



The U.S. Army Enterprise EFMP

User Guide: Enrollment for an Adult
Family Member That Spawned from a
Family Member Travel Screening

General Information and Navigation Tips

- Contact your EFMP Office when seeking guidance about how to complete the enrollment package.
- Your information is populated from DEERS. If you have any questions about information listed in the package or if it is incorrect, contact your EFMP Office for assistance.
- If there is a *red asterisk* * beside the question, that question is required to be answered.
- You can click the *question mark icon*, for more information about a question. A pop-up with additional information will appear.
- Click *Continue* to proceed to the next page, and *Back* to return to the previous page.

Service Member Enrollment Package Updates

Some Family Member Travel Screening (FMTS) packages will spawn a new package to enroll a family member into EFMP. You will receive the following updates when the enrollment package is created.

08/14/2023 at 03:42 PM

Package has been created

08/14/2023 at 03:42 PM

Travel screening process has initiated an EFMP enrollment and sent it to the MTF Case Coordinator for review

08/14/2023 at 04:03 PM

MTF Case Coordinator has initiated an EFMP enrollment

08/14/2023 at 04:04 PM

MTF Case Coordinator has requested the member sign the Authorization for Disclosure of Medical Information

Service Member Spawned Package Review


You can view the EFMP enrollment package(s) on your Actions page. You and your adult family member will be notified when an action needs to be completed.

The screenshot displays the E-EFMP (Enterprise Exceptional Family Member Program) interface. The top navigation bar includes the E-EFMP logo, a search bar, and a 'My Actions' button highlighted with a red box. Below the navigation bar, the 'My EFMP Actions' section is visible. On the left, there is an 'Enrollment Summary' sidebar with details for 'EFMP EXPIRATION DATE' (N/A) and 'FAMILY MEMBERS (4)' (GP Ginny Molly Potter, AP Albus Severus Potter, LP Lily Luna Potter, JP James Sirius Potter). The main content area features a list of enrollment packages with search and filter options. The list includes three packages: two in 'IN REVIEW' status and one in 'WAITING ON ENROLLMENT PACKAGES' status. Red arrows point to the 'IN REVIEW' packages. A 'Create New Package' button is located in the top right of the list area.

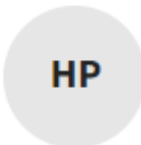
Package ID	Location	Status	Updated	Description	Action
2369	FORT CAMPBELL, KENTUCKY	IN REVIEW	14 AUG 2023	Travel screening process has initiated an EFMP enrollment and sent it to the MTF Case Coordinator for review	View Details
2368	FORT CAMPBELL, KENTUCKY	IN REVIEW	14 AUG 2023	Travel screening process has initiated an EFMP enrollment and sent it to the MTF Case Coordinator for review	View Details
2362	FMTS - FORT CAMPBELL, KENTUCKY	WAITING ON ENROLLMENT PACKAGES	14 AUG 2023	Enrollment packages have been created for each family member indicated by the EFMP Medical Director. Once they have been completed, this travel screening package will continue.	View Details

Service Member Spawned Package Review

Click *View Details* to view more information about the spawned package. To view the full contents of the package, click *View Package*.

 ● **SERVICE MEMBER ACTION REQUIRED** UPDATED 14 AUG 2023
MTF Case Coordinator has requested the member sign the Authorization for Disclosure of Medical Information

[View Details](#) ⋮

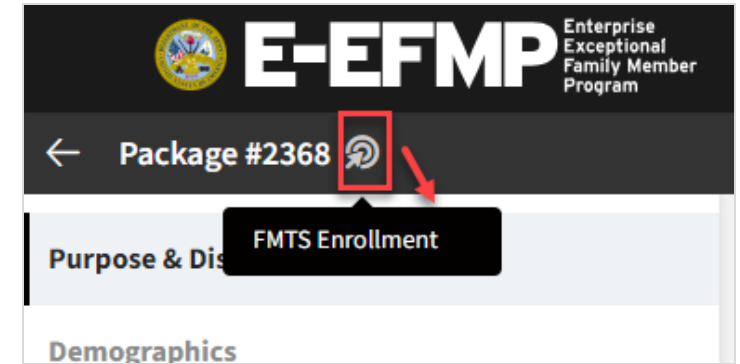
 **Potter, HarryJames**
DOD ID 8526785502
FORT CAMPBELL, KENTUCKY

Service Member Action Required
MTF Case Coordinator has requested the member sign the Authorization for Disclosure of Medical Information

[View Package](#)

Service Member Spawned Package Review

In your current view, you will notice an indicator next to the package number. You can click on this to see the history of the FMTS package this enrollment spawned from, along with any other enrollments created from it.





