TRICARE

TRICARE Prime Enrollment / Change Form for Active Duty Service Members (ADSM)

Check the appropriate box:

☐ Enrollment (Complete Active Duty Service Member Information Section & Signature Section)

☐ Address Change/Update (Complete #1, 2, 9 and Signature Section)

Effective Date of Move

Active Duty Service Member Information

1. ADSM Name Last First MI

2. ADSM Social Security Number

3. Birth Date Mo. Day Year

4. Branch of Service

5. Rank

6. Gender F/M

7. ADSM Unit and Unit Identification Code (UIC)

8. Is ADSM on one of the following statuses? (check any that apply)

(A) Flying ❑ yes ❑ no (B) Jump ❑ yes ❑ no (C) Dive ❑ yes ❑ no

9. ADSM Residence Address

Street Apt. No. City, State Zip

10. ADSM Primary Care Manager (PCM) Preference (Honoring your preference is dependent upon availability and local policy.)

11. Have you enclosed your completed Health Enrollment and Assessment Review (HEAR) Form? – Check Appropriate Box

❑ yes ❑ no

Signature

12. Please review the Agency Disclosure and Privacy Statement on the Reverse Side Before Signing.

ADSM or Unit Commander Signature Date

When complete, Enclose Enrollment and HEAR Form & Mail to:

Humana Military Healthcare Services, Inc.
P.O. Box 740072
Louisville, KY 40201-7472

Authority: 10 U.S.C. Chapter 55, CHAMPUS PRINCIPAL PURPOSES: Enrollment in the TRICARE Prime Program. Routine Uses: Verify eligibility and produce enrollment cards. Disclosure is voluntary. Failure to provide the information could result in denial or reimbursement under the CHAMPUS Program.

Please return white copy, retain yellow copy for your records