



### 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, and the enrollment application had been submitted prior to 120 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**