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### Dd 2876

DD FORM 2876-1, JUL 2016 . Page 4 of 5 Pages . SPONSOR'S SSN/DBN: SECTION VI - PAYMENT OF TRICARE PRIME ENROLLMENT FEES NOTE: This section is only for retirees, retiree family members, survivors and eligible former spouses.

### DD 2876-1, TRICARE Prime Enrollment, Disenrollment, and ...

DD FORM 2876, JUL 2016Page 5 of 5 Pages NOTE: This section is only for retirees, retiree family members, survivors and eligible former spouses. Retired beneficiaries and retiree family members under age 65 who are entitled to Medicare Part A must be enrolled in Medicare Part B to be eligible for enrollment in TRICARE Prime.

### DD Form 2876, TRICARE Prime Enrollment, Disenrollment, and ...

DD FORM 2876, JUL 2016 . Page 4 of 5 Pages . SPONSOR'S SSN/DBN: SECTION VI - PAYMENT OF TRICARE PRIME ENROLLMENT FEES NOTE: This section is only for retirees, retiree family members, survivors and eligible former spouses.

### DD Form 2876, TRICARE Prime Enrollment, Disenrollment, and ...

DD FORM 2876, SEP 2011 The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching...

### DD Form 2876, TRICARE Prime Enrollment Application and PCM ...

DD FORM 2876, MAR 2004Page 1 of 8 Pages TRICARE PRIME ENROLLMENT APPLICATION AND PCM CHANGE FORM This form is for the following: - Eligible beneficiaries who want to enroll in TRICARE Prime, TRICARE Prime Remote (TPR), or US Family Health Plan. - Portability transfers to a new region for the TRICARE program listed above.

### DD Form 2876, TRICARE Prime Enrollment Application and PCM ...

(DD FORM 2870) This form is used to allow a TRICARE beneficiary to authorize Health Net Federal Services, LLC (Health Net) to release protected information to a person or entity of the beneficiary's choosing. Completion of this form is voluntary. If this form is not completed in its entirety, your request will not be processed.

### DD Form 2870, Authorization for Disclosure of Medical or ...

DD FORM 2875 - SYSTEM AUTHORIZATION ACCESS REQUEST SAAR "RED" Fields are Mandatory PRIVACY ACT STATEMENT AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act. PRINCIPAL PURPOSE: To record names, signatures, and other identifiers for the purpose of validating the trustworthiness of individuals

### DD FORM 2875 - SYSTEM AUTHORIZATION ACCESS REQUEST SAAR ...

DD Form 2875, "SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)" Created Date: 8/27/2020 4:32:02 PM ...

### DD Form 2875, 'SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)'

DD FORM 2870, DEC 2003 Adobe Professional 8.0 16. DATE (YYYYMMDD) ACTION COMPLETED 7. REASON FOR REQUEST/USE OF MEDICAL INFORMATION (X as applicable) PERSONAL USE INSURANCE CONTINUED MEDICAL CARE RETIREMENT/SEPARATION SCHOOL LEGAL OTHER (Specify) (Name of Facility/TRICARE Health Plan) TO RELEASE MY PATIENT INFORMATION TO: ss

### AUTHORIZATION FOR DISCLOSURE OF MEDICAL OR DENTAL INFORMATION

DD Form 2875, System Authorization Access Request, August 2009 Author: WHS/ESD/IMD Created Date: 1/9/2013 2:54:45 PM ...

### SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)

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### U.S. DOD Form dod-dd-2876

DD Form 2876-1, TRICARE Prime Enrollment, Disenrollment, and Primary Care Manager (PCM) Change Form, is a form is for gathering information needed for individuals to enroll or disenroll in the Uniformed Services Family Health Plan, TRICARE Prime, or TRICARE Prime Remote - specifically within the Eastern United States.

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A DD Form 577 (signature card) for DoD personnel completing Section III must be on file at the issuing site for CAC applicants using the DD Form 1172-2 for enrollment. The DD Form 577 may be completed with either a wet or digital signature, selecting the format which will be used to sign the DD Form 1172-2.

### INSTRUCTIONS FOR COMPLETION OF DD FORM 1172-2 ...

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