



TRICARE Young Adult
Request for TRICARE Regional Office Reconsideration of
Involuntary Disenrollment and Late Initial Enrollment



To request reconsideration of TYA involuntary disenrollment or late initial enrollment, please complete the request below and mail or fax to:

Humana Military Healthcare Services
ATTN: PNC Bank
P.O. Box 538025
Atlanta GA 30353-8025
Fax number: 1-877-371-6661

Please Note: Payment of all applicable premiums is required. Members not listed in DEERS as eligible for TYA cannot be enrolled. Members requesting reconsideration of eligibility for TYA must contact RAPIDS to determine eligibility for TYA.

TYA Beneficiary's Name: \_\_\_\_\_

Date of Request: \_\_/\_\_/\_\_\_\_(MM/DD/YYYY) Sponsor's SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

TYA Beneficiary's SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

TYA Beneficiary's Address: \_\_\_\_\_

Request for Reconsideration of:

- Request for Reconsideration of:
[ ] Involuntarily Disenrollment [ ] Late Initial Enrollment

Why are you requesting reconsideration? (Include: Reason for disenrollment such as missed payment or sponsor disenrolled/ locked out for nonpayment if applicable; date of TYA eligibility; unusual or extraordinary circumstances contributing to inability to meet enrollment window; other information for consideration.) Attach additional page(s) if necessary:

Three horizontal lines for providing additional information.

Signature

TRICARE Policy requires that monthly premiums be made by Electronic Funds Transfer (EFT) from your checking/ savings account or automatically charged to a credit/ debit card. Your request will not be considered unless account information is provided to establish an automated payment. Please complete the form below to submit your automated payment information.

EFT Authorization

Name of Financial Institution \_\_\_\_\_
Please Check One: Checking (attach voided check) \_\_\_\_\_ Savings \_\_\_\_\_
Bank or ABA Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_
Name on Account \_\_\_\_\_

I, \_\_\_\_\_, choose to have my premiums paid by electronic funds transfer.
\* Please note, if funds are not available at the time the charge is processed, a \$20.00 insufficient funds processing fee will be assessed.

Auto Charge

\_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express \_\_\_\_\_ Discover
Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

I, \_\_\_\_\_ choose to have my monthly premiums automatically billed to my credit card.

**TRO Use Only:**

Approved

Disapprove

Reason for disapproval: \_\_\_\_\_

Signature of Approving Authority: \_\_\_\_\_

**Humana Military Use Only:**

Date of Disenrollment: \_\_\_/\_\_\_/\_\_\_      Amount Past Due: \$ \_\_\_\_\_

Bill(s) Sent Date: \_\_\_\_\_      Letter(s) Sent Date: \_\_\_\_\_

Letters sent to: Same / Different Address than above. Other address: \_\_\_\_\_

# of D/E in Past 12 Months & Dates: \_\_\_\_\_

Remarks/ Additional Information: \_\_\_\_\_