Enrollments Created From FMTS

FMTS Package: #2362



Enrollment packages have been created for each family member indicated by the EFMP Medical Director. Once they have been completed, this travel screening package will continue.

Enrollment Packages

Package #	Family Member	Status	
#2368	Lily Luna Potter / Child / 15	MTF Case Coordinator has been sent the package to begin the process of adding all medical providers for the enrollment.	
#2369	Ginny Molly Potter / Spouse / 42	Member has begun the process of signing the Authorization for Disclosure of Medical Information	

Close

Service Member Purpose & Disclosure

Every time an enrollment is spawned, you and the adult family member will need to complete the required steps for it. Begin by clicking *Get Started*.

The screenshot displays the E-EFMP (Enterprise Exceptional Family Member Program) web application interface. The top navigation bar includes the E-EFMP logo, search, My Actions, Trends, and a user profile dropdown (HP). The main content area shows a 'Welcome!' message with a 'Get Started' button highlighted by a red box and a red arrow pointing to it. The left sidebar contains navigation options: Purpose & Disclosure, Demographics, and Disclosure Authorization. The top right corner indicates the package number (#2368) and the last saved time (01 Jan 1900 at 00:00:00).

Service Member Purpose & Disclosure

Read the Purpose & Disclosure. To accept the agreement, click on the checkbox next to “I accept the purpose and disclosure agreement” and click *Acknowledge & Continue*.

Purpose & Disclosure

PURPOSE: Screening Verification, identifies the Family Member(s) of a Service Member who is requesting travel at Government expense and / or consideration for Command Sponsorship, including Service Members traveling to locations supported by the State Department. The DoD requires the Family Member(s) be screened prior to family travel.

PRINCIPAL PURPOSE(S): Information will be used by the Military Services during the Family Member Travel Screening portion of the assignment coordination process to identify Family Members with potential travel concerns, which may include medical, educational, and/or dental needs, to coordinate the availability of required services at the projected OCONUS or overseas location. Information submitted during this process will be used to capture fields for DA Forms 5888 and 7246. If determined to need EFMP Enrollment, then information will be captured for DD Forms 2792, 2792-1, and 2813.

DISCLOSURE: Mandatory for Military Personnel; failure or refusal to provide the information or providing false information may result in administrative sanctions or punishment under either Article 92 (dereliction of duty) or Article 107 (false official statement), Uniform Code of Military Justice. The DoD ID Number of the Sponsor (and the Sponsor's Spouse if dual Military) allows the Military Healthcare System and Service Personnel Offices to work together to ensure any special medical needs of your Family Member can be met at your next duty assignment. Family Member special needs are noted in the Official Military Personnel Files which are retrieved by Name and DoD ID Number.

CONSENT FOR ELECTRONIC SIGNATURE: You will need to sign various documents throughout this process. By accepting below, you are giving consent to utilize an electronic signature which will be placed onto the documents digitally.

I accept the purpose & disclosure agreement

Acknowledge & Continue

Service Member Demographics

Review your demographics, current mailing address, and duty address, and make changes as needed.

Click *Continue* to proceed.

Soldier Demographics

Please verify your demographics information below.

