



JUDICIARY BENEFITS CENTER How to Enroll Guide

Judiciary Benefits

PHILOSOPHY

A goal of the judiciary is to be a model employer so it may attract and retain well-qualified employees. The judiciary's employee benefits program is an important tool in attracting and retaining these employees. Therefore, the judiciary's benefits program will be one that is responsive to the reasonable needs of employees, is competitive in the market place, and is fiscally responsible.

Your Federal Judiciary Benefits Program provides a wide range of benefits and choices so you can create a package to "BeneFit" your individual needs.



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Welcome: Your Federal Judiciary Benefits Program Web Site




Login page

Click on a heading to view links for additional information.



Login with Helpful Links



Login | Contact Us | Help

FEDERAL JUDICIARY BENEFITS PROGRAM

User Name


Password

Log In

[Forgot your password?](#)

[Forgot your user name?](#)

New Users - Register Here



SSL CERTIFICATES - Get Info

Welcome

The Judiciary Benefits Center is your confidential, one-stop resource for information and tools designed to help you better manage your personal health and benefits.

Judiciary Benefits Center brings you information and tools to:

- Enroll in your benefits
- Track your Health
- And much, much more

If you're ready to take control of your health and benefits, and don't yet have a user name and password, select the "New Users - Register Here" button.

Already registered? Simply enter your user name and password to get started.

Helpful Links and Forms

Additional documents and forms are available to you upon login. Simply click on a heading below to view links to additional information.

+Enrollment and Benefits

[Judiciary Benefits Center/How to Enroll Guide](#)

[Five Easy Registration Steps](#)

[Consider Enrolling in the FSA](#)

+Claim Forms

[Health Care Reimbursement Claim Form](#)

[Dependent Care Reimbursement Claim Form](#)

[Dependent Care Processing Procedures](#)

[Dependent Care Recertification Form](#)

[Commuter Claim Form](#)

+FAQ's

[Benefits Brochure](#)

[Frequently Asked Questions](#)

[Flexible Benefit OTC Guide](#)

[Flexible Benefit Commonly Submitted Claim Reference Guide](#)

[Eligible Expense Guide](#)

[Privacy Laws and Concern](#)

Have a question or need help? Contact us at:

Judiciary Benefits Center Line:

1-888-442-FLEX (3539)

Benefits Counselors are available from 9:00 a.m. until 9:00 p.m., Eastern Time, Monday through Friday

Fax Line:

1-800-778-0045

Mailing Address:

SHPS

Federal Judiciary Benefits Program

P.O. Box 35680

Louisville, KY 40232

Registration

Step 1

If your name contains any special characters or spaces, like the examples listed below, please enter them within the First and Last Name fields.

- Apostrophes: O'Malley
- Spaces: Donaldson Smith
- Periods: John.Hennessy
- Hyphens: Rogers-Peterson
- Suffixes: Smith Jr

*Required Fields are notated with an asterisk:

- First Name
- Last Name
- Date of Birth
- Social Security Number of Subscriber

Security: Is this site safe/secure?

Yes! This site utilizes proven methods to maintain the security of your information. These methods include: internal firewalls; security audits and assessments; Secure Socket Layers and Transport Layer Security (1024-bit keys for encryption); and user-level security controls. To learn more, please click on the "Privacy Policy" link at the bottom of any site page.

Step 2

You will need to enter your contact information:

*Required Fields are notated with an asterisk:

- Address Line 1
- Country
- City
- State
- Zip + 4
- Email
- Confirm Email
- Phone Number
- How did you hear about the portal?

The screenshot shows the 'FEDERAL JUDICIARY BENEFITS PROGRAM' registration page. The header includes a logo and navigation links for 'Login', 'Contact Us', and 'Help'. The main heading is 'Please Register to Access the New Judiciary Benefits Center.' Below this, it states 'To create your Judiciary Benefits Center account, please provide the information requested below.' and 'Note: * indicates required field(s)'. The 'Demographic Information' section contains the following fields: 'Your First Name' (required), 'Middle Initial', 'Your Last Name' (required), 'Your Date of Birth' (with a calendar icon), 'Member ID', and 'Social Security Number of Subscriber' (required). A text box on the right provides examples of special characters: 'Apostrophes: O'Malley', 'Spaces: Donaldson Smith', 'Periods: John.Hennessy', 'Hyphens: Rogers-Peterson', and 'Suffixes: Smith Jr'. A 'Next >' button is at the bottom right. A footer note states 'Your personal information is confidential per our Privacy Policy, which you can review at any time.'

The screenshot shows the 'FEDERAL JUDICIARY BENEFITS PROGRAM' registration page, Step 2: 'Please confirm your contact information.' The header is identical to Step 1. The main heading is 'Please confirm your contact information.' and 'Note: * indicates required field(s)'. The 'Address' section includes 'Address Line 1' (required), 'Address Line 2', 'Country' (required, with a dropdown arrow), 'City' (required), 'State' (required, with a dropdown arrow), and 'Zip + 4' (required). The 'Contact Information' section includes 'Email' (required), 'Confirm Email' (required), 'Your Phone Number (800-444-1234)' (required), and 'How did you hear about the portal?' (with a dropdown arrow). 'Previous' and 'Next >' buttons are at the bottom right. A footer note states 'Your personal information is confidential per our Privacy Policy, which you can review at any time.'

Step 3

Your User Name is case sensitive and must:

- Be between 8 and 32 characters in length
- Begin with a letter
- Not contain any spaces

Step 4

To complete your account setup, you must first review and accept the Terms and Conditions.

You must check the box indicating you accept and then click on “Create Account”.

Step 5

Congratulations! Your registration is now complete and your account has been created. A confirmation email will be sent to the email address you provided with information regarding your account.

Personal Home Page



1 What are “messages” on this site?

Messages are unique communications just for you! Topics may include health education, benefits information and/or spending accounts updates. These messages help you get the most out of this site—so read them carefully—and check back often to stay up-to-date!

Why don't I see any messages?

Messages are driven by what we know about you. So, the more you use this site—the more targeted information we can provide!

2 What are “Manage Reminders?”

This tool lets you log future events that you want to remember, such as medical appointments or lab tests. By choosing a recurrence, you can be reminded on a regular basis about events important to you. (my) Reminders will send you an e-mail for each event on the reminder date that you choose.

3 What are “My Health Trackers?”

These tools allow you to monitor important health-related numbers, such as your weight, blood pressure and cholesterol. Enter your numbers into these tools regularly, and they will be displayed in a chart over different time periods. You can then print off this information to share with your doctor. It's a great way to follow your progress!

