

## **PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 1079 and 1086, 32 U.S.C. Chapter 17; 32 CFR 199.17; 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules; and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S):** To obtain information necessary to permit individuals to enroll in the TRICARE Prime, TRICARE Prime Remote, or the Uniformed Services Family Health Plan, as requested by the individual.

**ROUTINE USE(S):** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, these records may specifically be disclosed outside the Department of Defense as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: to the Departments of Health and Human Services, Homeland Security, and Veterans Affairs, and to other

Federal, State, local, or foreign government agencies, and to private business entities, including entities under contract with the Department of Defense and individual providers of care, on matters relating to eligibility, claims pricing and payment, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal litigation.

**DISCLOSURE:** Voluntary; however, failure to provide information may result in the denial of enrollment.

## **INSTRUCTIONS**

1. TODAY'S DATE
2. FLY OUT DATE: Enter date leaving country
3. SPONSOR NAME: Please print Last name, First name, middle initial.
4. SPONSOR SOCIAL SECURITY NUMBER or DOD ID number
5. CHANGE OF STATUS REQUEST: Please mark the appropriate box and provide the requested information regarding the status change.
  - Permanent Change of Station (*PCS*): Transfer from one unit or location to another. Please provide travel dates.
  - Early Return of Family Members: Please provide dates that family members will travel to the United States or other overseas locations.
  - ETS (*Separation*) Date: Last day of service per the separation orders.
  - Retirement Date: Last day of service per the retirement orders.
6. FAMILY MEMBERS: Please print Last name, First name, Middle initial of family members traveling from the current overseas location with the sponsor.
7. NEW ADDRESS: If known your new address after moving
8. GAINING UNIT / BASE: As shown on your orders
9. EMAIL ADDRESS: Please provide a good email address (personal and work)

**TRICARE OVERSEAS PROGRAM PROPRIETARY INFORMATION:** The information in this document is proprietary to TRICARE Overseas Program. It may not be used, reproduced, disclosed, or exported without the written approval of TRICARE Overseas Program.

<b><u>TODAY'S DATE:</u></b>	<b><u>FLY OUT DATE:</u></b>
<b><u>SPONSORS NAME (Last Name, First Name, middle Initial):</u></b>	<b><u>SPONSORS SSN/ DoD ID NUMBER:</u></b>
<b><u>CHECK APPROPRIATE BOX:</u></b> <input type="checkbox"/> PCS <input type="checkbox"/> Redeploy / Return to Home Station <input type="checkbox"/> Early return of Dependents <input type="checkbox"/> ETS Date: <input type="checkbox"/> Retirement Date:	<b><u>DEPENDENTS DEPARTING OVERSEAS LOCATION:</u></b> 1. 2. 3. 4. 5. 6.
<b><u>NEW ADDRESS:</u></b>	<b><u>GAINING UNIT / BASE:</u></b>
<b><u>PERSONAL EMAIL ADDRESS:</u></b>	<b><u>WORK EMAIL ADDRESS:</u></b>
<b><u>SIGNATURE:</u></b>	<b><u>DATE:</u></b>