Personnel Information

Current Supervisor Email *	Current Commander Email *
<input type="text"/>	<input type="text"/>
Branch of Service *	Status *
<input type="text" value="Army"/>	<input type="text" value="Active Duty"/>
Rank / Grade *	MOS *
<input type="text" value="Warrant Officer 1"/>	<input type="text" value="140K - Air and Missile Defense (AMD) Systems Tactician"/>
Current Installation *	
<input type="text" value="FORT CAMPBELL, KENTUCKY"/>	

Sponsor Current Mailing Address

Home Phone *	Mobile Phone *
<input type="text" value="8008413005"/>	<input type="text" value="5558675678"/>
Address Line 1 *	
<input type="text"/>	

Duty Address

DSN Phone	Commercial Phone *		
<input type="text"/>	<input type="text" value="4568213365"/>		
Address Line 1 *			
<input type="text" value="57 sweet st"/>			
Address Line 2			
<input type="text"/>			
Country *	City *	Zip Code *	State *
<input type="text" value="United States"/>	<input type="text" value="Barbara"/>	<input type="text" value="78236"/>	<input type="text" value="KY - Kentucky"/>

Service Member Disclosure Authorization

Before you can submit the enrollment package for review, it will need to be reviewed and signed by the adult family member.

I understand that:

- a. Failure to release this information or any subsequent revocation may result in ineligibility for accompanied family travel at government expense.
- b. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my or my child's medical records are kept. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and / or disclosed protected information on the basis of this authorization. My revocation will have no impact on disclosures made prior to the revocation.
- c. If I authorize my or my child's protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulations, then such information may be re-disclosed and would no longer be protected.
- d. I have a right to inspect and receive a copy of my own or my child's protected health information to be used or disclosed, in accordance with the requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR 164.524. I request and authorize the named provider / treatment facility to release the information described above for the stated purposes
- e. Refusal to sign does not preclude the provision of medical and dental information authorized by other regulations and those noted in this document.

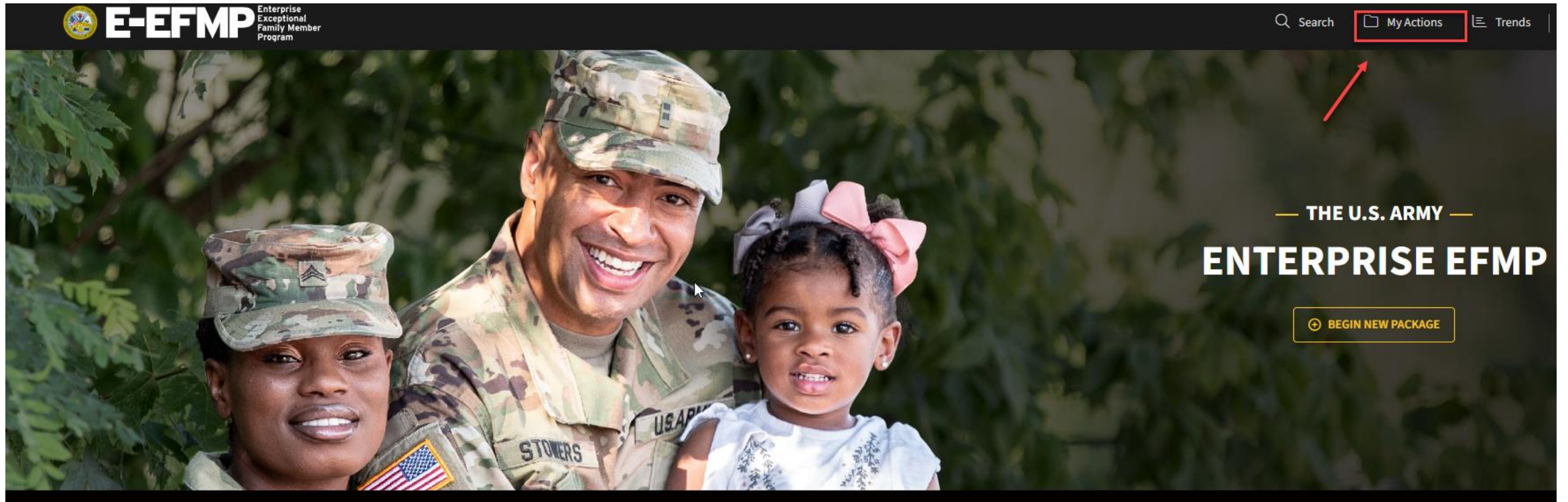


All family members must accept and sign before you can submit. The following family members still need to sign:

- Ginny Potter

Adult Family Member Package Review

After signing in to their E-EFMP account, your adult family member can click *My Actions* to see all their EFMP packages.