(my) Benefits Page

Home | My Links | My Profile | Logout | Contact Us | Help

Search Health Library OR Search Health Medication GO

Welcome (my) Benefits (my) Health (my) Profile

Benefits Summary

My Current Benefits [View current benefit details](#) **Other Helpful Links**

Benefit	Election	Coverage
Federal Employees Health Benefits (FEHB) Program	Blue Cross Blue Shield Service Standard-10	Self+Family-5
Premium Payment Plan	Premium Payment Plan Pre-Tax	PPP
Health Care Reimbursement Account	\$0.00	PRE-TAX
Dependent Care Reimbursement Account	\$0.00	PRE-TAX
Parking Reimbursement Account	\$230.00	PRE-TAX
Mass Transit Reimbursement Account	\$230.00	PRE-TAX
Federal Employees' Group Life Insurance (FELI) Program	X0 - Basic+Option B (5x)+Option A	FEGLI

[Enroll or Get More Information...](#)

[Access Judiciary Documents and Forms...](#)

Spending Accounts

My Accounts (as of 9/14/2010) [View Summary of Accounts >>](#) **Frequently Used Forms** [View Forms >>](#)

Account	Balance
Healthcare FSA	\$0.00
Transit	\$0.00
Parking	\$0.00

[View Recent Claims](#)

Messages

Use this section to view useful messages about managing your health and healthcare coverage. Add important reminders about checkups or other dates.

[Manage Reminders](#)

You Currently Have No Messages

My Links

Save your favorite health sites! Use the link below or "My Links" at the top right-hand side of this page to start.

[Show me My Links](#)

Health News

[Feature Story: Aspirin and kids do not mix](#)

When your child has a cold, the flu or chickenpox, you want to help them feel better. Just make sure any medicine you use does not contain aspirin.

Recent Headlines

- [Many Americans Sleep-Deprived: Study](#)
- [Female Cervixes Face a Heavier Toll: Study](#)
- [Health Care Reform Bill Best Option: Analysis](#)
- [Health Tip: Mold Can Be a Health Risk](#)
- [Health Tip: Getting Over Laryngitis](#)
- [40-Year-Old Gout Drug Shows Promise Against Arthritis](#)

[More health news >>](#)

My Health Trackers [add my trackers >](#)

Blood Pressure [view tracker >](#)

You have less than two entries saved for the Blood Pressure. Once you have two or more saved entries for this tracker, a chart will be displayed here to help you monitor any changes.

1 This is where you will enroll in your benefits. See page 11 for detailed instructions on enrollment.

(my) Health Page

What is “(my) Health?”

This tool provides a number of different tools and resources, including a personal health assessment, health promotion information, and access to health-related news.



(my) Profile Page

What is “(my) Profile”?

You can change your contact information and password in the (my) Profile section. “My Preferences” reflects your selections for “My New Interests” as well as “My Health Trackers”. You may make changes and save updates at anytime. This information will be used to determine what messages you receive.



SHPS Judiciary Benefits Center Enrollment Modules

Annual Benefits Enrollment—page 11: During the Annual Enrollment Period, you can enroll in the **Premium Payment Plan (PPP)**, the **Federal Employees Health Benefits Program (FEHB)**, a **Health Care Reimbursement Account (HCRA)**, and a **Dependent Care Reimbursement Account (DCRA)**. To enroll in a **Parking Reimbursement Account** or **Mass Transit Reimbursement Account**, please access these benefits via the **Anytime Enrollment** module (information located on page 15).

Anytime Enrollment—page 15: You can enroll or make changes to your Parking Reimbursement Account or Mass Transit Reimbursement at any time during the year.

Qualified Life Events—page 16: You can make certain changes to your benefits elections throughout the year, if they meet the Internal Revenue Service requirements. If your situation meets the IRS requirements, you can make changes online to your Federal Employees Health Benefits coverage. To make changes to other benefits, contact **SHPS Judiciary Benefits Center** at **1-888-442-FLEX (3539)** for assistance.

New Hire Enrollment—page 18: If you are a newly hired employee, you have 60 days from your date of hire to enroll in the **Premium Payment Plan (PPP)**, the **Federal Employees Health Benefits Program (FEHB)**, a **Health Care Reimbursement Account (HCRA)**, and a **Dependent Care Reimbursement Account (DCRA)**. You can also access enrollment screens for the **Parking Reimbursement Account** or **Mass Transit Reimbursement Account** in this module; however you are not limited to the 60-day window and can enroll in these benefits at any time during the year.

Annual Benefits Enrollment Opportunity

Each year you will have an opportunity to review and change your benefit options for the upcoming Plan Year.

Once you have registered, you can begin to explore your options and make your enrollment decisions. Just follow the steps below:

1. Login with your user name and password.



2. Click on the (my)Benefits tab.



3. Click on **Enroll or Get More Information** to proceed with your enrollment.



4. Click on Annual Enrollment in the left navigation bar.

Back to Portal
Contact Information
Current Elections
Qualified Life Events
Anytime Enrollment
Annual Enrollment
Reimbursement Accounts
Get Documents
Federal Employees' Group Life Insurance (FEGLI) Program
Contact Us
Return to Welcome

BENEFIT FOR LIFE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE PROGRAM

A Carewise Health Solution

Welcome

Welcome to the Federal Employees' Group Life Insurance (FEGLI) program.

It's ANNUAL ENROLLMENT! This year's open enrollment period runs from 12/15/10 - 12/15/11. Please visit the "Enrollment for 2012" button to make your annual enrollment decisions for the 2012 Plan Year.

We are pleased to offer you the online services and hope you find it useful. And only if you cannot wait to act, it offers additional features, adding plans to it instead of your benefits at a time that is right for you. So much to do, 7 days a week.

On this page you have a variety of options that you can use to manage your benefits. Listed below is a general description of what you can accomplish by simply clicking each button on the left (listed on the left hand side).

