



TRICARE Young Adult Recurring Credit Card (RCC)/Electronic Fund Transfer (EFT) Start or Change Request Form

Use this form to start or change electronic payments for your monthly enrollment fees for TRICARE premiums starting January 1, 2025, or later.

Sponsor or TYA Enrollee Information

Last Name:

First Name:

Sponsor SSN (XXX-XX-XXXX):

or DoD Benefits Number (DBN) (XXXXXXXX - XX):

TYA Last Name:

TYA First Name:

TYA SSN (XXX-XX-XXXX):

or DoD Benefits Number (DBN) (XXXXXXXX - XX):

Start New Automatic Payment Method

Change Existing Automatic Payment Method

Payment Information

I authorize TriWest to process a one-time payment for up to three months' of any past due fees owed on my account. These past due fees will be charged prior to the electronic payment begin date. Select one of the payment options below and provide the details required. Failure to pay your TRICARE fees or premiums may subject you to disenrollment. A lockout period may apply.

Electronic Funds Transfer Payment (Helpful hint: This option avoids you having to complete this process again. For example, if your credit card expires.)

Account Holder's Name:

Bank Name:

Checking:

Savings:

Nine Digit Bank or ABA Routing Number:

Account Number:

VISA/Mastercard/Discover Recurring Credit Card Payment

Cardholder Name:

Card Number:

Expiration (MM/YY):

Authorization and Signature

I authorize TriWest Healthcare Alliance to automatically charge my monthly TRICARE premium to my credit/debit or bank account beginning January 2025.

Signature (Required):

Date(MM/DD/YYYY):

Please return this form to:

TriWest Healthcare Alliance
P.O. Box 8550
Virginia Beach, VA 23450-8550

Fax: 866-566-9915

For more information:

www.TRICARE.mil/west

1-888-TRIWEST (874-9378)



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Privacy Act Statement

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: This information will be used by TriWest Healthcare Alliance (TriWest) to start or change electronic payments for your monthly TRICARE enrollment fees from your credit card, checking or savings accounts.

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 Department of Defense (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 DOD as a routine use under 5 U.S.C. 552a(b)(3) as per DOD Blanket Routine Uses as published at <http://dpclo.defense.gov/privacy/SORNs>.

Disclosure: This information will be used by TriWest Healthcare Alliance (TriWest) to start or change electronic payments for your monthly TRICARE enrollment fees from your credit card, checking or savings accounts.