Automatic Monthly TRICARE Payment Setup Request

A new regional contractor – TriWest Healthcare Alliance (TriWest) – will be administering TRICARE in your area effective January 1, 2025. This request is to obtain your preferred auto payment information for TRICARE premiums starting January 1, 2025. This form must be completed and returned for coverage to continue.

Sponsor Information

Last Name: First Name:

Sponsor SSN (XXX-XX-XXXX):

or Sponsor DoD Benefits Number (DBN) (XXXXXXXXX - XX):

TRICARE Young Adult (TYA) Name (if applicable):

TYA Last Name: TYA First Name:

TYA SSN (XXX-XX-XXXX):

or TYA DoD Benefits Number (DBN) (XXXXXXXXX - XX):

TRICARE Program Information

Identify your current TRICARE program.

- ◎ **TRICARE Prime**
- ◎ **TRICARE Reserve Select (TRS)**
- ◎ **TRICARE Young Adult (TYA) Prime**
- ◎ **TRICARE Select**
- ○ **TRICARE Retired Reserve (TRR)**
- ◎ **TRICARE Young Adult (TYA) Select**

Monthly Payment Fee Options

Please choose the payment option to process automatic monthly payments.

◎ **VISA/Mastercard/Discover Recurring Credit Card Payment**

Cardholder Name:

Card Number: Expiration (MM/YY): Billing Zip

◎ **EFT Checking or Transactional Savings Account**

Account Holder's Name:

Bank Name: Checking: ◎ Savings: ◎

Nine Digit Bank or ABA Routing Number:

Account Number:

Monthly fee information

Payments will be processed between the first and fifth of each month.

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Authorization and Signature

I authorize TriWest to automatically charge my monthly TRICARE premium to my credit/debit card or bank account beginning January 2025.

Signature (Required):

Day (DD)/Month (MM)/Year (YYYY):

Please return this form to:

TriWest Healthcare Alliance
PO Box 2605
Virginia Beach, VA 23450

For more information:
www.TRICARE.mil/West

Privacy Act Statement

This statement serves to inform you of the purpose for collecting personal information required by TriWest Healthcare Alliance (TriWest) and how it will be used.

Authority: 10 U.S.C. 1079 and 1086; 38 U.S.C. Chapter 17; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); and E.O. 9397 (SSN), as amended.

Purpose: This information will be used by TriWest Healthcare Alliance (TriWest) to start or change electronic payments for your monthly TRICARE enrollment fees from your credit card, checking or savings accounts.

Routine uses: Information collected may be used and disclosed generally as permitted under 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, as implemented by DOD 6025.18-R, the Department of Defense (DOD) Health Information Privacy Regulation. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, these records may be specifically disclosed outside the DOD as a routine use under 5 U.S.C. 552a(b)(3) as per DOD Blanket Routine Uses as published at http://dpclo.defense.gov/privacy/SORNs.

Disclosure: This information will be used by TriWest Healthcare Alliance (TriWest) to start or change electronic payments for your monthly TRICARE enrollment fees from your credit card, checking or savings accounts.