- Back to Portal** - Take you back to your home page, which your status should be right.
- Contact Information** - Click on the button to view your current contact information and print your current enrollment statement.
- Current Elections** - You can make a change to your 2012 election order if you experience an eligible life-changing event that must affect your 2012 benefit. The system also provides instructions for making changes to any of your other benefits that could also be affected by your life-changing event.
- Anytime Enrollment** - Allows you to enroll, change or stop your Government Benefit automatically. If you received your enrollment through the LifeStar Benefit web site, you will not need to log in or make the Enrollment Enrollment form as well.
- Reimbursement Accounts** - Allows you to enroll, change or stop your Government Benefit automatically. If you received your enrollment through the LifeStar Benefit web site, you will not need to log in or make the Enrollment Enrollment form as well.
- Get Documents** - View a copy of your 2012 enrollment statement that you can print or download. The documents are from the Department of Health and Human Services and can be used to verify your enrollment.
- Federal Employees' Group Life Insurance (FEGLI) Program** - Allows you to view your 2012 enrollment statement and a quick link to the 2012 enrollment form.
- Enrollment** - View your 2012 enrollment statement and a quick link to the 2012 enrollment form.
- Return to Welcome** - Return you to the welcome page.

24 Further assistance is needed, please contact the FEGLI Customer Service Center at 1-800-452-FLIFE (3546) or call your local FEGLI office.

5. You will be brought to the welcome message for enrollment. Please read the information and select "Continue Enrollment" to proceed to the next section.

Enrollment Welcome
Contact Information
Dependent Information
Federal Employees Health Benefits (FEHB) Program
Premium Payment
Health Care Reimbursement
Dependent Care Reimbursement
Confirmation Statement

BENEFIT FOR LIFE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE PROGRAM

A Carewise Health Solution

Welcome

Welcome to the Federal Employees' Group Life Insurance (FEGLI) program.

This site allows you to enroll in the Federal Employees' Group Life Insurance (FEGLI) program and the Federal Employees Health Benefits (FEHB) program. Please read the information on this page and select the "Continue Enrollment" button to proceed to the next section.

You will be guided through the enrollment process on this site until you have completed your enrollment. Once you have entered your enrollment information for a benefit, click the "Continue Enrollment" button to go to the next section.

Please read the following carefully before you make your selection:

- I agree that my compensation will be reduced by the amount I have elected under the FEGLI program, continuing for each pay period until the agreement is renewed or terminated.
- I understand that I cannot change or revoke any of these elections before January 1, 2012, unless I experience a Qualified Life Event (i.e., marriage, divorce, birth or adoption of a child, death of a spouse or other, termination or non-renewal of employment by the sponsor or other such events allowed under the Federal Insurance Policy) and the election change is required by and associated with the Qualified Life Event.
- I understand that any premium reduction I have made will reduce my reimbursement for Social Security tax purposes. This means that my Social Security benefit will be decreased.
- I understand that any amount remaining in my Health Care Reimbursement Account and/or my Dependent Care Reimbursement Account after the end of the Plan Year will be forfeited.
- I understand that each year, I will be offered the opportunity to sell, change or stop my elections for the following plan year. If I wish to continue in any or both of the Health Care Reimbursement Accounts, I must make an election each year.
- I understand that my FEGLI election is for Plan Year 2012 beginning January 1, 2012 and ending December 31, 2012. My election for any period in my annual election amount divided by the number of remaining pay periods in the Plan Year. My election amount(s) will be based on my contribution statement.
- I understand that my FEGLI election is for Plan Year 2012 and that my effective date is the first day of my first January 2012 pay period. My FEGLI effective date will be based on my contribution statement.

Continue Enrollment

6. Enter your Contact Information.

Enrollment Welcome
Contact Information
Dependent Information
Federal Employees Health Benefits (FEHB) Program
Premium Payment
Health Care Reimbursement
Dependent Care Reimbursement
Confirmation Statement

BENEFIT FOR LIFE FEDERAL EMPLOYEES' GROUP LIFE INSURANCE PROGRAM

A Carewise Health Solution

Contact Information

Please read and complete the following requested information. Please note the required field System Prompt indicated with an *.

We are here your current e-mail address is:

Enter your e-mail address (has been submitted, no communication to you will be provided via e-mail).

If providing your e-mail address, you will be able to select your destination of benefit when an FGLI claim is processed and notification of your premium and/or charges via e-mail.

Please note, you can provide any e-mail address you wish to use, which may be a personal e-mail address. Your e-mail address is NOT required. If you choose not to provide an e-mail address, you will continue to receive information about your benefits through the U.S. Mail.

First: Last: Middle Initial:

Next

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Enrollment Welcome
Contact Information
Dependent Information
Federal Employees Health Benefits (FEHB) Program
Premium Payment
Health Care Reimbursement
Dependent Care Reimbursement
Confirmation Statement

Enrollment Welcome
Contact Information
Dependent Information
Federal Employees Health Benefits (FEHB) Program
Premium Payment
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Dependent Care Reimbursement
Confirmation Statement



BENEFIT FOR LIFE

FEDERAL JUDICIAL SECURITY PROGRAM

A Carraway Health Solutions

Accounted Balance

Contact Information

Federal Employees Health Benefits (FEHB) Program

Health Care Reimbursement

Dependent Care Reimbursement

Contribution Methods

Federal Employees Health Benefits (FEHB) Program

Your FEHB election will be in effect unless you check a different option below.

On the screen you may enroll in the FEHB Program by checking a participating carrier.

Please note that your most recent election for the FEHB program will remain in effect unless you check otherwise. If you are enrolled in a plan from (Existing FEHB) that is reducing the premium time or terminating for 2013, your most recent election will not change plans, and you must select an enrollment change during Annual Enrollment in order to have health benefits during 2013. The effective date of your change will be the first full pay period of 2013.

If you wish to change your election, please select your desired plan and coverage below. Remember that you may change your election at any time during this Annual Enrollment Month. After Annual Enrollment, you can change your election before the next Annual Enrollment only if your change qualifies under the rules of Nonannual Changes as set forth.

Please note that elections made at FEHB will be considered as your Nonannual Change below.

Your FEHB election can be found below. Please check the group you are interested in and check the plan that you are eligible for that plan. For more info for 2013 go to <http://www.fedhealth.gov/fehb/2013/2013fehb.htm>

If you have any questions regarding a plan that is not listed, please call FEHB Customer Service Center directly at 1-800-942-4323 (TDD) and press 1 for a hearing (TTY).

In order to elect a family plan for your FEHB, you must have dependent information on record. Otherwise, you will be prompted to elect self only coverage.

Please note: If you select a High Deductible Health Plan with a Health Savings Account, you are not eligible for the Health Care Reimbursement Account.

See your selection screen for plan year details.

