

# Access to Care Waiver Form

## Step 1: Identify Your Current TRICARE Program

☐ Prime ☐ TYA Prime

## Step 2: Identify Sponsor for Prime OR Young Adult for TYA

Sponsor Name: \_\_\_\_\_ Sponsor SSN: \_\_\_\_\_

Young Adult Name: \_\_\_\_\_ Young Adult SSN: \_\_\_\_\_

## Step 3: Provide Residence Address Information

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP Code: \_\_\_\_\_

\*Prime enrollees: Waiver applies to all family members with this address on file.

\*TYA Prime enrollees: Waiver applies only to the TYA beneficiary with this address on file.

## Step 4: Acknowledge Access to Care Waiver Statement by Signing Below

I understand if my selected or assigned PCM is greater than a 30-minute drive from my residence, or if I reside outside the Prime Service Area, I hereby waive the drive time standards of thirty minutes for primary care and one hour for specialty care.

\_\_\_\_\_  
Signature of Sponsor, Spouse or Other Legal Guardian; or Young Adult Dependent

Date: \_\_\_\_\_

## Step 5: Mail or Fax the Completed Form

Mail:

Fax:

**TRICARE East**

**1-866-836-9535**

**P.O. Box 105838**

**Atlanta, GA 30348-5838**



**EAST REGION**

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