Adult Family Member Package Review

They will click on *Review Package* for the most recently modified package.

The screenshot displays a user interface for reviewing packages. At the top, there is a search bar labeled "Search Packages" with a clear button (X). Below the search bar are two filter buttons: "Status" and "Package Type", both with dropdown arrows. The main content area shows a package card for "2805 FORT CAMPBELL, KENTUCKY". The card features a document icon on the left. The text on the card reads: "SERVICE MEMBER ACTION REQUIRED UPDATED 20 FEB 2024" and "Member has begun the process of signing the Authorization for Disclosure of Medical Information". On the right side of the card, there is a "Review Package" button and a vertical ellipsis menu icon. A red arrow points to the "Review Package" button.

Adult Family Member Package Review

Your family member will read the Purpose & Disclosure, accept the agreement by clicking on the *checkbox* beside “*I accept the purpose and disclosure agreement*”, and click *Acknowledge & Continue*.

Package for the Potter Family

Purpose & Disclosure

PURPOSE: Screening Verification, identifies the Family Member(s) of a Service Member who is requesting travel at Government expense and / or consideration for Command Sponsorship, including Service Members traveling to locations supported by the State Department. The DoD requires the Family Member(s) be screened prior to family travel.

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CONSENT FOR ELECTRONIC SIGNATURE: You will need to sign various documents throughout this process. By accepting below, you are giving consent to utilize an electronic signature which will be placed onto the documents digitally.

I accept the purpose & disclosure agreement

Acknowledge & Continue

Adult Family Member Package Review

Next, your family member will read the DD 2792 Privacy Act Statement, accept it by clicking on the checkbox beside “*I accept the Privacy Act statement agreement*”, and click *Continue*.

Purpose & Disclosure ✓ **Package for the Potter Family** Package saved 14 Aug 2023 05:11:22

Family Member Signs Release

DD 2792 Privacy Act Statement

AUTHORITY: 10 U.S.C. 136; 20 U.S.C. 927; DoDI 1315.19; DoDI 1342.12.

PRINCIPAL PURPOSE(S): Information will be used by the Military Services during the Family Member Travel Screening portion of the assignment coordination process to identify Family Members with potential travel concerns, which may include medical, educational, and/or dental needs, to coordinate the availability of required services at the projected OCONUS or overseas location. Information submitted during this process will be used to capture fields for DA Forms 5888 and 7246. If determined to need EFMP Enrollment, then information will be captured for DD Forms 2792, 2792-1, and 2813.

The applicable SORNs and routine uses that apply can be found at: Air Force: F036 AF PC C: Military Personnel Records System at: <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569821/f036-af-pc-c/>; F044 AF SG U: Special Needs and Educational and Developmental Intervention Services at: <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569875/f044-af-sg-u/>; Army: A0600-8-104b AHRC - Official Military Personnel Record at: <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570054/a0600-8-104-ahrc/>; A0608b CFSC, Personnel Affairs: Army Community Service Assistance Files at: <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570084/a0608b-cfsc/>

DHA: EDHA 07: Military Health Information System at: <http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570672/edha-07/>

OSD/JS: DMDC 02 DoD: Defense Enrollment Eligibility Reporting Systems (DEERS) at: <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/627618/dmdc-02-dod/>

DPR 34 DoD: Defense Civilian Personnel Data System at: <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570697/dpr-34-dod/>

EDHA 16 DoD: Special Needs Program Management Information System (SNPMIS) Records at: <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570679/edha-16-dod/>

DoDEA 29: DoDEA Non-DoD Schools Program at: <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570576/dodea-29/>

DoDEA 26: Department of Defense Education Activity Educational Records at: <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570573/dodea-26/>

Navy and Marine Corps: M01070-6: Marine Corps Official Military Personnel Files at: <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570626/m01070-6/>

M01754-6: Exceptional Family Member Program Records at: <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570631/m01754-6/>

N01070-3: Navy Military Personnel Records System at: <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570310/n01070-3/>