	Self Only 0	Self/Family 0	Self Only 0	Self/Family 0	No Coverage
Active HealthFund 00	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active HealthFund 01	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 02	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 03	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 04	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 05	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 06	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 07	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 08	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 09	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 10	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 11	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 12	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 13	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 14	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 15	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 16	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 17	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 18	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 19	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 20	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 21	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 22	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 23	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 24	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 25	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 26	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 27	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 28	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 29	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 30	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 31	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 32	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 33	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 34	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 35	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 36	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 37	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 38	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 39	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 40	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 41	\$1,010.00	\$1,010.00	\$174.76	\$1,010.00	
Active Health Fund 42	\$1,010.00	\$1,010.0			

[illegible]

9. Select your **Premium Payment Plan** election.

10. Enter your HCRA election.

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BENEFIT FOR LIFE FEDERAL JUDICIAL BENEFITS PROGRAM

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Health Care Reimbursement Account

Your Current Election: Health Care Reimbursement Account
Coverage Level: HCR 100
Your Current Elected Amount: \$1,000

On this screen, you may enroll in the Health Care Reimbursement Account (HCRA) for the 2013 Plan Year. Please remember, your 2012 HCRA 2012-2013 maximum will also be \$1,000. If you wish to participate in the HCRA for the 2013 Plan Year, you must make a new election. You may change your election at any time during the Annual Enrollment Period. However, after the Annual Enrollment Period, you can change your election only if you experience a Qualifying Life Event during the Plan Year.

You are eligible to participate in the HCRA if you are eligible for the Federal Employees Health Benefits (FEHB). If your enrollment has a fee to be paid (2012-2013), that fee must be paid by the end of the current Plan Year. If you enroll for the 2013 Plan Year, you must pay the fee at least 4 weeks prior to your enrollment date, in order to participate in the HCRA.

Basic and Vision Plans are offered to all judges and employees of the Federal Judiciary. Although low-cost premiums, associated with the Basic and Vision Plans, you are eligible for reimbursement from a Health Care Reimbursement Account. You are encouraged to consider these plans along with your other options, as they may be more cost-effective than the other options. While your total self-funded fee for the Basic and Vision Plans is \$1,000, you may also be eligible for a reimbursement of up to \$1,000 for the Basic and Vision Plans. This amount is subject to the maximum annual contribution for the HCRA. If you are enrolled in the HCRA, you will be required to pay the fee for the Basic and Vision Plans. If you are not enrolled in the HCRA, you will be required to pay the fee for the Basic and Vision Plans. If you are enrolled in the HCRA, you will be required to pay the fee for the Basic and Vision Plans. If you are not enrolled in the HCRA, you will be required to pay the fee for the Basic and Vision Plans.

Your annual election will be for the 2013 Plan Year. Your election will be processed by the end of the Plan Year. The amount you elect to contribute to the HCRA will be automatically deducted from your pay. Please enter your annual election in whole dollars. The per year contribution will be automatically reflected on your Confirmation Statement.

If you are electing a high Deductible Health Plan, you will be provided a \$500 with your election. Additionally, this affects your eligibility for the Health Care Reimbursement Account.

Some amounts in whole dollars are shown, no cents, no dollar signs. For example, \$100.00 would be 100.

The maximum annual contribution is \$10,000.00.

Enter Your Elected Amount:

Next Step:
Click on the "Confirm Election" button below to proceed with your new election.

[Previous](#) [Confirm Election](#)

11. Enter your DCRA election.

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BENEFIT FOR LIFE FEDERAL JUDICIAL BENEFITS PROGRAM

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Dependent Care Reimbursement Account

Your Current Election: Dependent Care Reimbursement Account
Coverage Level: DCR 100
Your Current Elected Amount: \$1,000

On this screen, you may enroll in the Dependent Care Reimbursement Account (DCRA) for the 2013 Plan Year. Please remember, your 2012 DCRA 2012-2013 maximum will also be \$1,000. If you wish to participate in the DCRA for the 2013 Plan Year, you must make a new election. You may change your election at any time during the Annual Enrollment Period. However, after the Annual Enrollment Period, you can change your election only if you experience a Qualifying Life Event during the Plan Year.

The Dependent Care Reimbursement Account allows you to pay for eligible child and adult day care expenses. Expenses must be for the self during the enrollment of a qualifying dependent while you are in the United States for purposes of work or education. Please see the Dependent Care Reimbursement page for the full details of the account and for a list of eligible expenses.

The maximum annual election is \$10,000.00. If you are married, filing separately, the maximum limit is set for the FTL. If you have made contributions to another employer's plan for this election year, please consult your employer or through your broker. See also the plan document for more details on the DCRA for the Plan Year.

Your amount in whole dollars is shown, no cents, no dollar signs. For example, \$100.00 would be 100.

The maximum annual contribution is \$10,000.00.

Enter Your Elected Amount:

Next Step:
Click on the "Confirm Election" button below to proceed with your new election.

[Previous](#) [Confirm Election](#)

NOTE: You can also enroll in a **Parking Reimbursement Account** or **Mass Transit Reimbursement Account** during Annual Enrollment. However, you must go to the **Anytime Enrollment** module to make your elections.

12. Congratulations! You have completed your enrollment. You can view, print, and email a copy of your Confirmation Statement.

Enrollment Welcome
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Dependent Information
Federal Employees Health Benefits (FEHB) Program
Premium Payment
Health Care Reimbursement
Dependent Care Reimbursement
Confirmation Statement

BENEFIT FOR LIFE FEDERAL JUDICIAL BENEFITS PROGRAM

A Carowise Health SOLUTIONS

Confirmation Statement

Check your confirmation statement carefully to make sure your elections are accurate. Please print your Confirmation Statement and keep for your records.

If you find that the information provided herein is true and correct to the best of your knowledge.

View Confirmation Statement

To view your confirmation statement click the button below. You may need the total number of hours worked to download the statement.

[View Confirmation Statement](#)

Email Confirmation Statement

Please verify your email address if you need the confirmation statement emailed to you. If changes are needed, please enter and click Email Confirmation.

[Email Confirmation](#)

[Previous](#) [Print](#)

Anytime Enrollment

You can elect to enroll in a Parking Reimbursement Account or Mass Transit Reimbursement Account at any time during the year.

