



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		<input type="checkbox"/> yes	<input type="checkbox"/> no	(B) Jump		<input type="checkbox"/> yes	<input type="checkbox"/> no
(C) Dive		<input type="checkbox"/> yes	<input type="checkbox"/> 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							
<input type="checkbox"/> yes		<input type="checkbox"/> 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.