



TRICARE Reserve Select (TRS)

Request for TRICARE Regional Office – North (TRO-N) Reconsideration

To request reconsideration of TRS involuntary disenrollment, late initial enrollment, or late change to coverage due to qualifying life event (QLE), please complete the request below and mail or fax to:

Health Net Federal Services, LLC – TRICARE North
Attn: Enrollment Department
PO Box 105271
Atlanta, GA 30348-5271
FAX: 1-888-299-4114

Please allow 10 business days for a response.

Note: Approved requests require all applicable premiums be paid from the first day of TRS eligibility to current.

Sponsor's / Survivor's Name: _____ Date of Request: _____ (MM/DD/YYYY)

TRS Level Member Only Member and Family

Sponsor's SSN: _____ - _____ - _____ Sponsor's / Survivor's Phone Number (____) _____ - _____

Sponsor's / Survivor's Email Address: _____

(Note: Notification of TRO-N's decision will be sent via email.)

- Request Reconsideration: Involuntary Disenrollment (Including Late Payment or Failure to Pay)
 Late Initial Enrollment
 Late Change to coverage due to qualifying life event (QLE) (newborn/adoption/marriage)
 Service eligibility not updated at time of enrollment (systems error)

Have you previously requested reconsideration from the TRICARE Regional Office – North? Yes No

Please describe the circumstances leading to your late enrollment or late/missed payment, including the date of QLE. Requests must substantiate unusual or extraordinary circumstances contributing to inability to meet the 30-day enrollment or change request deadline. You may include other information you feel important for consideration: _____

Signature of Sponsor / Survivor: _____ Date: _____

TRICARE Regional Office – North Use Only	
Chief Enrollment Services:	
<input type="checkbox"/> Approved	Effective Date of Enrollment: _____ Health Net Contacted: _____ DD/MM/YYYY
<input type="checkbox"/> Disapproved	Reason for Disapproval _____
Signature of Approving Authority: _____ Date: _____	