

SPONSOR SOCIAL SECURITY NUMBER

SPONSOR NAME (Last, First, Middle Initial)

SECTION III

SECTION IV

SECTION V
CROSS WAIVER

Please read and sign only if you are outside the service area.

Your enrollment application indicates that your current address is outside the service area. You may travel to a location where there is a provider network and enroll at that location. However, since you live outside the service area, by signing below, you indicate that your travel time to the network of primary care delivery sites may exceed 30 minutes from your home to the delivery site and your travel time for specialty care may exceed one hour.

SIGNATURE OF SPONSOR, SPOUSE, OR OTHER LEGAL
GUARDIAN OF BENEFICIARY

DATE SIGNED
(YYYYMMDD)

SIGN HERE

SECTION VI
AFFIRMATION

I understand that it is my responsibility to comply with all TRICARE Prime procedures. By signed the form, I certify that the information on this form is true, accurate and complete. Federal funds are involved in this program and any false claims, statements, comments or concealment of a material fact may be subject to fine and imprisonment under applicable Federal law.

SIGNATURE OF SPONSOR, SPOUSE, OR OTHER LEGAL
GUARDIAN OF BENEFICIARY

DATE SIGNED
(YYYYMMDD)

SIGN HERE