

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

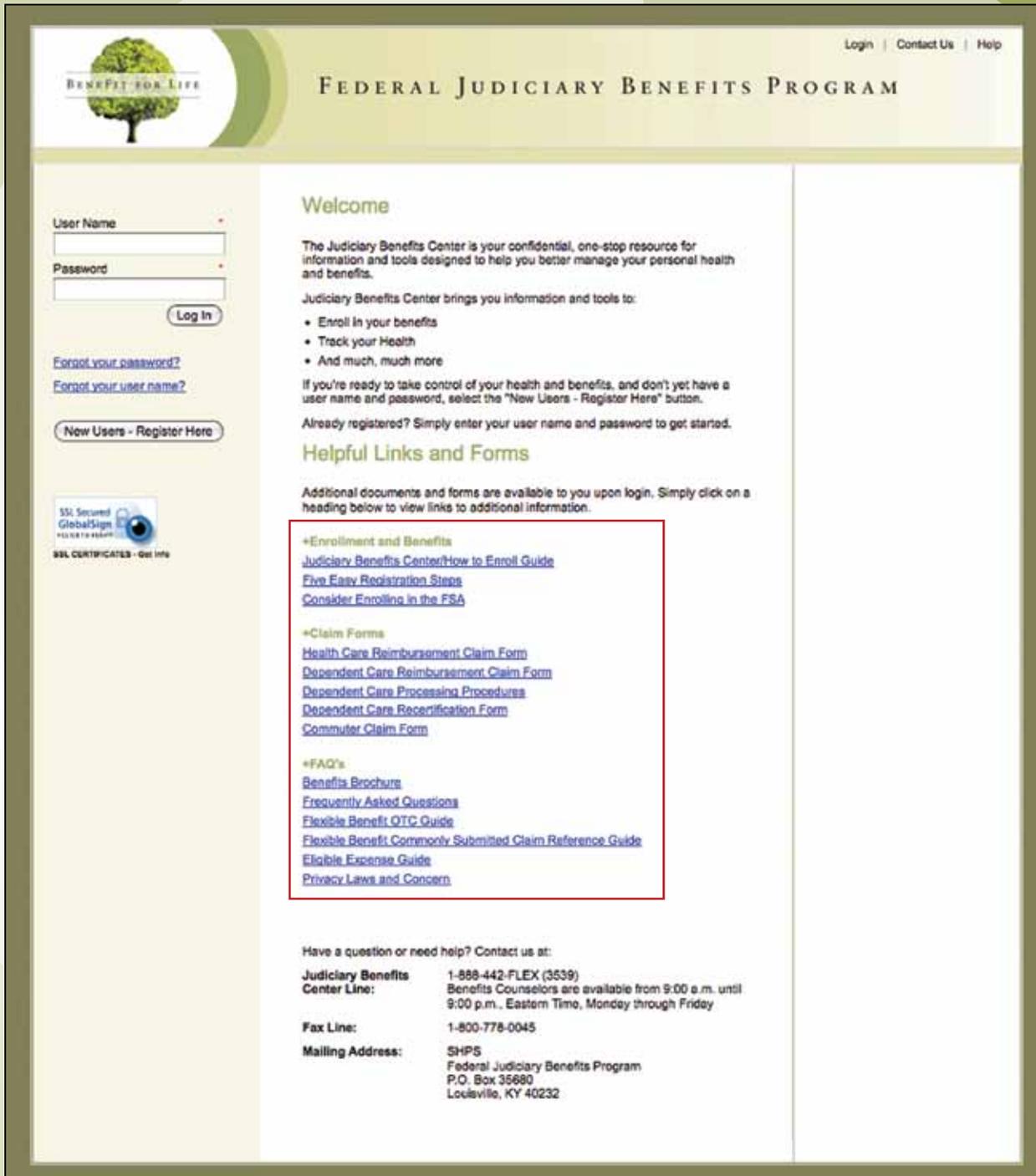


Login page

Click on a heading to view links for additional information.



