

TRICARE Overseas Program Prime – Change Request Form

SPONSOR NAME (Last Name, First, Middle initial):	SPONSOR SSN:
CURRENT UNIT:	
CURRENT ADDRESS & PHONE #	FORWARDING ADDRESS, Email Address & PHONE # (if applicable)
GAINING UNIT/LOCATION:	

Change of Status Request (*Check appropriate box*)

<input type="checkbox"/> Permanent Change of Station (PCS) <input type="checkbox"/> Expiration of Term of Service (ETS) <input type="checkbox"/> Transitional Assistance for Military Personnel (TAMP) <input type="checkbox"/> Retirement <input type="checkbox"/> Early Return of Family Members	Flight Date: Port Call Date: Effective Date of Status Change:
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PCM Change Request

Disenrollment Request

Reason For Request:

Family Member Information

<i>Last Name, First Name MI</i>	<i>Date of Birth</i>	<i>Effective Date</i>	<i>Primary Care Manager Selection (if applicable)</i>
1.			
2.			
3.			
4.			
5.			
6.			

VOLUNTARY DISENROLLMENT FROM PRIME - You are choosing to disenroll from TRICARE Prime and will be covered by TRICARE Standard. You may be subject to a one-year lockout. **Please Initial:** _____

All beneficiaries are required to transfer enrollment to their new region within 60 days after their departure date. If enrollment has not been transferred within the 60-day grace period, coverage will automatically change to TRICARE Standard. Please initial: _____

SIGNATURE (Sponsor or Spouse): _____ Date: _____

INSTRUCTIONS

SPONSOR NAME - Last name, first name, middle initial.

SPONSOR SOCIAL SECURITY NUMBER - This is the Sponsor's Social Security Number.

CURRENT UNIT - Where the sponsor is stationed. Please list Unit, Office Symbol, Installation, APO/FPO, Zip Code. (If attached or remotely assigned to a subordinate unit, please use your actual unit assignment and duty location rather than that of the parent unit.)

CURRENT ADDRESS & PHONE NUMBER - Sponsor's home address and phone number. Please include PSC, Box Number, APO and Zip Code, telephone country code or foreign DSN prefix.

FORWARDING ADDRESS & PHONE NUMBER – Sponsor's forwarding address and phone number, if available.

GAINING UNIT/ LOCATION – Please provide Sponsor's new assignment and location, if applicable.

CHANGE OF STATUS REQUEST – Please mark appropriate box and provide requested information regarding status change.

Permanent Change of Station (PCS) – Transfer from one unit or location to another. Please provide travel dates.

Expiration of Term of Service (ETS) – Separation from Service for Active Component members. Please provide travel date and ETS date.

Transitional Assistance for Military Personnel (TAMP) – If TAMP-eligible and Sponsor TAMP enrollment is desired, provide separation from service date. NOTE:

Family members cannot be automatically enrolled in the TAMP Program. If you wish to enroll family members, you must complete a TAMP Enrollment Form.

Retirement – If you are retiring from active service, please provide travel date and retirement date.

Early Return of Family Members – Please provide dates that family members will travel to the United States.

Change of Primary Care Manager (PCM) – Please provide the reason for the request and family information on the table below and desired PCM for each one listed.

Disenrollment from TRICARE Overseas Program Prime (Including TRICARE Global Remote Overseas and TRICARE Prime Puerto Rico) – Please fill out the reason for the request, the family member information on the table below and initial where indicated below. Do not check disenrollment if you are transferring your Prime enrollment to another location.

FAMILY MEMBER INFORMATION – Please list each family member (last name, first name, middle initial) affected by the request, and their date of birth and the desired effective date of the PCM change or disenrollment. If requesting a new PCM, please provide the name of the desired PCM for each family member listed.

SIGNATURE - The signature of the sponsor or the sponsor's spouse is required. Either adult beneficiary may sign and date the form.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC, Sec. 1095 and 1099; EO 9397

PRINCIPAL PURPOSE(S): Information will be used to disenroll beneficiaries from TRICARE Prime and assigned Primary Care Managers (PCMs) for each enrollee. Information will also be used by military treatment facility (MTF) staff and TRICARE contractors to determine portability status and payment of claims.

ROUTINE USE(S): The information on this form will be released to the MTF staff, TRICARE contractors, and providers of health care.

DISCLOSURE: