

TRICARE Retiree Dental Program

Enrollment Application Guidelines

Please fill out application using ink.

Section A – Applicant. All applicable areas **must** be completed.

- Check the appropriate box for the primary person who is applying for enrollment in the TRICARE Retiree Dental Program (TRDP).
Retiree – If you are the retiree and are applying for yourself or yourself and eligible family members, check here.
Unremarried Surviving Spouse – Complete section A with your name, address and the deceased member's Social Security number. List the eligible surviving child(ren) who is/are enrolling in section B.
Surviving Child(ren) – If you are the parent or legal guardian of a surviving eligible child(ren) of a deceased member and are applying only for the child(ren), complete section A with the name and address of the youngest child for whom you are applying and the deceased member's Social Security number. List any additional eligible surviving child(ren) who is/are enrolling in section B.
Family Members Only – For Family Member(s) Only enrollment of a spouse and/or eligible child(ren), the retired member must meet one of the following criteria as established by Public Law 105-261, Sec. 702 (10 USC 55, Sec. 1076c). If you meet the criteria and wish to apply for Family Member(s) Only enrollment, you must complete section A with the retiree's name and address, list the family member(s) to be enrolled in section B, and submit the relevant documentation with the TRDP application form, as follows:
(a) Written confirmation from the Department of Veterans Affairs (VA) that the retiree is authorized to receive ongoing, comprehensive dental care from the VA; or
(b) Written confirmation from the retiree's employer or the dental plan's administrator of the retiree's enrollment in an employer's dental plan and the exclusion of the retiree's family members from enrollment in that plan; or
(c) Written documentation from the retiree's physician or dentist of the retiree's specific medical or dental condition and the reason for the retiree's inability to use the program's benefits over time, if not apparent based on the condition.
- Applicants for enrollment in the Enhanced-Overseas TRDP must list their full address, including the foreign postal code and name of the country in which they reside. (Applicants for enrollment in the Enhanced-Overseas TRDP must reside outside the 50 United States, the District of Columbia, Puerto Rico, Guam, American Samoa, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, and Canada.)
- The Social Security number listed must always be that of the retiree, even if deceased.
- Enter applicant's date of birth in MM/DD/YYYY format.
- Please select desired option to receive your TRDP Welcome Packet (Enhanced Program Benefits Booklet and ID cards). Be sure to include your e-mail address if you wish to receive your Welcome Packet electronically (online). **If you are applying for enrollment in the Enhanced-Overseas TRDP, this option is highly recommended.**

Section B – Family Members.

- Enter the birth dates of each family member in MM/DD/YYYY format.
- If child is 21 or older, please indicate if that child is a full-time student and/or disabled.

Section C – Premium Payment. All applicable areas **must** be completed.

- Check the appropriate enrollment option for a single enrollment, two-person enrollment, or enrollment of your family of three or more.
- Check the appropriate box to indicate if you are enclosing a check/money order or are using your VISA® or MasterCard® to pay your two months' premium prepayment. The premium prepayment must be made in U.S. dollars.
- If you are paying by VISA® or MasterCard®, enter the complete 16-digit credit card number, including security code (the last three numbers located on the signature strip of your card) and the card expiration date.

Section D, E & F – Enrollment Grace Period/Termination, Agency Disclosure Notice and Privacy Act Statement.

- Please read Sections D, E and F carefully.

Section G – Authorization.

- Please read Section G carefully, and sign and date the application. Your signature is your acknowledgement and acceptance of the statements therein, and your certification that you and your listed dependents meet the eligibility requirements of the TRDP and that the information you provided in the application is complete and accurate. Your written application cannot be processed without your signature.

Notes.

- Altered application forms cannot be accepted and will be returned.
- If you are enrolling within four months after your retirement from active duty, you must submit a copy of your retirement orders to verify your eligibility for waiver of the 12-month waiting period for additional services.
- In addition to confirmation of their Retired Reserve status, retired members of the National Guard/Reserve who wish to verify eligibility for waiver of the 12-month waiting period should submit the Chronological History of Drill Points to demonstrate they are enrolling within four months after their last drill date.
- Mail this application, your prepayment if paying by check/money order (must be in U.S. dollars) and all required documentation in the postage-paid envelope provided. For faster service, enroll online at www.trdp.org or call Delta Dental toll-free at (888) 838-8737. Applicants for enrollment in the Enhanced-Overseas TRDP are highly encouraged to enroll online.
- Your coverage is effective the first day of the month following the acceptance of your enrollment application and two-month premium prepayment.