Multiplicious Enrollment – Latest Enrollment Retained Letter 307

DoD Logo **TRICARE Logo**

[Insert CONTROL_ID]-[Letter Type]

[Insert Return Mailing Address Line 1]
[Insert Return Mailing Address Line 2]
[Insert Return Mailing Address Line 1]
[Insert Return Mailing Address City State Code, Zip Code and Zip extension]
[Insert Return Mailing Address Country]

[Insert Letter Date]

[Insert Beneficiary First Name, Middle Initial, Last Name]
[Insert Mailing Address Line 1]
[Insert Mailing Address Line 2]
[Insert Mailing Address City State Code, Zip Code and Zip extension]
[Insert Mailing Country Code]

Dear TRICARE Beneficiary:

As part of the ongoing effort to improve medical records within the Military Health System, we recently reviewed the Defense Enrollment Eligibility Reporting System (DEERS) database for duplicate enrollments in TRICARE Prime. We found that you are enrolled twice in TRICARE Prime under two different sponsorships and Social Security numbers.

Multiple health care records present an unwarranted risk to your health care and could expose your family to the possibility of multiple catastrophic caps. For these reasons, we plan to correct your multiple enrollments by retaining only the most recent enrollment after **[INSERT DISENROLLMENT ACTION DATE]**. However, we are aware that situations can change, and we wanted to offer you the opportunity to review the proposed action and correct your personal information in DEERS, if necessary.

The best way to review your current enrollment status is to check your records in DEERS. To learn more about how to review and update your DEERS records, visit the TRICARE Web site at www.tricare.mil. You can also visit the Beneficiary Web Enrollment portal at www.dmdc.osd.mil/appj/bwe/ to end an invalid enrollment.

It is important that you take any required action no later than **[INSERT DISENROLLMENT ACTION DATE]**; otherwise, only your most recent enrollment will be retained after that date.

If you need more information or believe you received this notice in error, please call **[INSERT CONTRACTOR NAME]** at **[INSERT CONTRACTOR PHONE]**. If you live in an overseas location, please call your nearest TRICARE Area Office (TAO) at the number below for more information. You can also visit the TRICARE Web site at www.tricare.mil for further assistance.

TAO–Europe	TAO–Latin America and Canada	TAO–Pacific
Stateside: 1-888-777-8343, option 1	Stateside: 1-888-777-8343, option 3	Stateside: 1-888-777-8343, option 4
Comm.: 011-49-6302-67-7433/7434	Comm.: 1-706-787-2424	Comm.: 011-81-6117-43-2036
DSN: 496-7433	DSN: 773-2424	DSN: 643-2036
		Remote Sites: 011-65-6-338-9277

Sincerely,
[INSERT SIGNATURE BLOCK]

Multiplicious Enrollment – Spousal Enrollment Retained Letter 308

DoD Logo **TRICARE Logo**

[Insert CONTROL_ID]-[Letter Type]

[Insert Return Mailing Address Line 1]
[Insert Return Mailing Address Line 2]
[Insert Return Mailing Address Line 1]
[Insert Return Mailing Address City State Code, Zip Code and Zip extension]
[Insert Return Mailing Address Country]

[Insert Letter Date]

[Insert Beneficiary First Name, Middle Initial, Last Name]
[Insert Mailing Address Line 1]
[Insert Mailing Address Line 2]
[Insert Mailing Address City State Code, Zip Code and Zip extension]
[Insert Mailing Country Code]

Dear TRICARE Beneficiary:

As part of the ongoing effort to improve medical records within the Military Health System, we recently reviewed the Defense Enrollment Eligibility Reporting System (DEERS) database for duplicate enrollments in TRICARE Prime. We found that you are enrolled twice in TRICARE Prime: once as a spouse under one sponsor's Social Security number (SSN), and a second time as a child under another sponsor and SSN.

Multiple health care records present an unwarranted risk to your health care and could expose your family to the possibility of multiple catastrophic caps. For these reasons, we plan to correct your multiple enrollments by retaining only your enrollment as a spouse after **[INSERT DISENROLLMENT ACTION DATE]**. However, we are aware that situations can change, and we wanted to offer you the opportunity to review the proposed action and correct your personal information in DEERS, if necessary.

