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.

****Please note a Tricare representative from your new region will contact you no later than five business days after your estimated relocation date to begin the enrollment transfer process. You will need to transfer your enrollment to your new region within 60 days of your fly out date. If enrollment is not transferred/processed by the 60th day you will be disenrolled from this region on the 61st day.****

INSTRUCTIONS

1. SPONSOR NAME – Please print Last name, First name, middle initial.
2. SPONSOR SSN - This is the Sponsor's Social Security Number.
3. CURRENT UNIT - Where the sponsor is stationed. Please list Unit, Office Symbol, Installation, APO/FPO, Zip Code. (If attached or remotely assigned to a subordinate unit, please use your actual unit assignment and duty location.
4. GAINING UNIT/ LOCATION – Please provide Sponsor's new assignment and location.
5. FORWARDING ADDRESS /NEW ADDRESS– Sponsor's forwarding address (if avail)
6. ESTIMATED DATE OF ARRIVAL AT NEW LOCATION- The date the sponsor will be arriving at new duty station/location.
7. CONTACT PHONE NUMBER- Provide a good home and/or cell phone number.
8. PREFERRED TIME TO CALL- The best time to contact (AM or PM).
9. EMAIL ADDRESS-Please provide a good email address (personal and work)
10. FAMILY MEMBERS-Please print Last name, First name, Middle initial of family members traveling to the United State or to other overseas location.
11. ESTIMATED DATE OF ARRIVAL FOR FAMILY MEMBER-Provide estimated date family will be arriving at new location.
12. CHANGE OF STATUS REQUEST – Please mark appropriate box and provide requested information regarding 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 to other overseas location.
    - Separating
    - Retiring

Check appropriate box: ☐ PCS ☐ Early Return of Dependents ☐ Separating ☐ Retirement	**TRICARE PORTABILITY FORM** ***COPY OF ORDERS ARE REQUIRED***	**FLY OUT DATE:** **SEPARATION/RETIREMENT DATE:**

SPONSORS NAME (Last Name, First Name)	**SPONSORS SSN:**
CURRENT UNIT LOCATION (Circle One): ◉**Ramstein** ◉**Landstuhl** ◉**Kleber** ○**Baumholder** **Other**:_____ **ARE YOU A FLYER?** ☐ **YES** ■ **NO**	**GAINING UNIT/LOCATION :** (listed on orders box 9) **Unit:** _____ **City/Zip Code:** _____
FORWARDING/NEW MAILING ADDRESS: (If known) **ADDRESS:** _____ **CITY/STATE/ZIP:** _____	**ESTIMATED DATE OF ARRIVAL AT NEW LOCATION (PORT CALL DATE):** **CONTACT PHONE NUMBER** (Please check preferred number to be reached at including area code) ☐**HOME:** ☐**CELL:** **PREFERRED TIME TO CALL** ☐**AM** ☐ **PM** ☐ **NO PREFERENCE**
PERSONAL E-MAIL ADDRESS:	**WORK E-MAIL ADDRESS:**
FAMILY MEMBER INFORMATION (Last, First): (If traveling also) **1.** **2.**	**ESTIMATED DATE OF ARRIVAL FOR *FAMILY* AT NEW LOCATION:** ☐**Same as Sponsor** ☐**Different Date**_____ ☐**Family Remaining Overseas** (must be authorized on orders)
3. **4.** **5.**	**SIGNATURE AND DATE:**

*****TRICARE BSR ONLY BELOW THIS LINE*****

PORTABILITY PHASE 1 - OUTPROCESSING	**FOCUS #/DATE/BSR INITIALS:**
PORTABILITY PHASE 1 – PCM CHANGE	**FOCUS #/DATE/BSR INITIALS:**
PORTABILITY PHASE 2 – 61ST DAY/DISENROLL	**FOCUS #/DATE/BSR INITIALS:**