



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.

PRIVACY ACT STATEMENT

This statement serves to inform you of the purpose for collecting personal information required by Humana Military's Automated Information System and how it will be used.

AUTHORITY: 10 U.S.C. 1079 and 1086; 38 U.S.C. Chapter 17; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); and E.O. 9397 (SSN), as amended. **PURPOSE:** To obtain information from individuals to validate their eligibility as beneficiaries, grant access to the Humana Military website, and provide beneficiary services available through Humana Military to validated individuals, including physician referrals, healthcare authorizations, claims payment, assignment of beneficiaries to physicians, and informational contact with validated beneficiaries.

ROUTINE USES: Information collected may be used and disclosed generally as permitted under 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules, as implemented by DoD 6025.18-R, the DoD Health Information Privacy Regulation. In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, these records may be specifically disclosed outside the Department of Defense as a routine use under 5 U.S.C. 552a(b)(3) as follows: to the Departments of Health and Human Services and Homeland Security, and to other Federal, State, local, and foreign government agencies, private business entities under contract with the Department of Defense, and individual providers of care, on matters relating to eligibility, claims pricing and payment, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal litigation.

DISCLOSURE: Voluntary; however, failure to furnish all requested information will result in an individual not being able to receive the service/information as stated on this form.

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 the newborn's date of birth, and the enrollment application had been submitted prior to 120 days from the 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) ____/____/____

Mail or Fax the Completed Form to:

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

FAX: 866-836-9535

TRO Use Only: Approved Disapproved

Reason for Disapproval: _____

Signature of Approving Authority: _____ **DATE:** _____