TRICARE PRIME Enrollment // Change Form
MTF Directed Assignment or Change for Active Duty Service Members (ADSMs)

TRICARE South

For MTF/TSC Use:

DMIS:

Effective Date:

PCM:

Check the appropriate box:

☐ Enrollment ☐ PCM Change Across DMISs ☐ Disenrollment

☐ Cancel Enrollment ☐ Address Change ☐ Cancel Disenrollment

☐ Other (specify):

Active Duty Service Member Information

1. ADSM Name: Last	First	MI	2. ADSM Social Secuirty Number

3. Birth Date: Mo. Day Year	4. Branch of Service	5. Rank	6. Gender: M/F

7a. ADSM Unit and Unit Identification Code (UIC)	7b. Unit/Work Telephone

8. Is ADSM on one of the following statuses? (check all that apply)

(A) Flying ☐ yes ☐ no (B) Jump ☐ yes ☐ no (C) Dive ☐ yes ☐ no

9a. ADSM Residence Address	9b. Residence Phone Number (including area code)
Street Apt. No.	
City State Zip	

10. ADSM Primary Care Manager (PCM) Preference (Honoring your preference is dependent upon availability and local policy.)

DMIS: PCM Information:

Signature

12. Please review the Agency Disclosure and Privacy Statement before signing.

ADSM, Unit Commander, or MTF Representative Signature Date

When complete, mail this enrollment form to:

Humana Military Healthcare Services, Inc.
P.O. Box 740072
Louisville, KY 40201-7472

Authority: 10 U.S.C., Chapter 55, CHAMPUS PRINCIPLE PURPOSES: Enrollment in the TRICARE Prime Program. Routine Uses: Verify eligibility and produce enrollment cards. Disclosure is voluntary. Failure to provide information could result in denial of reimbursement under the CHAMPUS program.

Additional family members affected

Name	Date of birth	Address	Other changes required
DO NOT USE	XXXXXX	☐	XXXXXXXXXXXX
DO NOT USE	XXXXXX	☐	XXXXXXXXXXXX
DO NOT USE	XXXXXX	☐	XXXXXXXXXXXX

Remarks