Login with Helpful Links



The screenshot shows the homepage of the Federal Judiciary Benefits Program. At the top left is the logo "BENEFIT FOR LIFE" with a tree icon. At the top right are links for "Login", "Contact Us", and "Help". The main heading is "FEDERAL JUDICIARY BENEFITS PROGRAM".

On the left side, there is a login form with fields for "User Name" and "Password", a "Log In" button, and links for "Forgot your password?" and "Forgot your user name?". Below the form is a "New Users - Register Here" button and a "SSL CERTIFICATES - Get Info" link.

The main content area features a "Welcome" message, a description of the center as a confidential resource, and a list of tools: "Enroll in your benefits", "Track your Health", and "And much, much more". It also includes instructions for new users and already registered users.

A section titled "Helpful Links and Forms" contains a list of links, which is highlighted with a red border in the image:

- +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](#)

At the bottom, there is contact information for the Judiciary Benefits Center Line, Fax Line, and Mailing Address.

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?

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

The screenshot shows the Federal Judiciary Benefits Program website. At the top, there's a logo with a tree and the text 'BENEFIT FOR LIFE'. The main header reads 'FEDERAL JUDICIARY BENEFITS PROGRAM'. Below this is a navigation bar with links for 'Home', 'My Links', 'My Profile', 'Logout', 'Contact Us', and 'Help'. A search bar is also present. The main content area is divided into several sections. On the left, there's a 'Welcome' section with a message about re-enrolling for 2011. In the center, there's a 'Consolidated Benefits Information' section with links to 'BENEFITS', 'CRM', and 'Plan Smart Choices'. On the right, there's a 'My Health Trackers' section with a 'Blood Pressure' tracker. Three numbered callouts (1, 2, 3) are placed on the page to highlight specific features: 1 points to the 'Welcome' section, 2 points to the 'Consolidated Benefits Information' section, and 3 points to the 'My Health Trackers' section.

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

The screenshot shows the Federal Judiciary Benefits Program website. The main navigation bar includes 'Home', 'My Links', 'My Profile', 'Logout', and 'Contact Us'. Below the navigation bar is a search bar with 'Health Library' and 'OR' options. The main content area is divided into sections: 'Benefits Summary', 'My Current Benefits', 'Spending Accounts', and 'Messages'. A red circle highlights the 'Enroll or Get More Information...' link under the 'Other Helpful Links' section. A red box with the number '1' is placed over the 'Enroll or Get More Information...' link.

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 (FEGLI) Program	X0 - Basic+Option B (5x)+Option A	FEGLI

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

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.

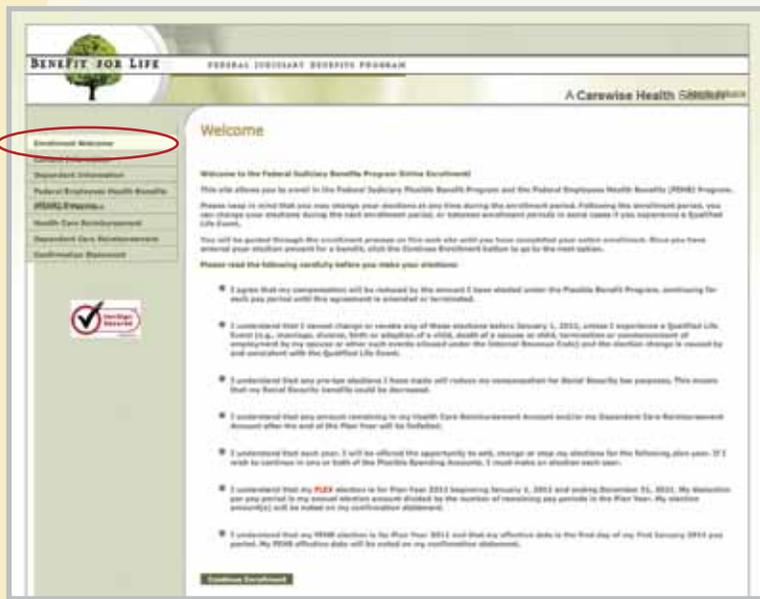
4. Click on Annual Enrollment in the left navigation bar.

