OMB No. 0720-0049 OMB approval expires

TRICARE YOUNG ADULT APPLICATION

The public reporting burden for this collection of information, 0720-0049, is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex esd.mbx.dd-dod-information-collections@mail.micro-collections@mail.micro-collections@mail.micro-collections@mail.micro-collections.gd. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

RETURN COMPLETED FORM TO THE DESIRED SERVICING CONTRACTOR SHOWN BELOW.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. Chapter 55, Medical and Dental Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoD Instruction 1341.02, Defense Enrollment Eligibility Reporting System (DEERS) Program and Procedures; and E.O. 9397 (SSN), as amended.

PURPOSE: To collect the information necessary to process your request for coverage, to terminate coverage, or to change your provider.

ROUTINE USES: Use and disclosure of your records outside of DoD may occur in accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)). Collected information may also be shared with entities including the Departments of Health and Human Services, Veterans Affairs, and other Federal, State, local, or foreign government agencies, or authorized private business entities. Additionally, information may be shared with the contractor responsible for management of the system. For a full listing of the Routine Uses, please refer to the applicable SORN.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD. Permitted uses and discloses of PHI include, but are not limited to, treatment, payment, and healthcare operations. For a full listing of the applicable Routine Uses for the system, refer to the applicable SORN.

APPLICABLE SORN: DMDC 02 DoD, Defense Enrollment Eligibility Reporting Systems (DEERS) (July 27, 2016, 81 FR 49210) is the system of records notice (SORN) applicable to DD 2947. The SORN can be found at: https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/627618/dmdc-02-dod/

DISCLOSURE: Voluntary. However, failure to provide all requested information may result in a denial of your request to enroll in or change your TRICARE Young Adult health plan coverage

TRICARE YOUNG ADULT PROGRAM

The TRICARE Young Adult Program extends dependent medical coverage via a premium-based program that allows former dependents to purchase TRICARE health care plan coverage if qualified. Coverage is extended from age 21 (age 23 if previously enrolled in a full-time course of study at an institution of higher learning) until reaching age 26 for unmarried dependents that are not eliqible for medical coverage from employer-sponsored medical coverage as a result of their employment. General eligibility requirements are shown below

Sponsor Status	TRICARE Prime (1)	TRICARE Prime Remote (1)	TRICARE Select	Uniformed Services Family Health Plan (1)	TRICARE Overseas Prime (1)	TRICARE Overseas Prime Remote (1)	TRICARE Overseas Select
Active Duty	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Retired	Yes	No	Yes	Yes	No	No	Yes
Selected Reserve (2)	No	No	Yes	No	No	No	Yes
Retired Reserve (2)	No	No	Yes	No	No	No	Yes

APPLICATION OPTIONS

ONLINE: You may electronically complete, submit and print a copy of your enrollment, disenrollment, transfer request to another TYA plan, or Primary Care Manager (PCM) change form by logging into the Beneficiary Web Enrollment (BWE) website at https://www.tricare.mil/bwe/. The BWE website is not available to beneficiaries in overseas areas.

TELEPHONE: You may enroll, disenroll, transfer to another TYA plan, or change your PCM by calling your Regional Contractor or US Family Health Plan (USFHP) at the toll-free numbers on this page.

ENROLLMENT FORM: You may also enroll, disenroll, transfer to another TYA plan, or change your PCM by completing and submitting the form to your Regional Contractor or USFHP at the address or fax number below.

NOTES: You can view your enrollment status at milConnect (www.tricare.mil/milconnect). To learn more about TRICARE, go to www.tricare.mil or your Regional Contractor's or USFHP website below.

For enrollment assistance, please call

For additional information on TRICARE, visit the TRICARE website at www.tricare.mil, the Contractor's website at

or your local TRICARE Service Center (TSC).

Uniformed Services Family Health Plan (USFHP) (Include locations, addresses and telephone numbers.)

⁽¹⁾ To purchase this coverage, it must be offered in your geographic area and you must meet all other eligibility criteria.
(2) If you are an adult child of a non-activated member of the Selected Reserve of the Ready Reserve or of the Retired Reserve, your sponsor must be enrolled in TRICARE Reserve Select or TRICARE Retired Reserve as applicable for you to be eligible to purchase TYA coverage. For specific information on eligibility, coverage, costs, claims submission, go to: www.tricare.mil/tya.

YOUNG ADULT'S SSN/DBN:				
TRICARE YOUNG ADULT OPTION DESIRED:				
TRICARE Select: Includes dependents of sponsors enrolled in the	TRICARE Reserve Sele	ect and TRICARE Retire	d Reserve health plans.	
TRICARE Prime: Where available. Enrollment is not automatic. If e Remote for Active Duty Family Members (TPRADFM).	eligible, active duty family	/ members may be enro	lled in TRICARE Prime	
TRICARE Overseas Program Prime: Available in overseas locations for active duty family members only. Must be command sponsored and meet specific overseas enrollment criteria. If eligible, you may be enrolled in TRICARE Overseas Prime Remote.				
TRICARE Overseas Program Select: Available in overseas location	ons.			
Uniformed Services Family Health Plan (USFHP): Available in si address listed on Page 1. For the service area descriptions and tele www.tricare.mil/usfhp				
SECTION I - SP	ONSOR INFORMATI	ON		
1. SPONSOR'S NAME (Last, First, Middle Initial) (Must match DEERS	(XXX-X		URITY NUMBER (SSN) EFITS NUMBER (DBN)	
3. SPONSOR IS: (X one) Active Duty Retired S	Selected Reserve	Retired Reserve	Deceased (Go to Section II.)	
SECTION II - ENROLLING TRICARE YOUNG ADL	JLT FAMILY MEMBE	R INFORMATION O	R PCM CHANGE	
4.a. FAMILIY MEMBER NAME (Last, First, Middle Initial) (Must match DE	EERS)	b. I	DATE OF BIRTH (YYYYMMDD)	
c. REQUESTED ACTION Enroll Transfer Enrollment	PCM Change	Disenroll E	Effective Date:	
d. RESIDENCE ADDRESS				
(Provide address, with ZIP Code and Country)				
e. MAILING ADDRESS				
(Provide address, with ZIP Code and Country)				
f. TELEPHONE NUMBER (Include Area Code) WORK: RESIDENTIAL:	g. EMAIL ADDRESS	(X box to t	receive TRICARE e-mails)	
h. REASON FOR DISENROLLMENT OR PCM CHANGE	Relocation	Dissatisfied with	PCM PCS	
Have employer-sponsored health care coverage Marriage	Other:			
SECTION III - OTHER HEALTH INSURANCE				
PLEASE IDENTIFY IF YOU ARE CURRENTLY COVERED BY O	THER HEALTH INS	URANCE.		
TRICARE Supplement (no other information is needed)				
Medical Insurance: Person(s) Covered:				
Policy Holder Name: Policy Number:				
Dental Insurance: Person(s) Covered:	•			
Policy Holder Name:			_	
Policy Number:				
Vision Insurance: Person(s) Covered:		J		
Policy Holder Name: Policy Number:				
				