N01301-2: On-Line Distribution Information System (ODIS) at: <https://dpclid.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570320/n01301-2/>

DISCLOSURE: Voluntary for civilian employees and applicants for civilian employment. Mandatory for military personnel: failure or refusal to provide the information or providing false information may result in administrative sanctions or punishment under either Article 92 (dereliction of duty) or Article 107 (false official statement), Uniform Code of Military Justice. The DoD Identification (DoD ID) number of the sponsor (and sponsor's spouse if dual military) allows the Military Healthcare System and Service personnel offices to work together to ensure any special medical needs of your dependent can be met at your next duty assignment. Dependent special needs are annotated in the official military personnel files which are retrieved by name and DoD ID number.

I acknowledge the Privacy Act statement

Continue

Adult Family Member Package Review

Your family member will read the Authorization For Disclosure of Medical Information.

To accept the agreement, they will click on the *checkbox* beside “*I accept the purpose and disclosure agreement*”. If they are declining disclosure of medical information, they will click the checkbox labeled “*I do not give approval for disclosure of medical information*” and review the yellow alert statement.

Contact your EFMP Office with any questions regarding this agreement.

I accept the purpose & disclosure agreement

I do not give approval for disclosure of medical information



By not giving approval for disclosure of medical information, you will not be allowed to travel at government expense to the overseas area as the medical information must be coordinated with the gaining medical review office.

Back

Submit to Service Member

Adult Family Member Package Review

If your family member accepts the statement, they will need to provide a digital signature.

Click *Add Signature* and draw or type the signature in the modal. They can save this signature for later use if desired.

After selecting the signature, your family member will click *Accept & Sign* to digitally sign the package, then click *Submit to MTF CC* to proceed.

Add Signature

My Signatures Draw Type

GP

Finny Potter

Delete "GP" Cancel Accept & Sign

I accept the purpose & disclosure agreement

I do not give approval for disclosure of medical information

Signature

Finny Potter

Clear Signature


Back Submit to MTF CC

Service Member Disclosure Authorization

The package will be routed back to you, the Service Member, for final authorizations.

Read the Authorization For Disclosure of Medical Information. To accept the agreement, click on the *checkbox* beside “*I accept the purpose and disclosure agreement*” and click *Acknowledge & Continue*.

Add your *signature* and click *Continue*.

 **Authorization For Disclosure of Medical Information**

Per DoD Instruction, Service members are required to enroll in the EFMP if they have a family member with a qualifying medical condition. Accordingly, the Sponsor will have access to the health information contained herein during the accomplishment and submission of this application. By signing the below authorization for disclosure of medical information you acknowledge your sponsor may have access to the health information contained herein. The authorization for sponsor access is terminated once the application is received by EFMP. The sponsor may be held accountable for the accuracy and completeness of the DD Form 2792 and should review all pages prior to signing the form certification later on in the process.

I authorize the MTF and, if applicable, civilian provider(s) to release my patient information to the Exceptional Family Member Program (EFMP) medical / the Family Member Travel Screening (FMTS) Office and EFMP Family Support Office. This information may be used for enrollment into the EFMP, the family travel review process, and / or community support services to determine whether there are adequate medical, housing, educational, and community resources to meet your needs at the sponsor's proposed duty location, and / or to assist family members with community support at the current and/or projected duty location.

- The military medical department or appropriate headquarters family support office will use the information to determine whether you meet the criteria for enrollment into the EFMP and the military medical departments will provide recommendations on the availability of care in communities where the sponsor may be assigned or employed.
- Information that you have a special medical need (not the nature or scope of the need) may be included in the sponsor's personnel record, if EFMP enrollment criteria are met.
- Information may be shared with EFMP Family Support staff who assist the family and / or sponsor with appropriate community resources.
- The authorization applies to the summary data included on the medical summary form, and subsequent updates to information on this form. If additional clarification or information is needed, I authorize review of my health record, which may be maintained in an electronic format. This information may be stored in electronic databases used for medical management or dedicated to the assignment process. Access to the information is limited to representatives of the medical departments, the offices responsible for enrollment into the Exceptional Family Member Program, the offices responsible for assignment coordination, the offices responsible for EFMP Family Support services, and, at your request, other agents responsible for care or services. Summary data may be transmitted (e.g. encrypted electronic mail or faxing) using authorized secure media transfer.