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



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



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



7. Enter your Dependent Information (if applicable).

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

8. Select your FEHB Insurance Plan.

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

	Self Only	Self+Family	Self Only	Self+Family	Other Coverage
Active Health Plan 23	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Active Open Access 22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Active Health Plan 27	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Choice 50	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Choice Blue Shield Service 43	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Choice and Old Choice 50 11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
O.S. 50 4 9 22	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Community Blue 62	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Community Blue 64	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Community Blue 62	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Proger Service 46	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 65	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 66	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 67	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 68	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 69	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 70	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 71	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 72	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 73	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 74	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 75	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 76	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 77	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 78	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 79	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 80	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 81	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 82	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 83	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 84	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 85	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 86	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 87	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 88	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 89	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 90	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 91	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 92	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 93	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 94	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 95	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 96	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 97	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 98	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 99	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Old Health Plan 100	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

9. Select your Premium Payment Plan election.

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

10. Enter your HCRA election.

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

11. Enter your DCRA election.

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

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

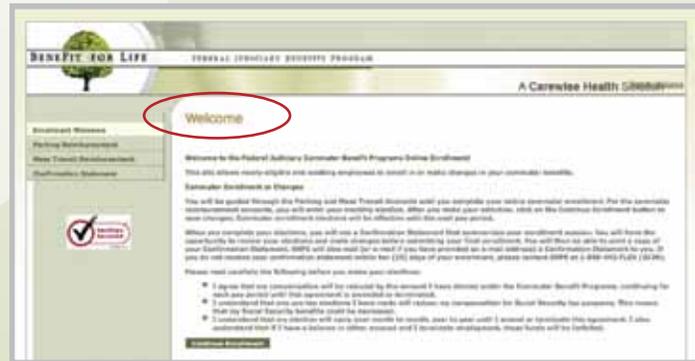
Anytime Enrollment

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.



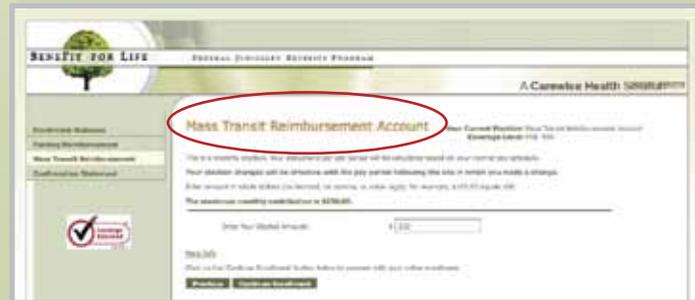
2. You will be brought to the welcome message for enrollment. Please read the information and select "Continue Enrollment" to proceed to the next section.



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



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



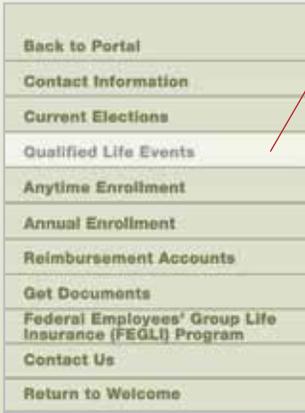
5. Congratulations! You have completed your enrollment. You can view, print, and email a copy of your **Confirmation Statement**.



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.

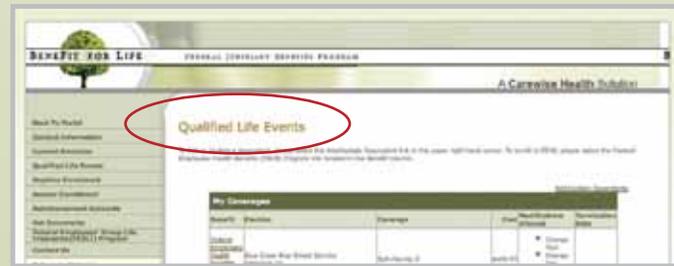
1. Click on **Qualified Life Events** in the left navigation bar.