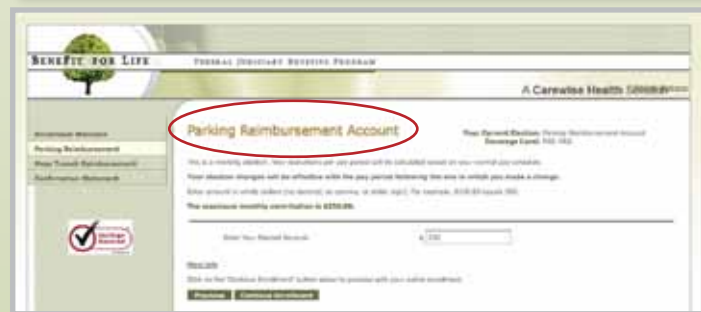
1. Click on **Anytime Enrollment** in the left navigation bar.



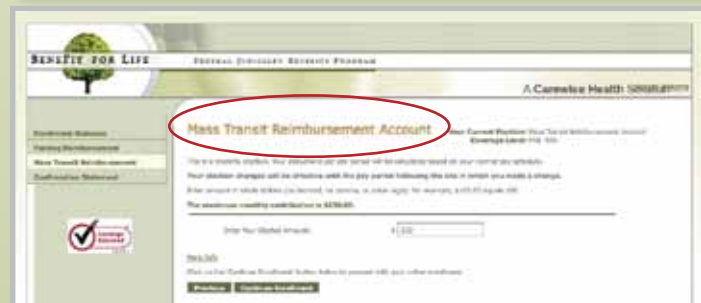
2. You will be brought to the welcome message for enrollment. Please read the information and select "Continue Enrollment" to proceed to the next section.



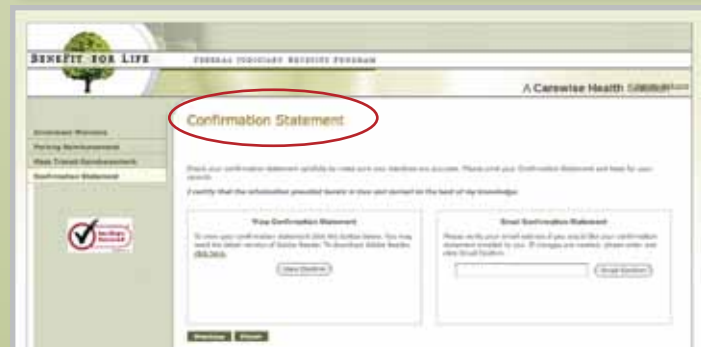
3. Enter your **Parking Reimbursement** election.



4. Enter your **Mass Transit Reimbursement** election.



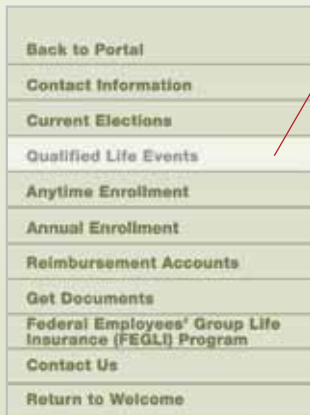
5. Congratulations! You have completed your enrollment. You can view, print, and email a copy of your **Confirmation Statement**.



Qualified Life Events

A Qualified Life Event (QLE) allows you to make changes to your benefits outside of Annual Enrollment. Your changes must be on account of, and consistent with, the event type. For example, if you were making a change as a result of having a child, you would be able to increase your benefits. You would not be allowed to decrease. Please refer to the full listing of QLE types on the web page.

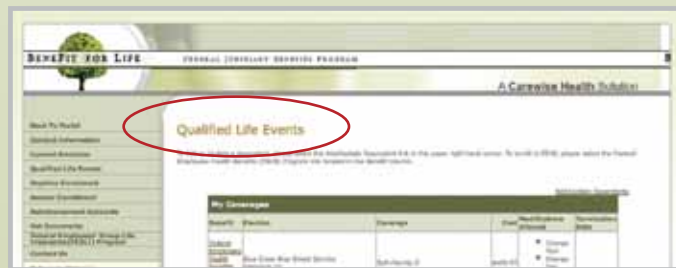
1. Click on **Qualified Life Events** in the left navigation bar.



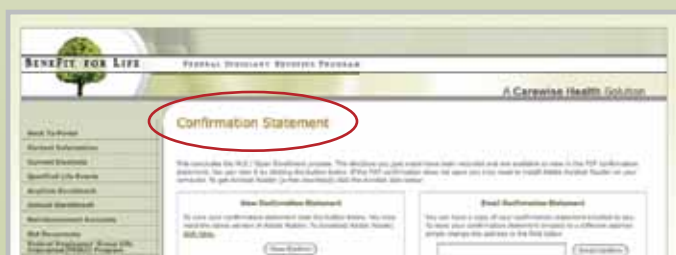
2. Make your **Qualified Life Event** selection from the drop down list, enter the date of your event, and select the "Add Event" button.



3. This screen allows you to make a change to your FEHB enrollment if an FEHB election change is on account of, and consistent with, your QLE.



4. Congratulations! You have completed your QLE. You can view, print, and email a copy of your **Confirmation Statement**.



Or, you can call the SHPS Judiciary Benefits Center at 1-888-442-FLEX (3539) to give your FEHB change information (including the type and date of the Qualifying Life Event) to a SHPS Benefits Counselor. The Counselor will enter your enrollment into the SHPS system and send you a confirmation statement. Benefits Counselors are available from 9:00 a.m. until 9:00 p.m., Eastern Time, Monday through Friday.

- To make an election change for a Qualified Life Event to your Premium Payment Plan (PPP) election, your Health Care Reimbursement Account (HCRA) election, and/or your Dependent Care Reimbursement Account (DCRA) election, contact the SHPS Judiciary Benefits Center directly at 1-888-442-FLEX (3539). Benefits Counselors are available from 9:00 a.m. until 9:00 p.m., Eastern Time, Monday through Friday.

New Hire Enrollment

If you are a newly hired employee, you will automatically be guided to this page where you can learn about, and enroll in, your benefits.

1. Click on **New Hire Enrollment** in the left navigation bar.



2. You will be brought to the welcome message for enrollment. Please read the information and select "Continue Enrollment" to proceed to the next section.



3. Enter your **Contact Information.**

Enrollment Welcome
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Federal Employees' Health Benefits (FEHB) Program
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The screenshot shows the top portion of the Benefity for Life website. The header includes the logo (a tree) and the text "BENEFITY FOR LIFE" and "FEDERAL JUDICIAL BENEFITS PROGRAM". Below the header is a navigation bar with links: "Home", "About Us", "Programs", "Contact Us", "FAQ", "Privacy Policy", "Terms of Service", "Site Map", and "Feedback". The main content area is titled "Contact Information" and is highlighted with a red circle. Below this title, there is a section for "Contact Us" with a form for "Name", "Email", and "Phone". The form is currently empty. Below the form, there is a "Submit" button. The page also features a sidebar with links: "Home", "About Us", "Programs", "Contact Us", "FAQ", "Privacy Policy", "Terms of Service", "Site Map", and "Feedback". The footer contains the text "© 2010 Benefity for Life" and "All rights reserved."