If you are married, there is no need for you to do anything further at this time. On **[INSERT DISENROLLMENT ACTION DATE]**, we will retain only your TRICARE enrollment as a spouse. You will remain registered in DEERS under both sponsors, but, under most conditions, your eligibility to obtain medical care as a child effectively ended with your marriage.

If you are not and have never been married, please have your sponsoring parent or guardian take your birth certificate to the nearest identification card-issuing facility and ask for your records to be updated. The termination of your status as a spouse will also end your enrollment as a spouse, and your enrollment as a child will be retained, assuming that you remain eligible as a child.

The best way to review your current enrollment status is to check your records in DEERS. To learn more about how to review and update your DEERS records, visit the TRICARE Web site at www.tricare.mil. You can also visit the Beneficiary Web Enrollment portal at www.dmdc.osd.mil/appj/bwe/ to end an invalid enrollment.

It is important that you take any required action no later than **[INSERT DISENROLLMENT ACTION DATE]**; otherwise, only your enrollment as a spouse will be retained after that date.

If you need more information or believe you received this notice in error, please call **[INSERT CONTRACTOR NAME]** at **[INSERT CONTRACTOR PHONE NUMBER]**. If you live in an overseas location, please call your nearest TRICARE Area Office (TAO) at the number below for more information. You can also visit the TRICARE Web site at www.tricare.mil for further assistance.

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Comm.: 011-49-6302-67-7433/7434	Comm.: 1-706-787-2424	Comm.: 011-81-6117-43-2036
DSN: 496-7433	DSN: 773-2424	DSN: 643-2036
		Remote Sites: 011-65-6-338-9277

Sincerely,

[INSERT SIGNATURE BLOCK]

Multiplicious Enrollment – Active Duty Enrollment Retained Letter 309

DoD Logo **TRICARE Logo**

[Insert CONTROL_ID]-[Letter Type]

[Insert Return Mailing Address Line 1]
[Insert Return Mailing Address Line 2]
[Insert Return Mailing Address Line 1]
[Insert Return Mailing Address City State Code, Zip Code and Zip extension]
[Insert Return Mailing Address Country]

[Insert Letter Date]

[Insert Beneficiary First Name, Middle Initial, Last Name]
[Insert Mailing Address Line 1]
[Insert Mailing Address Line 2]
[Insert Mailing Address City State Code, Zip Code and Zip extension]
[Insert Mailing Country Code]

Dear TRICARE Beneficiary:

As part of the ongoing effort to improve medical records within the Military Health System, we recently reviewed the Defense Enrollment Eligibility Reporting System (DEERS) database for duplicate enrollments in TRICARE Prime. We found that you are enrolled twice in TRICARE Prime: once as an active duty service member (ADSM) under your own sponsorship and Social Security number (SSN), and a second time as a spouse or child under another sponsor and SSN.

As you know, your health as an ADSM is a critical component of military readiness. For that reason, as long as you are on active duty, all medical care must be obtained under your own sponsorship and SSN. We plan to correct this situation by retaining only your enrollment as an ADSM after **[INSERT DISENROLLMENT ACTION DATE]**. However, we are aware that situations can change, and we wanted to offer you the opportunity to review the proposed action and correct your personal information in DEERS, if necessary.

If you are still on active duty, there is no need for you to do anything further at this time. On **[INSERT DISENROLLMENT ACTION DATE]**, we will retain only your TRICARE enrollment as an ADSM. You will remain registered in DEERS under both sponsors, but you must obtain all medical care as an ADSM as long as you are on active duty.

If you are no longer on active duty, please take your discharge papers (DD214) to the nearest identification card-issuing facility and ask for your records to be updated. The termination of your eligibility as an ADSM will end your enrollment as an ADSM, and your other enrollment will be retained.

It is important that you take any required action no later than **[INSERT DISENROLLMENT ACTION DATE]**; otherwise, only your active duty enrollment will be retained after that date.

If you need more information or believe you received this notice in error, please call **[INSERT CONTRACTOR NAME]** at **[INSERT CONTRACTOR PHONE NUMBER]** If you live in an overseas location, please call your nearest TRICARE Area Office (TAO) at the number below for more information. You can also visit the TRICARE Web site at www.tricare.mil for further assistance.

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Sincerely,
[INSERT SIGNATURE BLOCK]