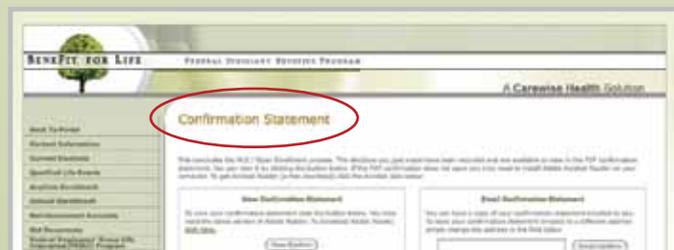
2. Make your **Qualified Life Event** selection from the drop down list, enter the date of your event, and select the "Add Event" button.



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**.



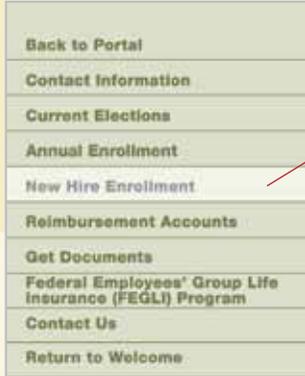
Or, you can call the SHPS Judiciary Benefits Center at 1-888-442-FLEX (3539) to give your FEHB change information (including the type and date of the Qualifying Life Event) to a SHPS Benefits Counselor. The Counselor will enter your enrollment into the SHPS system and send you a confirmation statement. 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
Contact Information
Dependent Information
Federal Employees' Health Benefits (FEHB) Program
Premium Payment Plan
Health Care Reimbursement
Dependent Care Reimbursement
Parking Reimbursement
Mass Transit Reimbursement
Confirmation Statement

BENEFIT FOR LIFE FEDERAL JUDICIARY BENEFITS PROGRAM
A Carewise Health Solution

Contact Information

Please provide your home address and email address. Please note the required field markers. Please contact us at 1-800-368-5838.

Do we have your correct e-mail address on file?

Give your e-mail address the same identifier, our administrator will be provided the e-mail.

By providing your e-mail address, you will be able to receive your Enrollment of Benefits when an FSA option is processed and confirmation of your dependent's profile changes (if a new).

Please note, you can provide any e-mail address you wish to use, which may be a personal e-mail address. You a 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.

Email: Existing Email?

4. Enter your Dependent Information (if applicable).

Enrollment Welcome
Contact Information
Dependent Information
Federal Employees' Health Benefits (FEHB) Program
Premium Payment Plan
Health Care Reimbursement
Dependent Care Reimbursement
Parking Reimbursement
Mass Transit Reimbursement
Confirmation Statement

BENEFIT FOR LIFE FEDERAL JUDICIARY BENEFITS PROGRAM
A Carewise Health Solution

Dependent Information

Provide the following information for yourself and any dependents who will be covered under the FEHB plan. You must enter Name, Date of Birth, dependent title, gender, and relationship to those who require health. If the dependent is address is different than the enrollee's address, please provide the different address. If you need to add a dependent, click the Add Dependent button. If you have no dependents or if all of your dependents are already listed below, click the Continue Enrollment button.

5. Select your FEHB Insurance Plan.

Enrollment Welcome
Contact Information
Dependent Information
Federal Employees' Health Benefits (FEHB) Program
Premium Payment Plan
Health Care Reimbursement
Dependent Care Reimbursement
Parking Reimbursement
Mass Transit Reimbursement
Confirmation Statement

BENEFIT FOR LIFE FEDERAL JUDICIARY BENEFITS PROGRAM
A Carewise Health Solution

Federal Employees Health Benefits (FEHB) Program

Your FEHB election will be an election unless you elect a different cover option.

Do this screen only once. You will not be able to return to this screen during your enrollment period.

Please select your desired plan and coverage below. Your initial election/changes will be effective with the pay period following the end of which you made a change.

Remember that you may change your election at any time during your first 90-day enrollment period. After your first enrollment period, you can only change your election before the next annual enrollment date. If your change applies under the Table of Reimbursement Changes on 01/2013.

Please note, that elections made at 5475 will be transmitted by your Electronic Official Reporting Portal.

Your FEHB election are listed below. Please check the service and information on the plan options to ensure that you are eligible for that plan. For additional information visit www.fedbenefits.gov or call 1-800-368-5838.