4. Enter your **Dependent Information** (if applicable).

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BENEFIT FOR LIFE FEDERAL JUDICIARY RETIREE PROGRAM

A Carewise Health Solutions program

Dependent Information

Provide the following information for yourself and any dependents who will be covered under the BFLR plan. You must enter Name, Date of Birth, dependent type, marital status, and relationship to those who record below. If the dependent is a child or dependent adult, please provide the address where the dependent resides. If you want to add a dependent, click the "Add a New Dependent" button. If you want to delete a dependent, click the "Delete" button.

Name	Marital Status	Date of Birth	DOB	Relationship	Residence
New Dependent					

[Add New](#) [Delete](#)

5. Select your FEHB Insurance Plan.

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[illegible]

6. Select your **Premium Payment Plan** election.

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Benefit for Life FEDERAL JUDICIAL SERVICE PROGRAM A Carewise Health Solution

Premium Payment Plan

The Premium Payment Plan allows you to contribute to your Federal Employees' Health Benefits (FEHB) by deducting from your pay on a pre-tax basis. Please take time to read the information about the Premium Payment Plan and select the option for the 2013 Plan Year. Your election will be effective for the 2013 Plan Year. If you want to change your election, please click the "Next Step" button. Your election will be effective for the 2013 Plan Year. After the Annual Enrollment Period, you can change your election only if you experience a Qualifying Life Event during the Plan Year.

Your Premium Payment election will be as follows unless you select a different option below.

Premium Payment Plan **Premium Payment Plan**

☐ Yes ☐ No

(When enrolled with your Premium Payment Plan, you will not be eligible to enroll in a Federal Employees' Health Benefits (FEHB) plan.)

Previous **Continue Enrollment**

7. Enter your **HCRA** election.

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Benefit for Life FEDERAL JUDICIAL SERVICE PROGRAM A Carewise Health Solution

Health Care Reimbursement Account

Your Current Election: Health Care Reimbursement Account
Coverage Level: 100%
Your Current Elected Amount: \$15,000.00

On this screen, you may enroll in the Health Care Reimbursement Account (HCRA) for the current Plan Year. Your election will be available for review on the day after the effective date of your enrollment through the end of the Plan Year (December 31st) or within the grace period (January 1 to March 31st) of the following Plan Year. Your effective date will be shown on your confirmation statement. Outside of the Annual Enrollment Period, you can only change your election if you experience a Qualifying Life Event during the Plan Year. All elections must be submitted by April 30th of the following Plan Year.

You are eligible to participate in the HCRA if you are eligible for the Federal Employees' Health Benefits (FEHB). If your enrollment has a fee to enroll (NTE) rate, that rate must be less than the end of the current Plan Year (i.e., your first day of July 2013). All elections must be at least 4 weeks prior to your enrollment date, in order to participate in the HCRA.

If you elect a High Deductible Health Plan, you will be enrolled in a HDHP with your health benefit. You will not be able to participate in the Health Care Reimbursement Account if you are enrolled in a HDHP.

If you are electing one of the High Deductible options and are not opening a Health Savings Account with your medical carrier, you may contribute to this account. The contribution of election amount will be shown on your confirmation statement.

Previous **Continue Enrollment**

8. Enter your **DCRA** election.

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Benefit for Life FEDERAL JUDICIAL SERVICE PROGRAM A Carewise Health Solution

Dependent Care Reimbursement Account

Your Current Election: Dependent Care Reimbursement Account
Coverage Level: 100%
Your Current Elected Amount: \$5,000.00

On this screen, you may enroll in the Dependent Care Reimbursement Account (DCRA) for the current Plan Year. Your election will be available for review on the day after the effective date of your enrollment through the end of the Plan Year (December 31st) or within the grace period (January 1 to March 31st) of the following Plan Year. Your effective date will be shown on your confirmation statement. Outside of the Annual Enrollment Period, you can only change your election if you experience a Qualifying Life Event during the Plan Year. All elections must be submitted by April 30th of the following Plan Year.

The maximum annual election amount for the DCRA is \$5,000 (\$2,500 if you are married filing separately). The deadline for the DCRA is 4 weeks prior to your enrollment date. If you have made contributions to another employer's plan for this employer (you) within 60 days of your enrollment, you should take that into account and adjust your election accordingly. You should take that into account and adjust your election accordingly. You should take that into account and adjust your election accordingly.

Please enter your annual election for your DCRA in whole dollars. The per period election will be calculated automatically on your Confirmation Statement.

Enter amount you wish to contribute for the operation of the Plan Year in whole dollars (no decimals, no cents, no dollar sign). For example: \$5,000.00

Previous **Continue Enrollment**

9. Enter your **Parking Reimbursement** election.

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BENEFIT FOR LIFE FEDERAL JUDICIAL BENEFITS PROGRAM A Carewise Health Solutions

Parking Reimbursement Account

Your Current Election: Parking Reimbursement Account (Coverage Level: 100)

This is a flexible account. Your election will be calculated based on your current pay schedule. Your election changes will be effective with the pay period following the one in which you made a change. Enter amount in whole dollars (no decimals, no commas, or dollar signs). For example, \$100.00 would be 100. The maximum monthly contribution is \$100.00.

Enter Your Elected Amount:

Details
Click on the "Confirmation Statement" button below to proceed with your online enrollment.

[Previous](#) [Confirmation Statement](#)

10. Enter your **Mass Transit Reimbursement** election.

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BENEFIT FOR LIFE FEDERAL JUDICIAL BENEFITS PROGRAM A Carewise Health Solutions

Mass Transit Reimbursement Account

Your Current Election: Mass Transit Reimbursement Account (Coverage Level: 100)

This is a flexible account. Your election will be calculated based on your current pay schedule. Your election changes will be effective with the pay period following the one in which you made a change. Enter amount in whole dollars (no decimals, no commas, or dollar signs). For example, \$100.00 would be 100. The maximum monthly contribution is \$100.00.

Enter Your Elected Amount:

Details
Click on the "Confirmation Statement" button below to proceed with your online enrollment.