Start Date: The authorization start date is the date that you sign this form authorizing release of information.

I accept the purpose & disclosure agreement 

Signature

Harry Potter 

 Clear Signature

 **Continue**

Back

Service Member Disclosure Authorization

Next, read the DD 2792 Privacy Act Statement. To accept the agreement, click on the checkbox beside “*I accept the Privacy Act statement agreement*” and click *Continue*.

161301-2: On-Line Distribution Information System (ODIS) at: <https://dpca.defense.gov/privacy/30Riv/index/DoD-wide-30Riv-Article-view/Article/376526/161301-2/>

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I accept the Privacy Act statement agreement

Back

Accept & Submit to MTF CC

Service Member Enrollment Package Updates

You will receive the following updates as the enrollment package moves through the process.

08/14/2023 at 05:34 PM

MTF Case Coordinator has been sent the package to begin the process of adding all medical providers for the enrollment.

08/14/2023 at 05:34 PM

Member has signed Authorization for Disclosure of Medical Information

08/14/2023 at 05:56 PM

MTF Case Coordinator has begun the process of adding all medical providers for the enrollment.

08/14/2023 at 05:57 PM

MTF Case Coordinator has sent a request for medical information from the MTF location at Ft Campbell

08/14/2023 at 06:00 PM

The MTF Location at Ft Campbell has begun adding diagnoses for a family member.

08/14/2023 at 06:00 PM

The MTF Location at Ft Campbell has begun answering medical questions for a family member.

08/14/2023 at 06:01 PM

The MTF Location at Ft Campbell has finished adding medical information for a family member.

08/14/2023 at 06:02 PM

The MTF Case Coordinator has started reviewing medical information submitted by the MTF location at Ft Campbell.

08/14/2023 at 06:02 PM

The MTF Case Coordinator has completed their review of medical information entered by the MTF location at Ft Campbell.

08/14/2023 at 06:02 PM

MTF Case Coordinator has completed the review of all medical information from the providers for the enrollment and has sent the package to the EFMP Medical Director.

08/14/2023 at 06:04 PM

EFMP Medical Director has begun the 2792 review

08/14/2023 at 06:04 PM

EFMP Medical Director has completed and signed the 2792

Adult Family Member Action Required

If your adult family member has an action to complete while the package is being reviewed, you will see the following update.

08/14/2023 at 06:04 PM

Patient / Parent / Guardian receives package to
review 2792

Adult Family Member Action Required

When your family member needs to complete a task for the enrollment package, they will log in to their E-EFMP account, navigate to the package in their *Actions* page, and click *Review Package*.

The screenshot displays a horizontal bar with the following elements from left to right: a dark square icon containing a white document symbol; the text '2805' above 'FORT CAMPBELL, KENTUCKY'; the text 'PATIENT / PARENT / GUARDIAN ACTION REQUIRED UPDATED 20 FEB 2024' above 'Patient / Parent / Guardian receives package to review 2792'; a white button with a black border labeled 'Review Package'; and a vertical ellipsis menu icon.

Adult Family Member Medical Review

Your family member may need to review their DD 2792 information. To do so, they will click *Review Information* within the package.

Purpose & Disclosure ✓

Family Member Signs Release ✓

EFMP Enrollment Review

Review 2792

Sign & Certify 2792

Package for the Potter Family

Package saved 14 Aug 2023 05:26:40

Medical Summary

Your medical summary is complete. Please review the information and then continue to the next step where you will certify, sign, and submit. Once all family members have completed this step, your sponsor will submit the package to your MTF EFMP Coordinator.

Ginny Molly Potter
Spouse - Age: 42

[Review Information](#)

[Back](#) [Continue](#)

Adult Family Member Medical Review

All providers for the family member are listed here. Your family member will need to review the medical information provided by clicking the downward arrow next to a provider and reading the information displayed. Use the left-side menu or the *Next* and *Previous* buttons to navigate between sections.