If you have any questions regarding a plan that is not listed, please call 1-800-368-5838. Additional information is available at 1-800-368-5838 and 1-800-368-5838.

To assist in your selection for your FEHB, you must have dependent information on record. Otherwise, you will be prohibited to select self only coverage.

Your selection will be an election unless you select otherwise.

	Self Only - 0	Self + Family - 0	Self Only - 6	Self + Family - 6	No Coverage
Active HealthPlan 00	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 01	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 02	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 03	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 04	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 05	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 06	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 07	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 08	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 09	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 10	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 11	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 12	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 13	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 14	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 15	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 16	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 17	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 18	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 19	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 20	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 21	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 22	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 23	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 24	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 25	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 26	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 27	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 28	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 29	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 30	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 31	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 32	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 33	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 34	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 35	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 36	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 37	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 38	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 39	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 40	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 41	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 42	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 43	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 44	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 45	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 46	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 47	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 48	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 49	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	
Active HealthPlan 50	<input type="radio"/> 000.00	<input type="radio"/> 0110.00	<input type="radio"/> 030.00	<input type="radio"/> 070.00	

6. Select your Premium Payment Plan election.

Enrollment Welcome
Contact Information
Dependent Information
Federal Employees' Health Benefits (FEHB) Program
Premium Payment Plan
Health Care Reimbursement
Dependent Care Reimbursement
Parking Reimbursement
Mass Transit Reimbursement
Confirmation Statement



7. Enter your HCRA election.

Enrollment Welcome
Contact Information
Dependent Information
Federal Employees' Health Benefits (FEHB) Program
Premium Payment Plan
Health Care Reimbursement
Dependent Care Reimbursement
Parking Reimbursement
Mass Transit Reimbursement
Confirmation Statement



8. Enter your DCRA election.

Enrollment Welcome
Contact Information
Dependent Information
Federal Employees' Health Benefits (FEHB) Program
Premium Payment Plan
Health Care Reimbursement
Dependent Care Reimbursement
Parking Reimbursement
Mass Transit Reimbursement
Confirmation Statement



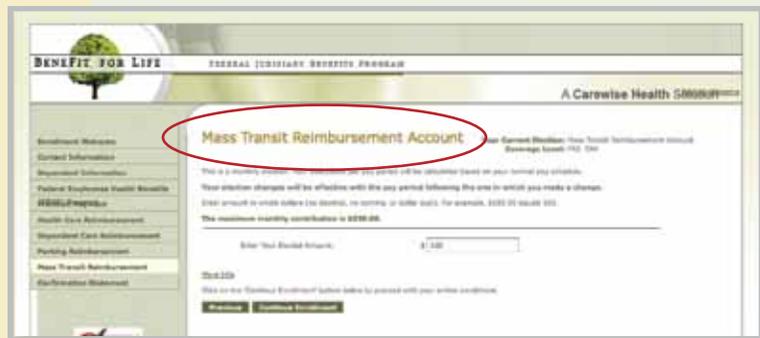
9. Enter your **Parking Reimbursement** election.

- Enrollment Welcome
- Contact Information
- Dependent Information
- Federal Employees' Health Benefits (FEHB) Program
- Premium Payment Plan
- Health Care Reimbursement
- Dependent Care Reimbursement
- Parking Reimbursement**
- Mass Transit Reimbursement
- Confirmation Statement



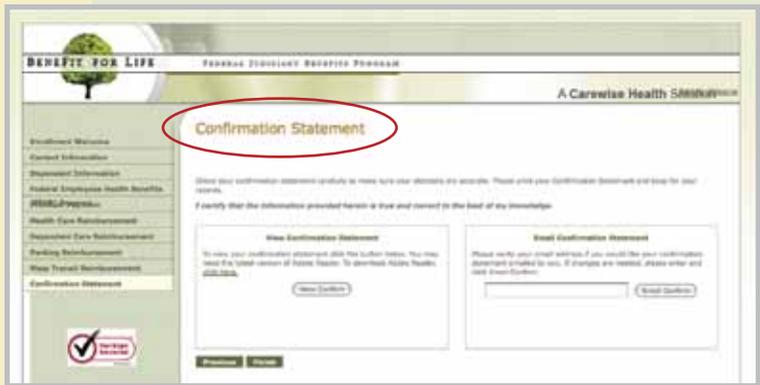
10. Enter your **Mass Transit Reimbursement** election.

