and family coverage. Go to [Add Foster Child to Your FEHB Self and Family Coverage](#) from the Personal Transactions Main Menu.
- DO NOT USE THIS MODULE if you are enrolling more than 10 family members. If you have more than 10 eligible family members, you may use the Human Resources Service Center (HRSC) system by calling [your local region](#).
- You must know the enrollment code of the health plan you are electing. [Click Here to look up FEHB enrollment codes](#).
- Be sure that you and, if applicable, your family members, are located in the geographic area in which the health plan you are electing provides service. This is particularly important if you are electing an HMO type health plan.



Making Your Health Insurance Change

Enter Your:

SSN



PIN



Click Continue



- Be sure that, if you are electing self and family coverage, you have all required information (first name, middle initial, last name, date of birth, sex, social security number, zip code) on each family member to be covered by the health plan.

To begin FEHB Open Season Business Transactions:

Enter Your Social Security Number (SSN):	<input type="text"/>
Enter Your Personal Identification Number (PIN):	<input type="text"/>

If you do not remember your PIN, click **PIN** on the toolbar.

<input type="button" value="Continue"/>	Continue transaction
<input type="button" value="Clear"/>	Clear all entries
<input type="button" value="Quit"/>	Return to Personal Transactions Main Menu

[Return to Top of Page](#)



Making Your Health Insurance Change

Enter the enrollment code that you wish to select

Example: 105 for Blue Cross/Blue Shield

Click Continue

I ELECT TO ENROLL IN THE FOLLOWING HEALTH BENEFITS PLAN:

Enter Enrollment Code:

Continue transaction
 Clear entry
 Return to Personal Transactions Main Menu



Making Your Health Insurance Change

The enrollment code, cost per pay period and effective date of the plan you have selected will be shown

Click Continue or change code as appropriate

YOU HAVE ELECTED THE HEALTH BENEFITS PLAN SHOWN BELOW:

Enrollment Code:	105
Plan Name:	BLUE CROSS AND BLUE SHIELD
Type of Enrollment:	STANDARD SELF & FAMILY
* Cost Per Pay Period:	\$94.83
Effective Date:	01-13-2002

* Premium cost for temporary employees will be higher than the cost reflected above. Please refer to the [Guide to FEHB Plans, RI 70-B](#), for correct premium.

- Continue transaction
- Change Enrollment Code
- Return to Personal Transactions Main Menu



Making Your Health Insurance Change

Complete Marital Status Information

Complete Other Health Insurance Information

Click Continue

MARITAL STATUS AND OTHER INSURANCE INFORMATION

Are you married? Yes No

NOTE: If you are separated but not divorced, you are still married.

OTHER HEALTH INSURANCE

Do you, your spouse, or any other eligible family member have any group health insurance coverage other than the FEHB plan in which you are now enrolling or enrolled? Yes No

Continue transaction

Return to Personal Transactions Main Menu



Making Your Health Insurance Change

Read the information about family members eligible for coverage

FAMILY MEMBER INFORMATION

You have elected **family coverage**. Your spouse and your unmarried dependent children under the age of 22 are eligible for coverage under your health plan.

Eligible children include:

- Legitimate or adopted children
- Recognized children born out of wedlock
- Stepchildren
- Foster children if they live with you in a regular parent-child relationship.

A recognized child born out of wedlock also may be included if a judicial determination of support has been obtained or you show that you provide regular and substantial support for the child. Other relatives, such as your parents, are not eligible for coverage even though they live with you and are dependent upon you. Children whose marriage ends before they reach age 22 become eligible for coverage under your Self and Family enrollment from the date the marriage ends until they reach age 22. In some cases, an unmarried disabled child who is 22 years old or older is eligible for coverage under your Self and Family enrollment if you have adequate medical certification of a mental or physical handicap that existed before his or her 22nd birthday and renders the child incapable of self-support.

Dual Coverage: Normally, an employee, former employee, annuitant, child, or former spouse may not enroll, or be covered as a family member, if he or she is covered under another person's self and family FEHB enrollment except under certain circumstances. If one of the exceptions applies, and dual coverage is authorized, each enrollee must tell the health carrier which family members are covered under his or her enrollment.



Making Your Health Insurance Change

Enter personal information for all family members eligible for coverage

Select the family relationship by clicking on the drop down menu

Click on Add Another Family Member

or

Click on Finished Entering Members

Enter the personal information for all family members eligible for coverage under your FEHB self and family enrollment. You may be asked to provide documentation regarding your eligible family members to verify this transaction.