Prescription Insurance: Person(s) Covered: Policy Holder Name:				
Policy Number:				
. only realistic.	S.i.sy Elicolive Date			

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YOUNG ADULT'S SSN/DBN:					
SECTION IV - ACCESS WAIVER, ATTESTATIONS, AND SIGNATURE (REQUIRED)					
enroll me with I reside outsi	h that PC de the Pri dence, an	elected a Primary Care Manager (PCM) by n M if capacity exists. If my selected or assignate Me Service Area, I understand that: (1) I mu d (2) this application constitutes my agreemant plicable.	ed PCM is greater than a 30 minut ist also waive the specialty care ac	e drive-time from my residence, or if cess standard of one hour drive-time	
	_	monthly premium payments may be adjuste emium amounts required by law.	ed as necessary based on a desired	d change in TYA coverage or due to	
the information	on provide	ny responsibility to comply with all TRICARE and is true, accurate, and complete. Federal function of a material fact may be subject to fine	unds are involved in this program a	and any false claims, statements,	
		COMPLETION IS MANDATORY - 2	X YES OR NO FOR EACH STATEME	<u>NT</u>	
Yes	No	I am eligible to enroll in an employer-spon	sored health plan offered through r	my employer.	
Yes	No	I am married.			
SIGNATURE OF YOUNG ADULT DEPENDENT APPLICANT DATE SIGNED (YYYYMMDD)				DATE SIGNED (YYYYMMDD)	
ENROLLMENT NOTE: Your regional or USFHP contractor will process your enrollment, disenrollment, or change request for coverage to be effective on the date of receipt or up to 90 days in the future as requested by you. If the contractor receives your enrollment request within 90 days of loss of other TRICARE or healthcare coverage, your TYA coverage starts on the day after the loss of your other coverage. You should confirm enrollment (and PCM assignment for Prime plans) or PCM changes before obtaining care by calling your Regional or USFHP contractor, or by viewing your enrollment on milConnect (www.tricare.mil/milconnect). DISENROLLMENT NOTE: You may incur a 12 month lock-out from TYA coverage for failure to pay premiums or for voluntary termination not associated with gaining employer-sponsored health plan coverage or regaining TRICARE coverage. You may not be allowed to re-enroll in TYA coverage for 12 months from the date of the disenrollment.					
PAYMENT OPTIONS: See Section V.					
SECTION V - PAYMENT OF TRICARE YOUNG ADULT PREMIUMS					
PREMIUM PAYMENT METHOD: (X and complete as applicable.) (See www.tricare.mil/costs for current rates.) Failure to complete both parts a. and b. of this section when requesting new and/or recurring TYA coverage will result in your application being returned without action.					
a. INITIAL PREMIUMS: To purchase TYA coverage, young adult dependents or other responsible individual should submit an application request along with an initial 2-month payment by check (cashier's or personal check), money order, or credit/debit card at the time of enrollment. Note: Checks (money order, cashier's, or personal) are only accepted for the initial 2-months of premiums. Regional contractors or USFHPs will not accept checks for ongoing payments.					
		der/Cashier's Check ble premium payable to contractor on first page.)	PAYMENT AMOUNT: \$		
Visa/M	lasterCard	Credit or Debit Card:			
CARD NUMBER: EXPIRATION DATE (MM/YYYY):					
	NAME OF CARDHOLDER CARDHOLDER: SIGNATURE:				
CARD	HOLDER				

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BILLING ADDRESS:

YOUNG ADULT'S SSN/DBN:					
		e recurring electronic payments. You can pay with an allotment edit/debit card. You will not receive a monthly bill.			
Allotment From Re	etired Pay				
Use same Visa/Ma	asterCard Credit or Debit Card information	used for initial payment of premiums.			
Other Visa/Master	Card Credit or Debit Card:				
CARD NUMBER:		EXPIRATION DATE (MM/YYYY):			
NAME OF CARDHOLDER:		CARDHOLDER SIGNATURE:			
CARDHOLDER BILLING ADDRESS:					
Electronic Funds T	ransfer (EFT). From: Checking (Opt	tional - attach voided check) or Savings			
NAME AND ADDRESS FINANCIAL INSTITUTION	OF ON				
NAME ON ACCOUNT		TELEPHONE NUMBER OF FINANCIAL INSTITUTION			
ACCOUNT NUMBER		BANK OR ABA ROUTING NUMBER			
ACCOUNT HOLDER SIGNATURE					

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