Clicks *View Details* to view more information about a medical diagnosis provided. Click *Download MTF Provider DD-2792* to download the transcribed form.

Once all information has been reviewed for all providers, click *Continue*.

The screenshot displays the 'Ginny Potter - Medical Summary' page for a spouse aged 42. At the top right, there is a 'Download DD-2792' button. Below this, a list of providers is shown, with 'Ginny Molly Potter' (Spouse / Age 42) selected. A 'Back' button and a 'Continue' button are visible below the provider list. The main content area shows the 'Medical Diagnoses' section for 'Ft Campbell'. A sidebar on the left lists various categories: Medical Diagnoses, Asthma Information, Behavioral Health Information, Intervention Therapies, Required Health Care, Artificial Openings / Prosthetics, Environment / Architecture, and Medical Equipment. The 'Medical Diagnoses' section contains a table with one entry: 'A69.23 ARTHRITIS DUE TO LYME DISEASE' with a 'Fair' status and a 'View Details' button. At the bottom, there are 'Previous' and 'Next' navigation buttons, and a 'Download MTF Provider DD-2792' button.

Adult Family Member Medical Review

If your family member disagrees with medical information in the package, they can return it for corrections by clicking *Return Package*. A modal will appear. Explain the changes needed in the textbox, click the checkbox agreeing to the return, and click *Return Package*.

 **Do you disagree with any medical information in this package?** If so, click below to return the package to the MTF Case Coordinator. You will be asked to provide comments to them so they can review and make any necessary changes. You will be able to review their changes afterwards.

Return Package to MTF Case Coordinator

Comments to the MTF Case Coordinator *

I understand that I will not be able to sign and submit the package until the MTF Case Coordinator has completed the changes I've indicated in my comments above.

Adult Family Member Medical Review

If all information is correct, your family member will certify the information by typing their name and adding their digital signature. Click *Certify & Submit*.

Sign & Submit 2792

By signing below, you certify that the information submitted on all DD Form 2792 copies for your family are complete and accurate.

Printed Name of Parent / Guardian or Person of Majority Age

Ginny Potter

Signature

Ginny Potter

 Clear Signature

Back

Certify & Submit

Enrollment Package Updates

You will receive the following updates as the enrollment package moves through the process.

08/15/2023 at 01:48 PM

Patient / Parent / Guardian has signed and submitted the 2792 to the Case Coordinator

08/15/2023 at 02:12 PM

Case Coordinator review of 2792 has started

08/15/2023 at 02:12 PM

Case Coordinator has reviewed, signed, and stamped 2792

08/15/2023 at 02:12 PM

2792 has been sent to MRC Staff

08/15/2023 at 02:12 PM

MRC Staff has begun the 2792 review

08/15/2023 at 02:12 PM

MRC Staff has completed review of 2792

08/15/2023 at 02:12 PM

2792 has been sent to the MRC Provider for diagnosis review

08/15/2023 at 02:13 PM

MRC Provider diagnosis review complete

08/15/2023 at 02:13 PM

2792 has been sent to MRC Staff for validation

08/15/2023 at 02:13 PM

MRC Staff has begun package validation

08/15/2023 at 02:13 PM

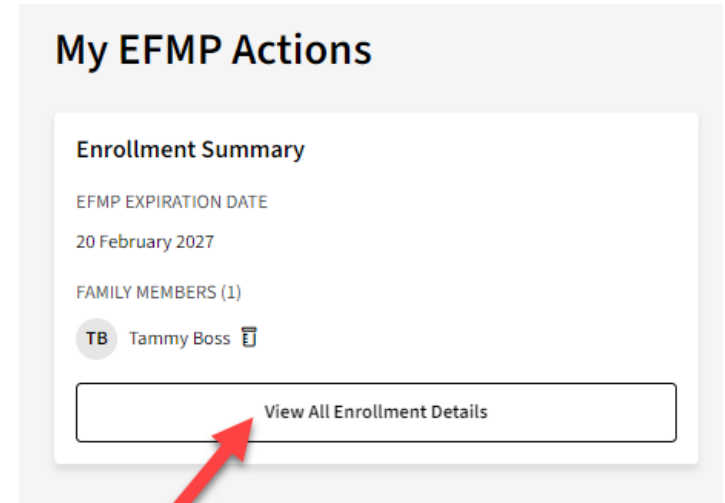
MRC Staff package validation complete

08/15/2023 at 02:13 PM

Case has a final determination and has been closed

Adult Family Member Enrollment Details

Once the enrollment has been completed. Your family member will be able to view their enrollment information by logging in to their E-EFMP account and navigating to their *Actions* page. Click *View All Enrollment Details* to access the *Enrollment Summary* and then click *Review Enrollment*.