- Enrollment Welcome
- Contact Information
- Dependent Information
- Federal Employees' Health Benefits (FEHB) Program
- Premium Payment Plan
- Health Care Reimbursement
- Dependent Care Reimbursement
- Parking Reimbursement
- Mass Transit Reimbursement**
- Confirmation Statement



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

- Enrollment Welcome
- Contact Information
- Dependent Information
- Federal Employees' Health Benefits (FEHB) Program
- Premium Payment Plan
- Health Care Reimbursement
- Dependent Care Reimbursement
- Parking Reimbursement
- Mass Transit Reimbursement
- Confirmation Statement**



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

Back To Portal

- Current Information
- 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 4.0.5 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. We must print the form to submit it to SHS.

Document Name	Description
Commuter Benefit Program	
Commuter Benefit Program Summary (Plan Description) L2502	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 (note: enrollment at any time other than Annual Enrollment may be limited. Please review the SFO 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.
DCSA 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 Benefit.
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.
QLE Change Form	Used for notification of a "qualifying life event" to change your Flexible Benefit Program elections.
QLE Fact Sheet	What is a qualifying event?
Benefits/Commuter/OTC Reference Guide	A Quick Reference Guide outlining IRS defined categories for OTC 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.
FERS Program	
FERS Handbook for Federal Employees	This handbook provides general information for employees about the Federal Employee Health Benefits (FERS) Program.
FERS Form	Federal employees use this form to enroll or make changes in the Federal Employee Health Benefits (FERS) Program.
FERS Biweekly Effective Date Schedule	FERS effective date schedule for those paid on a biweekly basis.
FERS Monthly Effective Date Schedule	FERS effective date schedule for those paid on a monthly basis.
FGLI Program	
FGLI Booklet for Federal Employees	This booklet provides general information for employees about the Federal Employees' Group Life Insurance (FGLI) Program.
Life Insurance Election - SF 2817	Single 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	Single 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 Structure	The Benefits Structure for the 2011 Plan Year.
Judiciary Benefits Contributions to Enroll 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 download.
 This application is best viewed using Internet Explorer 5.0 or Netscape 5.0 or higher.

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.

Form Approved:
OMB No. 3206-0230

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

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)
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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.

The screenshot shows the top of the OPM website with navigation links: OPM.gov Home, Subject Index, Important Links, Contact Us, and Help. Below is the U.S. Office of Personnel Management logo and a search bar. A banner for "Insurance Programs" features a family and two women, with text stating it's the world's largest group life insurance program covering over 4 million federal employees, retirees, and family members. A red-bordered box contains a notice: "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." The main heading is "Federal Employees' Group Life Insurance Program Frequently Asked Questions". On the left is a navigation menu with links for Insurance Main, FEGLI Main, FAQ, FAQ Changes, and FAQs. Below the FAQs link is a "Select Question" dropdown menu and a "Go" button. The main content area is titled "FEGLI FAQ TOPICS" and lists various topics such as 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, Vatical Settlement, and Workers' Compensation and FEGLI. At the bottom, there is a "2004 Open Season Archive" section with links for Open Season FAQs and FEGLI Basics.

Contact Us:

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

The "Contact Us" form is titled "Contact Us" in a large, bold font. Below the title, it says "Thank you for visiting SHPS. Please use the form below to provide comments or request additional information." The form includes the following information: "SHPS Processing Center, P.O. Box 35680, Louisville, KY 40232", "Phone: 1-888-442-FLEX (3539)", and "Fax: 1-800-778-0045". There are three input fields: a text box for "Phone:", a dropdown menu for "Reason for Feedback:" with the text "Please select a reason...", and a large text area for "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>.



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