

**TRICARE RESERVE SELECT (TRS)
ACKNOWLEDGEMENT OF ENROLLMENT FORM**

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1076d and E.O. 9397.

PRINCIPAL PURPOSE(S): This form is used by certain Reserve Component members to accomplish enrollment under the TRICARE Reserve Select Program. Please see 10 U.S.C. 1076d or 32 CFR 199.20(d) for a list of eligible beneficiaries.

ROUTINE USE(S): Information from applications forms and related documents may be given to the Department of Homeland Security consistent with its statutory administrative responsibilities under TRICARE and to the Department of Justice for representation of the Secretary of Defense in civil actions. Appropriate disclosures may be made to other Federal, State, local, and foreign government agencies, private business entities, and individual providers of care, on matters relating to entitlement, fraud, program abuse, program integrity, and civil and criminal litigation related to the operation of the TRICARE Program.

DISCLOSURE: Voluntary; however, failure to furnish all requested information will result in the applicant not being enrolled in the TRICARE Reserve Select Program.

INSTRUCTIONS

Please review the information in block 1 for accuracy and provide corrections in block 2. Then accomplish enrollment in TRICARE Reserve Select by checking the program election in block 3, indicating initial payment method in block 4, signing in block 5, and submitting to the TRICARE Regional Contractor servicing your area with a one-month payment. Find the contractor for your area on the map at www.tricare.osd.mil.

Signing this form does not automatically result in coverage under the TRICARE Reserve Select program; you must be a member of the Selected Reserve and meet other requirements to be eligible for this program. If you are unsure of your eligibility status for TRS, please contact your Service/Reserve Component.

POLICY PREMIUMS: Two types of coverage are available for TRICARE Reserve Select: 1) TRS member-only and 2) TRS member and family. Premiums for each are updated annually. For premium information, visit: www.tricare.osd.mil/reserve/reserveelect.

CHANGES IN COVERAGE/DISENROLLMENT: TRS members may change their type of coverage based on the occurrence of qualifying life events; (e.g., marriage/divorce, child birth, adoption, court appointed legal ward, family member death, changes in other family health coverage, etc.). If you wish to change the type of coverage or to disenroll from this program, please contact your TRICARE regional contractor servicing your area (find the contractor for your area on the map at www.tricare.osd.mil/reserve/reserveelect).

1. MEMBER INFORMATION: If any of this information is incorrect, please make corrections on this form. If you have immediate family not listed below you want covered, please contact a RAPIDS Office (Military Identification Card Issuing office) to determine their eligibility status in DEERS. The nearest RAPIDS Office can be found at: www.dmdc.osd.mil/rsl/owa/home. If there are family members listed below that you do not wish covered by the program, please draw a single line through their name. **Failure to have accurate information in DEERS may result in delays in enrollment, treatment, or claims processing.**

2. CORRECTIONS AND UPDATES TO DEERS INFORMATION

3. TYPE OF COVERAGE: *(select one)* TRS MEMBER-ONLY TRS MEMBER AND FAMILY

4. INITIAL PREMIUM PAYMENT METHOD: *(select one)*

CHECK/MONEY ORDER / CASHIERS **Must be made PAYABLE to:**

VISA/MASTERCARD Number: _____ Exp. Date: _____ Cardholder Signature: _____

5. APPLICANT'S SIGNATURE AND DATE. By signing this form, the applicant understands that his/her responsibility to comply with all TRICARE Reserve Select procedures. Further, the applicant is certifying that the information provided on this form is true, accurate, and complete. Federal funds are involved in this program and any false claims, statements, comments, or concealment of a material fact may be subject to find and imprisonment under applicable Federal law.

a. SIGNATURE

b. DATE