FAMILY MEMBER #1

Last Name:	<input type="text"/>
First Name:	<input type="text"/>
Middle Initial:	<input type="text"/>
Date of Birth:	<input type="text"/> Month (mm) <input type="text"/> Day (dd) <input type="text"/> Year (yyyy)
Sex:	<input checked="" type="radio"/> Male <input type="radio"/> Female
Social Security Number:	<input type="text"/> - <input type="text"/> - <input type="text"/> (if known)
Zip Code:	<input type="text"/>
Relationship:	Spouse by common law <input type="button" value="v"/>

Add Another Member

Add additional eligible family member

Finished Entering Members

Continue transaction

Clear

Clear all entries

Quit

Return to Personal Transactions Main Menu



Making Your Health Insurance Change

YOUR HOME ADDRESS

Your home mailing address is shown below. Your home address will be used by the FEHB carrier to mail your enrollment cards and any other correspondence relating to your health insurance.

If you are satisfied with the address shown below, select "Continue".

If you would like to enter a different address to be used by your FEHB carrier, select "Enter New Address". **This will not affect the address you have on file with your payroll office.** You are still responsible for notifying payroll of any address change.

Verify your home address



Street Address:	123 Main Street
City:	Portsmouth
State:	VA
Zip:	23709

Click Continue



or

Enter New Address



Continue
Enter New Address
Quit

Continue transaction

Change address shown above

Return to Personal Transactions Main Menu



Making Your Health Insurance Change

FEHB ENROLLMENT SUMMARY

Based on the transaction information you entered, your projected FEHB Open Season enrollment is:

Review
the
Enrollment
Summary

Employee's Name:	Jones, John D.
Plan Code:	105
Plan Name:	BLUE CROSS AND BLUE SHIELD
Type of Enrollment:	STANDARD SELF AND FAMILY
* Cost Per Pay Period:	\$94.83
Effective Date:	01/13/2002

Premium cost for temporary employees will be higher than the cost reflected above. Please refer to the Guide to FEHB Plans, RI 70-B, for correct premium.

Marital Status:	Married
Other Group Insurance Policy	No
Other Group Insurance Policy Holder	N/A
Medicare (Self)	N/A
Medicare (Spouse)	N/A
Tricare including CHAMPUS	N/A
Other Group Health Insurance Name	N/A
Mailing Address:	123 Main Street Portsmouth, VA 23709

Click Yes to Continue
or

No to Cancel

YES
NO

Do You Wish To Continue With This Transaction?

The above information is correct. I acknowledge and wish to **CONTINUE** with this transaction.

I DO NOT wish to continue with this transaction. I understand that my transaction will be **STOPPED** and will not become effective.



Making Your Health Insurance Change

ELECTRONIC SIGNATURE

WARNING: Be advised that any false statement in this transaction, or willful misrepresentation, 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, according to federal law. Additionally, this may result in disciplinary action up to and including removal from federal employment.

I understand that my Personal Identification Number (PIN), used in connection with my Social Security Number, is my electronic signature in effecting this transaction.

YES

I acknowledge and wish to PROCESS THIS TRANSACTION.

NO

I do not acknowledge and wish to STOP this transaction.

To process your Open Season change Click Yes

Click No if you do not want to process the Open Season change



Making Your Health Insurance Change

This page contains information subject to the Privacy Act of 1974 as amended.

Print the transaction receipt to document your new enrollment

Your transaction has been successfully completed.

We recommend you print your transaction receipt below. To print your receipt, click the "Print" button or icon on your browser.

Verification of Transaction: All completed transactions are available for your immediate review. You may verify your FEHB transaction by either: Clicking on the Personal Transactions, View and/or Void FEHB Projected Action; or Checking the Leave and Earnings Statement which applies to the effective date of your transaction.

Requesting a Copy of Your SF 2809: If you do not receive your enrollment cards by the effective date of this transaction and you need to visit your physician, you may obtain a faxed copy of your most recent SF 2809 by dialing the Human Resources Service Center (HRSC) Automated System at [your local region](#). Once you have input your social security number and pin and verified your work phone number, press 1 at the main menu for Federal Employees Health Benefits. At the first health benefits menu press 6 to obtain a copy of your most recent SF 2809 and follow the instructions. If you are calling from the United States or Canada, the system will ask you for your ten digit commercial fax phone number (not DSN). If you are calling from outside the Continental United States or Canada, the system will ask you for your country code and commercial fax phone number (not DSN).

Electronic Signature: Your Personal Identification Number (PIN) used in connection with your Social Security Number served as your electronic signature in effecting this transaction.

FEHB OPEN SEASON TRANSACTION RECEIPT

*Thanks for using EBIS to make your
health insurance Open Season
change*

If you have questions, please call
The Benefits Line at
1-888-320-2917
and select option 2 to talk to a counselor
or email
Benefits_east@east.hroc.navy.mil