[Previous](#) [Confirmation Statement](#)

11. Congratulations! You have completed your enrollment. You can view, print, and email a copy of your **Confirmation Statement**.

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Premium Payment Plan
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Parking Reimbursement
Mass Transit Reimbursement
Confirmation Statement

BENEFIT FOR LIFE FEDERAL JUDICIAL BENEFITS PROGRAM A Carewise Health Solutions

Confirmation Statement

Print your confirmation statement quickly to make sure your elections are accurate. Please print your Confirmation Statement and keep for your records. I certify that the information provided herein is true and correct to the best of my knowledge.

View Confirmation Statement
To view your confirmation statement click the button below. You may need a second version of Adobe Reader. To download Adobe Reader, click here.

[View Confirmation Statement](#)

Email Confirmation Statement
Please verify your email address if you would like your confirmation statement emailed to you. If changes are needed, please enter and click Email Confirmation.

[Email Confirmation Statement](#)

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Get Documents Page

On the main portal home page under (my)Benefits, you can find a link to download important forms in pdf format.



BENEFIT FOR LIFE FEDERAL JUDICIARY BENEFITS

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Current Elections

Qualified Life Events

Anytime Enrollment

Annual Enrollment

Reimbursement Accounts

Get Documents

Federal Employees' Group Life Insurance (FGLI) Program

Return to Welcome



Get Documents

The "Get Documents" service center allows you to download important forms in pdf format (PDF). You will need Adobe Acrobat Reader version 5.0 or higher to open the documents. To download the free Acrobat Reader software, click the Adobe icon below and follow the instructions.

Some documents are available in an interactive format that enables you to type or key in required information. However, the forms cannot be saved with your information for future use. You must print the form to submit it to USPS.

Commuter Benefit Program

Commuter Benefit Program Summary Plan Description (SPD)	A summary of the Federal Judiciary Commuter Benefit Program plan document, written in easy-to-understand language.
Commuter Benefit Program Enrollment Form	This form can be used to enroll in or change your contribution to the Commuter Benefit Plan at any time.
Commuter Benefit Program Claim Form	Used for filing claims for reimbursement from the Commuter Benefit Plan.

Flexible Benefit Program

Flexible Benefit Program Summary Plan Description	A summary of the Federal Judiciary Flexible Benefit Program plan document, written in easy-to-understand language.
Flexible Benefit Program Enrollment Form	Use to enroll in the Health Care Spending Account (HCSA), the Dependent Care Spending Account (DCSA) and/or the Premium Reimbursement Plan (PRP). Enrollment at any time after the Annual Enrollment may be limited. Please review the SPD for details.
Flexible Benefit Program HCSA Claim Form	Used for filing claims for reimbursement from HCSA.
Flexible Benefit Program DCSA Claim Form	Used for filing claims for reimbursement from DCSA.
HCSA Reconciliation Form	This form is used to re-apply claims for future dated DCSA claims once the services have been incurred.
Flexible Spending Flexible Expense Guide	Information about the types of expenses eligible for reimbursement under HCSA, DCSA and Commuter.
Dependent Care Tax Credit Worksheet	A worksheet that helps you determine which is better, the Dependent Care Reimbursement Account or the Dependent Care Tax Credit.
QEC Change Form	Used for notification of a "qualifying life event" to change your Flexible Benefit Program elections.
QEC Fact Sheet	What is a qualifying event?
Flexible Benefit QEC Reference Guide	A Quick Reference Guide outlining IRS defined categories for QEC medicines and products reimbursable under a HCSA.
Flexible Benefit Community Submitted Claim Reference Guide	A Quick Reference Guide outlining the most common items that are claimed under a HCSA, including the documentation required with a claim submission.

FEBH Program

FEBH Handbook for Federal Employees	This handbook provides general information for employees about the Federal Employee Health Benefits (FEBH) Program.
FEBH Form	Federal employees use this form to enroll or make changes in the Federal Employee Health Benefits (FEBH) Program.
FEBH Biweekly Effective Date Schedule	FEBH effective date schedule for those paid on a biweekly basis.
FEBH Monthly Effective Date Schedule	FEBH effective date schedule for those paid on a monthly basis.

FGLI Program

FGLI Booklet for Potential Beneficiaries	This booklet provides general information for employees about the Federal Employees' Group Life Insurance (FGLI) Program.
Life Insurance Election - SF 2817	Eligible employees are automatically enrolled in Basic Insurance. You can elect optional insurance or waive your participation in this benefit by using this form.
Request for Insurance - SF 2822	Eligible employees use this form to request life insurance coverage by providing medical information. Your employing agency must complete Part A of this form.
Designation of Beneficiary - SF 2823	FGLI enrollees and assignees use this form to designate who should receive the death benefits. This form is NOT required if you have not filed a previous designation of beneficiary form and are satisfied with the standard order of precedence. Original Must Be Sent to Your Agency.
FGLI Biweekly Effective Date Schedule	FGLI effective date schedule for those paid on a biweekly basis.
FGLI Monthly Effective Date Schedule	FGLI effective date schedule for those paid on a monthly basis.

Enrollment Guides

Benefits Brochure	The Benefits Brochure for the 2011 Plan Year.
Judiciary Benefits Centerline to Excel Guide	Step-by-step instructions for utilizing the Judiciary Benefits Center web site.
2011 Annual Enrollment Fact Sheet	Information regarding the 2011 Annual Enrollment Period.

FLEX/Commuter Effective Date Schedules

Biweekly Effective Date Schedule	Flex/Commuter effective date schedule for those paid on a biweekly basis.
Monthly Effective Date Schedule	Flex/Commuter effective date schedule for those paid on a monthly basis.

NOTE: To avoid experiencing problems, please ensure you have installed the latest version of Acrobat Reader:



Simply click on the Adobe icon to be directed.

This application is best viewed using Internet Explorer 5.0 or Netscape 6.0 or higher.



FEDERAL JUDICIARY BENEFITS PROGRAM

Home | My Links | My Profile | Logout | Contact Us | Help

Search: [] Go

Welcome | **(my) Benefits** | (my) Health | (my) Profile

Benefits Summary

Benefit	Section	Coverage	Other Helpful Links
Federal Employee Health Benefits (FEHB) Program	Blue Cross Blue Shield Service Standard 10	Self-Funded	<ul style="list-style-type: none"> "Enroll or Get More Information" "Flexible Judiciary Documents and Forms..."
Health Care Reimbursement Account	Plan Fee Tier	PRE - TAX	
Dependent Care	\$0.00	PRE - TAX	
Reimbursement Account	\$200.00	PRE - TAX	
Mass Transit	\$200.00	PRE - TAX	
Reimbursement Account	\$0.00	PRE - TAX	
Federal Employees' Group Life Insurance (FGLI) Program	30 - Basic-Option B (Bx)-Option A	FGLI	

My Links

Save your favorite health plan! Use the link below to "My Links" at the top right hand side of this page to sign.

