

TRICARE SUPPLEMENT ENROLLMENT FORM

Return completed form to:
State Employees' Insurance Board
201 South Union Street, Suite 200 • Post Office Box 304900
Montgomery, Alabama 36130-4900
Phone: (334) 263-8341 • Toll Free: 1-866-836-9737 • Fax: (334)
263-8541 Email: SEIBEnrollments@alseib.org • Web:
www.alseib.org

A. SUBSCRIBER INFORMATION

First Name _____ M.I. _____ Last Name _____
SSN _____

Mailing Address _____

_____ City _____ State _____ ZIP Code _____

Home Telephone # _____ Email Address _____

Subscriber's Birth Date	Mo.	Day	Yr.	Gender
				<input type="checkbox"/> M <input type="checkbox"/> F

Effective Date of Coverage	Mo.	Day	Yr.
		0 1	

B. ENROLLMENT

SelmanCo TRICARE Supplement

- Single
- Family [Children only] (complete Section C)
- Family [Spouse only] (complete Section C)
- Family [Spouse and Children] (complete Section C)

NOTE: If you do not currently have TRICARE coverage as a current or former military member, **SEIB cannot enroll you in TRICARE coverage**, and you are not eligible for the TRICARE Supplement Plan. In addition, you are not eligible for the TRICARE Supplement Plan if you are age 65 or older. If you currently have TRICARE coverage, you can choose to enroll in the TRICARE Supplement Plan. Electing to purchase the TRICARE Supplement Plan means that TRICARE will be primarily responsible for your medical coverage and the supplement plan will be secondarily responsible for coverage. The plan covers the cost shares and copays, including prescription drugs; most TRICARE plan deductibles; and excess charges up to the legal limit. By your election, you submit to the eligibility rules of TRICARE and the TRICARE Supplement Plan.