My EFMP Actions

Enrollment Summary

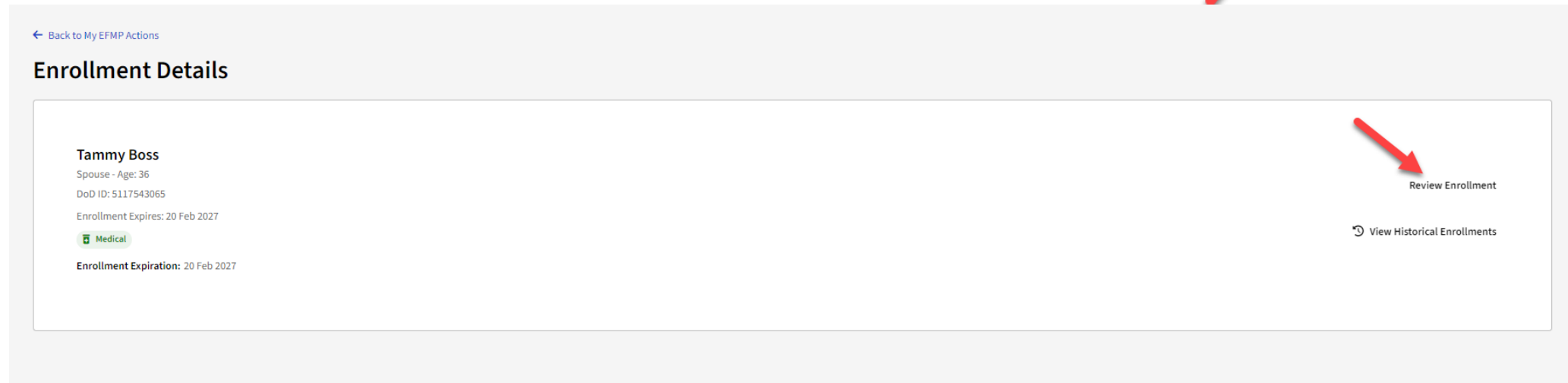
EFMP EXPIRATION DATE
20 February 2027

FAMILY MEMBERS (1)

TB Tammy Boss

[View All Enrollment Details](#)

A red arrow points from the 'View All Enrollment Details' button to the 'Review Enrollment' button in the screenshot below.



[← Back to My EFMP Actions](#)

Enrollment Details

Tammy Boss
Spouse - Age: 36
DoD ID: 5117543065
Enrollment Expires: 20 Feb 2027
Medical
Enrollment Expiration: 20 Feb 2027

[Review Enrollment](#)

[View Historical Enrollments](#)

A red arrow points from the 'Review Enrollment' button to the 'Review Enrollment' button in the screenshot above.

Adult Family Member Enrollment Details

Here, your family member can view the enrollment summary, including their details, medical information, and applicable documents

Please note: as a Service Member, you will not be able to view your adult family member's enrollment summary.

Ginny Molly Potter - Enrollment Summary
Spouse - Age: 42

Family Member Details | Medical Information | Documents

FORM DD 2792 Family Member Medical Summary [Download](#)

Family Member Details | Medical Information | Documents

Ginny Molly Potter Spouse / Age 42 [Download DD-2792](#)

MTF Provider Ft. Campbell

Medical Diagnoses

- Asthma Information
- Behavioral Health Information
- Intervention Therapies
- Required Health Care
- Artificial Openings / Prosthetics
- Environment / Architecture
- Medical Equipment

All diagnoses information for this family member is listed below.

A69.23	ARTHRITIS DUE TO LYME DISEASE	Fair	View Details
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