



Newborn / Adoptee Waiver Request Form

To be utilized by those requesting to waive the Prime/TRICARE Prime Remote for Active Duty Family Members (TPRADFM) Enrollment Requirement, within 60 Days of birth or adoption.

The Regional Directors of each TRICARE Regional Office and the Deputy Directors of each TRICARE Overseas Office may extend the deemed enrollment period up to 120 days on a case by case or regional basis for unique issues (i.e., sponsor unable to sign the DD 1172 because of deployment or incapacitation) as long as the request is submitted within 150 days from newborn's date of birth.

Sponsor Name: _____ Sponsor SSN: _____ - _____ - _____

Address of Sponsor: _____

Phone number of Sponsor/Requestor: () _____ - _____

Name of Other Family Member Enrolled in Prime/TRPADFM: _____

Sponsor's Enrollment Plan: (circle one) Active Duty Retiree

Sponsor's Location of Enrollment: _____

Name of Child: _____ SSN of Child (if available): _____ - _____ - _____

Date of Birth or Date Placed in Legal Custody: (MM/DD/YY) ____/____/____

Reason for Request: (Justify why you think a waiver should be granted) _____

Signature of Requestor: (Must sign before submission) _____

Relationship of Requestor to Child: _____ Date of Request: (MM/DD/YY) ____/____/____

Approved _____ Disapproved _____ Reason for disapproval: _____

Signature of Approving Authority: _____

Mail or Fax to:

Humana Military Healthcare Services
TRICARE South
P.O. Box 740061
Louisville, KY 40201-7461

Fax number: **866-836-9535**