



TRICARE OVERSEAS PROGRAM (TOP) Overseas Estate Notification Form



PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1079 and 1086, 32 U.S.C. Chapter 17; 32 CFR 199.17; 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To obtain information necessary to permit individuals to update TRICARE enrollment data.

ROUTINE USE(S): 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 specifically be disclosed outside the Department of Defense as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: to the Departments of Health and Human Services, Homeland Security, and Veterans Affairs, and to other Federal, State, local, or foreign government agencies, and to private business entities, including entities under contract with the Department of Defense and individual providers of care, on matters relating to eligibility, claims pricing and payment, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil or criminal litigation.

DISCLOSURE: Voluntary; however, failure to provide information may result in incorrect records or enrollment data.

This Form is used to notify TRICARE that your loved one is now deceased. We regret this loss and extend our sincerest condolences. We regretfully request that the following information be provided so we may update our files accurately. We appreciate your assistance during this difficult time.

Sponsor Number: _____

Deceased Name: _____

PLEASE SELECT ONE OF THE FOLLOWING STATEMENTS

Check if you are the legally appointed representative of the Estate and please attach the following documentation to the letter:

- Supporting documentation electing the representative of the Estate
- Address where correspondence should be forwarded
- Date of death

We do not require a copy of the death certificate. Again we appreciate your time and cooperation in helping us update our records.

Check if there is no legally appointed representative of the Estate and you are the spouse, next of kin or parent. Please complete the following statement and return this letter for processing.

If you wish someone other than the spouse, next of kin, or parent to represent the Estate please complete the statement below with their information.

I, _____ attest to the fact that no legal representative was appointed to act on the deceased(s) behalf, whose date of death occurred _____. I further attest that my relationship with the deceased is _____

Please forward all correspondence to the following address:

Name: _____

Address: _____

City, State, Zip: _____

In the instance no legal representative, spouse, next of kin or parent are available to sign the claim, please provide a copy of the probate determination.

Signature: _____

Date: _____

PLEASE RETURN THIS FORM TO:

Mail: TRICARE Overseas Program
PO Box 7992
Madison WI 53707 (USA)

Fax #: 608-301-2250

If you have any questions or if you need further assistance, please contact your TRICARE Overseas Program Regional Call Center by phone or email. Visit us online at www.tricare-overseas.com for contact information.