

The *PostalEASE* telephone system and websites provide a convenient, confidential, and secure way for you to newly enroll, change your current enrollment, or cancel your enrollment in the USPS Health Benefits Plan.

You may find it easier to use the *PostalEASE* website than the telephone. You can access the website through:

- The Internet (<https://liteblue.usps.gov>),
- At an Employee Self-Service Kiosk (available in some facilities), or
- On the Postal Service intranet (from the Blue page).

You must use your USPS Employee ID number (EIN) and USPS Self-Service password to access LiteBlue and *PostalEASE* via the web.

- Use your USPS EIN and current 4-digit USPS PIN to conduct self-service transactions on the telephone using interactive voice response (IVR).
- If you don't know your USPS Self-Service Password or USPS PIN, you can reset them using the Self-Service Profile Application at <http://ssp.usps.gov> or via links provided on Blue and the LiteBlue logon page.

Through *PostalEASE*, you may:

- Make a change to your current enrollment during Health Benefits Open Season.
- Make an election (enroll or waive enrollment) as a newly eligible non-career employee within 60 days of your eligibility date.
- Update your dependents' information.

Qualifying Life Event:

You cannot use *PostalEASE* to newly enroll or change your enrollment due to the occurrence of a permitting event, nor to cancel or reduce your coverage due to a qualifying life event (QLE). You must contact the Human Resources Shared Service Center (HRSSC) to assist you with these actions.

If you are not making any changes to your current enrollment, then you do not need to do anything.

Preparing for *PostalEASE* USPS Health Benefits Plan Enrollment

1. **Read the Privacy Act Statement** on page 5 of this form.
2. **Read and understand the *Guide to USPS Health Benefits Plan*** — available on LiteBlue.
3. **Have the following information** ready before using *PostalEASE*:
 - a. Your **EIN**, which is printed at the top of your earnings statement. Enter all eight digits, even if the first number is a zero.
 - b. Your USPS **Self-Service Password (SSP)**. If you have forgotten your SSP, you can logon with your Self-Service Profile Credentials and answer 2 security questions to get started in order to reset your password via the Internet (<http://liteblue.usps.gov>). Click the "Forgot Your Password?" option.
 - i. If you have not set up your password in the Self-Service Profile application, you may set one up through <https://ssp.usps.gov>.
 - ii. You may also request your password reset at an Employee Self-Service Kiosk (available at some facilities), or on the intranet via the Human Resources website.
 - c. If accessing *PostalEASE* using the Employee Self-Service Line (877-477-3273, option 1) have the following information ready — your **EIN** and your USPS **PIN**. You can reset a forgotten PIN by logging onto the Self-Service Profile application using the URL <https://ssp.usps.gov> and following the prompts or by contacting the Human Resources Shared Service Center by calling 877-477-3273, option 5. Enter your EIN and when prompted for your PIN, press 2. Your USPS PIN will be mailed to your address of record.
 - d. Your daytime **telephone number**.
 - e. The **coverage tier** of the USPS Health Benefits Plan in which you are enrolling.
 - f. The names, Social Security Numbers, mailing addresses, dates of birth, e-mail addresses, and telephone numbers for all **eligible family members** who will be covered under your health benefits enrollment. You will also need telephone numbers, e-mail and mailing addresses for eligible family members who don't live with you. For more information on family member eligibility, see the *Guide to USPS Health Benefits Plan*.
 - g. If you are changing plans or canceling coverage, the **enrollment code** of the health benefits plan in which you are **currently enrolled** — the plan that you will not have after your choice takes effect. The enrollment code for your current plan is on your biweekly earnings statement. It is the three-character code that follows the letters "HP" or "HT."
4. **Complete the worksheet** on the following pages, using the information you prepared above.

Now You Are Ready To Enroll

- If you have access, you may find using the *PostalEASE* Employee website simpler than using the telephone. You can access the website:
 - On the Internet (<https://liteblue.usps.gov>),
 - At an Employee Self-Service Kiosk (available in some facilities), or
 - On the Postal Service intranet (from the Blue page).
- Otherwise, call the Employee Service Line to reach *PostalEASE* toll-free at 877-4PS-EASE (877-477-3273, option 1) or 866-260-7507 for TTY.
- When prompted, select USPS Health Benefits Plan.
- Follow the script and prompts to enter your Employee Identification Number, your USPS PIN, and the information from your completed *PostalEASE* USPS Health Benefits Plan Worksheet that begins on page 3.

After Completing Your Entries You Should Note the Following Information

- Record the confirmation number you receive from *PostalEASE*: _____
- Your enrollment will be processed on this date: _____
- Your enrollment will be reflected in your paycheck that is dated: _____

We recommend that you keep this information and your *PostalEASE* USPS Health Benefits Plan Worksheet.

You may contact the Human Resources Shared Service Center (HRSSC) for assistance if:

- You are deaf or hard of hearing;
- You cannot use the telephone, Internet, Employee Self-Service kiosk, or intranet for a medical reason; or
- You receive a message in *PostalEASE* directing you to contact the HRSSC when attempting to make a change.