[Show me My Links](#)

Health News

Enroll, Study, Assist, and Sign on Out

When your child has a cold, the flu or chickenpox, you want to keep them healthy. Just make sure any medicine you use does not contain aspirin.

Recent Headlines

- [More Americans Share Concerns About](#)
- [Female Candidates Face A Heavier Tax, Study](#)
- [Federal Courts Report Bad News: Outlets, Analysis](#)
- [Health Care Costs Rise In Health Risk](#)
- [Health Tax, Carried Over, Looms](#)

FEGLI Program Information Page

On this page you will find information on how to enroll in or make a change to your Federal Employees' Group Life Insurance (FEGLI) Program enrollment.



SF 2817 link opens

Use this form to elect or waive FEGLI Coverage.

Life Insurance Election
Federal Employees' Group Life Insurance Program
See Privacy Act Statement on back of Part 3

Form Approved:
OMB No. 3206-0230

1 General Instructions
By law, unless you waive all coverage or are ineligible, you are automatically covered for Basic life insurance as an employee. When you first become eligible for FEGLI, you may (1) elect Basic and any or all of the options, (2) elect Basic but waive all of the options, or (3) waive all life insurance coverage. If you are changing a previous election, see the back of Part 3 - Employee Copy.

- Read the back of Part 3 - Employee Copy carefully.
- Assignees completing this form should read Items 5 and 6 on the back of Part 3.
- Do not separate the parts. Give this form to your employing office which will complete the form and return your copy to you.

This election supersedes all previous elections.

2 Fill in identifying information concerning the employee.

Name (Last)	(First)	(Middle)	Date of birth (mm/dd/yyyy)	Social Security Number
Employing department or agency		OWCP claim number, if applicable	Location of department or agency where employee works (City, state, ZIP Code)	Daytime telephone number (including area code)

3 To elect or retain Basic, sign and date below. If you do not sign for Basic, you may not elect or retain any form of optional insurance. If you do not want any insurance at all, skip to Section 5.

Basic	I want Basic. I authorize deductions to pay my share of the cost. (Basic may be provided without cost to Postal Service employees.) Signature (Do not print. Only the Employee/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) Date (mm/dd/yyyy)
--------------	---

4 Optional
If you signed for Basic in item 3 above, you may elect or retain any or all of the following options (UNLESS you have previously waived any or all of these options, in which case you may elect only those options which you are eligible to elect as outlined in the FEGLI booklet). Sign the box(es) below for any option(s) you are eligible for and wish to elect or retain. If you do not sign for an option, you have waived it and your future opportunities to enroll in it are strictly limited. You will not be covered for any option(s) for which you do not sign below, regardless of whether you previously elected the option(s).

Option A - Standard	Option B - Additional	Option C - Family
I want Option A. I authorize deductions to pay the full cost.	I want Option B in the multiple of my annual basic pay I indicate below. I authorize deductions to pay the full cost.	I want Option C in the multiple I indicate below. I understand that each multiple is worth \$5,000 upon the death of my spouse, and \$10,000 upon the death of an eligible child.



FEGLI Frequently Asked Questions

This link takes you to the Office of Personnel Management's Insurance Programs FEGLI information page.

OPM.gov Home | Subject Index | Important Links | Contact Us | Help

U.S. OFFICE OF PERSONNEL MANAGEMENT
Recruiting, Retaining and Honoring a World-Class Workforce to Serve the American People

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 **Insurance Programs**
World's largest group life insurance program, covering over 4 million Federal employees, retirees, and family members. 

You have reached a collection of archive material. The content available is **no longer being updated** and as a result you may encounter hyperlinks which no longer function. You should also bear in mind that this content may contain text and references which are no longer applicable as a result of changes in law, regulation and/or administration.

Federal Employees' Group Life Insurance Program
Frequently Asked Questions

Insurance Main
FEGLI Main
FAQ
FAQ Changes

FAQs

Select Question

FEGLI FAQ TOPICS

- Assignments
- Break in Service
- Claims - How to file
- Conversion (How to convert to a private policy)
- Court Orders
- Decreasing Coverage
- Designations of Beneficiary
- Family Members
- General Information (Basic and Optional Coverage)
- Increasing Coverage
- Living Benefits
- LWOP (Leave Without Pay)
- Military and FEGLI
- Miscellaneous
- Payment (Who receives the benefits when you die)
- Portability
- Retirement and FEGLI
- Volitional Settlement
- Workers' Compensation and FEGLI

2004 Open Season Archive

- Open Season FAQs
- FEGLI Basics

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Contact Us:

You can fill out this form to provide comments or request additional information.

Contact Us

Thank you for visiting SHPS. Please use the form below to provide comments or request additional information.

SHPS Processing Center
P.O. Box 35680
Louisville, KY 40232

Phone: 1-888-442-FLEX (3539)
Fax: 1-800-778-0045

Phone:

Reason for Feedback:

Comments:

Checklist

Use the following checklist to enroll:

- ☒ An Annual Enrollment Period is generally held every year during November and December. The actual dates for Annual Enrollment are announced in October.
- ☒ As a newly eligible judge or judiciary employee, remember that you have a specific timeframe to enroll in the various benefit programs offered at the judiciary.
- ☒ Remember, if eligible, you will automatically be enrolled in the pre-tax option of the Premium Payment Plan and Basic coverage of the FEGLI Program unless you waive or make an election.
- ☒ The Commuter Benefit Programs allow you to make changes at any time during the year.
- ☒ By providing SHPS your e-mail address when enrolling in the Flexible Benefit Programs and Commuter Benefit Programs, you can receive enrollment confirmations and claims payment acknowledgement via electronic mail.
- ☒ Call the SHPS Judiciary Benefits Center at 1-888-442-FLEX (3539) for assistance with registering and logging into the Judiciary Benefits Center at <http://judiciary.shps.com>.

Notes

Notes



Federal Judiciary Benefits Program
P.O. Box 35680
Louisville, KY 40232