



ACTIVE DUTY SERVICE MEMBER PRIME ENROLLMENT FORM



Mandatory for All Active Duty Personnel

Privacy Act Statement

(1) **Authority:** 5 USC 552a, 10 U.S.C. 1079 and 1086, 58 FR 45318. (2) **Purpose:** To evaluate eligibility for medical care provided by civilian sources to Military Health Services System beneficiaries applying for coverage under the TRICARE Program (32 CFR 199.17). (3) **Uses:** Information from application forms and related documents may be given to the Department of Health and Human Services, and/or the Department of Transportation consistent with their statutory administrative responsibilities under TRICARE; to the Department of Justice for representation of the Secretary of Defense in civil actions; and to Congressional Offices in response to inquiries made on the request of the person to whom a record pertains. 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. (4) **Disclosure:** Voluntary; however, failure to provide information will result in the denial of enrollment.

PLEASE PRINT ALL INFORMATION

Name (Last, First, Middle Initial)		SSN		Today's Date	
Sex (Circle One) M F	Date of Birth	Branch of Service	Rank	Pay Grade	
Home Telephone Number ()			Work Telephone Number ()		
Local Residence Address (Include Street, City, State and Zip Code) If you do not have a local residence, give the address of your duty station					
Duty Station Address (Zip Code Required)			Date Reported to Duty/Unit		Unit Identification Code (if known)
Primary Care Manager Preferences (Please include any information here on first and second PCM choice, gender preference, etc.)					
Signature					

Return this completed form to the nearest Military Treatment Facility (MTF), or TRICARE Service Center.

For enrollment of family members, call (800) 242-6788 or visit the TRICARE Service Center.

MTF/HNFS Use Only:
Enrolling DMIS ID 6303