Just call the Employee Service Line at 877-477-3273. When prompted, select 5 for the HRSSC. Then select Benefits to speak with a representative who will assist you.

To reach the HRSSC using TTY, call 866-260-7507. Leave your name and an email address or phone number where you can be reached along with a message indicating your call is regarding a *PostalEASE* related issue.

If you currently have a USPS Health Benefits Plan enrollment and you do not want to make any changes . . . **do nothing.**

No person is permitted to be the enrollee for both the USPS Health Benefits Plan and the Federal Employees Health Benefits Plan (FEHB). A person is permitted to be covered under the USPS Health Benefits Plan and FEHB where in one plan they are the enrolled employee and in the other plan they are a covered dependent.

Dual enrollment is when you or an eligible family member under your enrollment is covered under more than one USPS Health Benefits Plan enrollment. No enrollee or family member is permitted to receive benefits under more than one USPS Health Benefits Plan enrollment. If you or a family member receives benefits under more than one USPS Health Benefits Plan, this is fraud and you are subject to disciplinary action.

WARNING: Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both.

(18 U.S.C. 1001). I understand that I may be subject to penalties assessed by the Internal Revenue Service (IRS) if I do not have health insurance (26 U.S.C. 5000A).

PostalEASE USPS Health Benefits Plan Worksheet

This worksheet will help you prepare to call *PostalEASE*; or use *PostalEASE* on the Internet (<https://liteblue.usps.gov>), on an Employee Self-Service Kiosk (now available in some facilities), or on the Postal Service intranet (from the Blue page). You may contact the Human Resources Shared Service Center (HRSSC) by calling 877-477-3273, Option 5 or TTY, 866-260-7507 for assistance if:

- You are deaf or hard of hearing;
- You cannot use the telephone, Internet, Employee Self-Service kiosk, or intranet for a medical reason; or
- You receive a message in *PostalEASE* directing you to contact the HRSSC when attempting to make a change.

Please Note: If you are not making a change listed under Part 2, you will need to **provide documentation** showing that your election is due to a qualifying life event (QLE) and that you are contacting the HRSSC within the required period.

For more information on QLEs, please refer to the *Guide to USPS Health Benefits Plan* available on LiteBlue. Except for open season and the adding of new family members, most enrollments and changes of enrollment are effective on the first day of the pay period after receipt of this form at the HRSSC. The HRSSC can give you the specific date on which your enrollment or enrollment change will take effect.

PART 1 – EMPLOYEE INFORMATION

1) Your Name (<i>Last, First, Middle Initial</i>)	2) Employee Identification Number (EIN):
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PART 2 – TYPE OF ACTION YOU ARE REQUESTING

1) Open Season:	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Current Enrollment	<input type="checkbox"/> Cancel/Waive Enrollment
2) New Hire:	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Waive Enrollment	
3) Special Enrollment:	<input type="checkbox"/> Change Current Enrollment		
	<input type="checkbox"/> Cancel Enrollment		

My signature in Part 8 certifies that I have read and understand the information regarding this election and that I understand that I may be subject to penalties assessed by the IRS if I do not have health insurance.

PART 3 – QUALIFYING LIFE EVENT (QLE) ACTIONS (SUPPORTING DOCUMENTATION NEEDED)*In most cases, HRSSC must receive enrollment/changes within 60 days after the QLE.*

1) Check one:	<input type="checkbox"/> New Enrollment	<input type="checkbox"/> Change Current Enrollment	<input type="checkbox"/> Update Dependent List Only (<i>Go to Part 6</i>)	<input type="checkbox"/> Cancel/Waive Enrollment
2) Check one:	<input type="checkbox"/> Marriage	<input type="checkbox"/> Divorce	<input type="checkbox"/> Birth/Adoption	<input type="checkbox"/> Dependent Death
3) Date of QLE:				

PART 4 – USPS HEALTH BENEFITS ENROLLMENT

1) USPS Health Benefits Plan Coverage Tier:	<input type="checkbox"/> Self Only	<input type="checkbox"/> Self Plus One	<input type="checkbox"/> Self and Family
2) Old Plan Enrollment Code (if you are changing plans or canceling your current plan)			

PART 5 – PERSONAL INFORMATION

1) Your Gender:	2) Married:	3) Daytime Telephone Number (including area code)
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYEE NAME: _____ EIN: _____

PART 6 – DEPENDENT INFORMATION (for Self and Family coverage only)

You must provide a complete mailing address (if different from the USPS employee's) for each covered dependent. If you are adding or updating information for a dependent who does not reside with you, you will need to use the *PostalEASE* Employee Web on the Internet (<https://liteblue.usps.gov>), at an Employee Self-Service Kiosk (available in some facilities), or on the Postal Service intranet (Blue page), or submit the completed worksheet to the HRSSC to process your USPS Health Benefits Plan enrollment or change.

1) Please check here if all dependents reside with you.

2) Complete the following information for each dependent.

