Enrollment Reconsideration Request

Use this form to request reconsideration to reinstate your TRICARE coverage.

Requester Information

Requester Last Name: Requester First Name: M.I.:

Address: City: State:

ZIP Code: Email: Phone:

Sponsor/TRICARE Young Adult (TYA) Enrollee Information

Last Name: First Name: M.I.:

SSN: or DoD Identification Number/DoD Benefits Number (DBN):

Plan Information

Please specify the plan you are requesting enrollment reconsideration for:

☐ TRICARE Select ☐ TRICARE Prime ☐ TRICARE Prime Remote ☐ TRICARE Reserve Select

☐ TRICARE Retired Reserve ☐ TRICARE Young Adult Prime ☐ TRICARE Young Adult Select

Requested Effective Date (MM/DD/YYYY):

Request Type:

☐ Reinstatement (no break in coverage) ☐ Newborn/Adoptee late enrollment waiver

☐ Retroactive enrollment request (Missed QLE) ☐ Other

Request Details

Please provide a detailed explanation of the reason/justification of the request:

Enrollment Reconsideration Request

Please list impacted family member:

☐ All family members ☐ Only family members listed below:

Please note:

- Approved requests require all applicable premiums be paid current to include administrative fees.
- TRICARE Reserve Select, TRICARE Retired Reserve and TRICARE Young Adult requests require establishing recurring method of payment at the time of processing as per TRICARE policy.

Authorization

Signature must be of sponsor, spouse, TYA enrollee or other legal guardian of beneficiary.

Signature

Date (MM/DD/YYYY)

Submit Form

Please mail or fax the completed form to:

TriWest Healthcare Alliance
P.O. Box 8550
Virginia Beach, VA 23450

Fax: 866-566-9915

DHA Use Only: ☐ Approved ☐ Denied
☐ Insufficient information furnished/received
☐ No Action

Reason for Disapproval:

Signature of Authority

Date (MM/DD/YYYY)

Privacy Act Statement

This statement serves to inform you of the purpose for collecting personal information required by TriWest Healthcare Alliance on behalf of the TRICARE® program, and how it will be used.

Authority: 10 U.S.C. Chapter 55; 38 U.S.C. Chapter 17; 32 CFR Part 199, and E.O.9397 (SSN), as amended.

Principal Purpose: To collect information from you in order to access reinstatement or waiver, and manage your TRICARE enrollment if applicable.

Routine Uses: Your information may be disclosed in order to investigate waste, fraud and abuse, security, and privacy concerns. Use and disclosure of your records outside of DoD may occur in accordance with the DoD Blanket Routine Uses published at http://dpclo.defense.gov/privacy/SORNs and as permitted by the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)). Any protected health information (PHI) in your records may be used and disclosed as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), and includes purposes of treatment, payment, and health care operations.

Disclosure: Voluntary; if you choose not to provide your information, no penalty may be imposed, but absence of the requested information may result in administrative delays or the inability to process an individual's request.