Name of family member (<i>last, first, middle initial</i>):		Social Security number:	Date of birth (<i>mm/dd/yyyy</i>):
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship Code (<i>see pg. 6</i>):	Address (<i>if different from enrollee</i>):	
Email address (<i>if home address is different from enrollee's</i>):		Preferred telephone number (<i>if home address is different from enrollee's</i>):	
Name of family member (<i>last, first, middle initial</i>):		Social Security number:	Date of birth (<i>mm/dd/yyyy</i>):
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship Code (<i>see pg. 6</i>):	Address (<i>if different from enrollee</i>):	
Email address (<i>if home address is different from enrollee's</i>):		Preferred telephone number (<i>if home address is different from enrollee's</i>):	
Name of family member (<i>last, first, middle initial</i>):		Social Security number:	Date of birth (<i>mm/dd/yyyy</i>):
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship Code (<i>see pg. 6</i>):	Address (<i>if different from enrollee</i>):	
Email address (<i>if home address is different from enrollee's</i>):		Preferred telephone number (<i>if home address is different from enrollee's</i>):	

Name of family member (<i>last, first, middle initial</i>):		Social Security number:	Date of birth (<i>mm/dd/yyyy</i>):
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship Code (<i>see pg. 6</i>):	Address (<i>if different from enrollee</i>):	
Email address (<i>if home address is different from enrollee's</i>):		Preferred telephone number (<i>if home address is different from enrollee's</i>):	
Name of family member (<i>last, first, middle initial</i>):		Social Security number:	Date of birth (<i>mm/dd/yyyy</i>):
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship Code (<i>see pg. 6</i>):	Address (<i>if different from enrollee</i>):	
Email address (<i>if home address is different from enrollee's</i>):		Preferred telephone number (<i>if home address is different from enrollee's</i>):	
Name of family member (<i>last, first, middle initial</i>):		Social Security number:	Date of birth (<i>mm/dd/yyyy</i>):
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship Code (<i>see pg. 6</i>):	Address (<i>if different from enrollee</i>):	
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Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship Code (<i>see pg. 6</i>):	Address (<i>if different from enrollee</i>):	
Email address (<i>if home address is different from enrollee's</i>):		Preferred telephone number (<i>if home address is different from enrollee's</i>):	
Name of family member (<i>last, first, middle initial</i>):		Social Security number:	Date of birth (<i>mm/dd/yyyy</i>):
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship Code (<i>see pg. 6</i>):	Address (<i>if different from enrollee</i>):	
Email address (<i>if home address is different from enrollee's</i>):		Preferred telephone number (<i>if home address is different from enrollee's</i>):	
Name of family member (<i>last, first, middle initial</i>):		Social Security number:	Date of birth (<i>mm/dd/yyyy</i>):
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Relationship Code (<i>see pg. 6</i>):	Address (<i>if different from enrollee</i>):	
Email address (<i>if home address is different from enrollee's</i>):		Preferred telephone number (<i>if home address is different from enrollee's</i>):	

* Relationship Codes:

01 – Spouse

02 – Common Law Spouse

09 – Adopted child under age 26

10 – Foster child under age 26 (Requires certification to be filed with the HRSSC)

17 – Stepchild under age 26

19 – Child under age 26

99 – Child age 26 or older incapable of self support (Requires certification to be filed with the HRSSC)

PART 8 - SIGNATURE

Employee Signature _____ Date _____

Email Address _____ Preferred Telephone Number _____

PostalEASE Confirmation Number _____

WARNING:

Any intentionally false statement in this application or willful misrepresentation relative thereto is a violation of the law punishable by a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both.

(18 U.S.C. 1001). I understand that I may be subject to penalties assessed by the IRS if I do not have qualifying health insurance per the Patient Protection and Affordable Care Act (26 U.S.C. 5000A).

For HRSSC Use Only

REMARKS: Specific information on the type of qualifying life event, reason for correction, type of certification, supporting documentation, reason for verification, etc., should be provided below in PROCESSING NOTES.

PROCESSING NOTES:

Employing Office: HRSSC COMP & BENEFITS	LATE/UNPROCESSED ACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address: PO BOX 970400	Date Received at HRSSC:
City/State/Zip: GREENSBORO NC 27497-0400	QLE Date:
Processed By: PPS @ HRSSC	Effective Date:
Date Scanned to Eagan Accounting Service Center:	File copy in eOPF

Privacy Act Statement: Your information will be used to process your enrollment in the USPS Health Benefits Plan and to manage your claim under that plan. Collection is authorized by 39 U.S.C. 401, 410, 1001, 1005, and 1206. Providing the information is voluntary, but if not provided, we may not process your request. We may disclose your information as follows: in relevant legal proceedings; to law enforcement when the U.S. Postal Service (USPS) or requesting agency becomes aware of a violation of law; to a congressional office at your request; to entities or individuals under contract with USPS; to entities authorized to perform audits; to labor organizations as required by law; to federal, state, local or foreign government agencies regarding personnel matters; to the Equal Employment Opportunity Commission; to the Merit Systems Protection Board or Office of Special Counsel; and to contractors and other entities aiding us to fulfill the service (service providers). For more information regarding our privacy policies visit usps.com/privacypolicy.