

SUBJECT: Medical Readiness Act Policy

Enclosure 1: TRICARE Premium Reimbursement Program, Health Insurance Coverage Attestation

I, _____, hereby attest that, as of the date below, I am not receiving health and/or dental insurance coverage through my civilian employer as indicated below.

I do not receive insurance coverage through my civilian employer for:

- _____ Health insurance only
- _____ Dental insurance only
- _____ Either health or dental insurance

I understand that to be considered an eligible recipient for the TRICARE premium reimbursement program, I must not be receiving health and/or dental insurance coverage through my civilian employer.

I further understand and agree that I am obligated to promptly notify the Tennessee Department of Military State Administrative Services Division if I begin receiving health and/or dental insurance coverage from my civilian employer.

I understand that this attestation may be used to determine my eligibility for the TRICARE premium reimbursement program, and I affirm that the information provided is true and accurate to the best of my knowledge.

Printed name

Date

Signature

Date

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Enclosure 2: Medical Readiness Act Enrollment (all lines must be filled)

Check all that apply

TRICARE Benefits Number

Health

Dental

LAST NAME FIRST NAME MI SSN

ADDRESS

CITY COUNTY ST ZIP

CELL PHONE NUMBER WORK PHONE NUMBER

PEBD/LES Pay Date/Enlistment Date (MM/DD/YYYY) DATE OF BIRTH (MM/DD/YYYY)

BRANCH PAY GRADE RANK

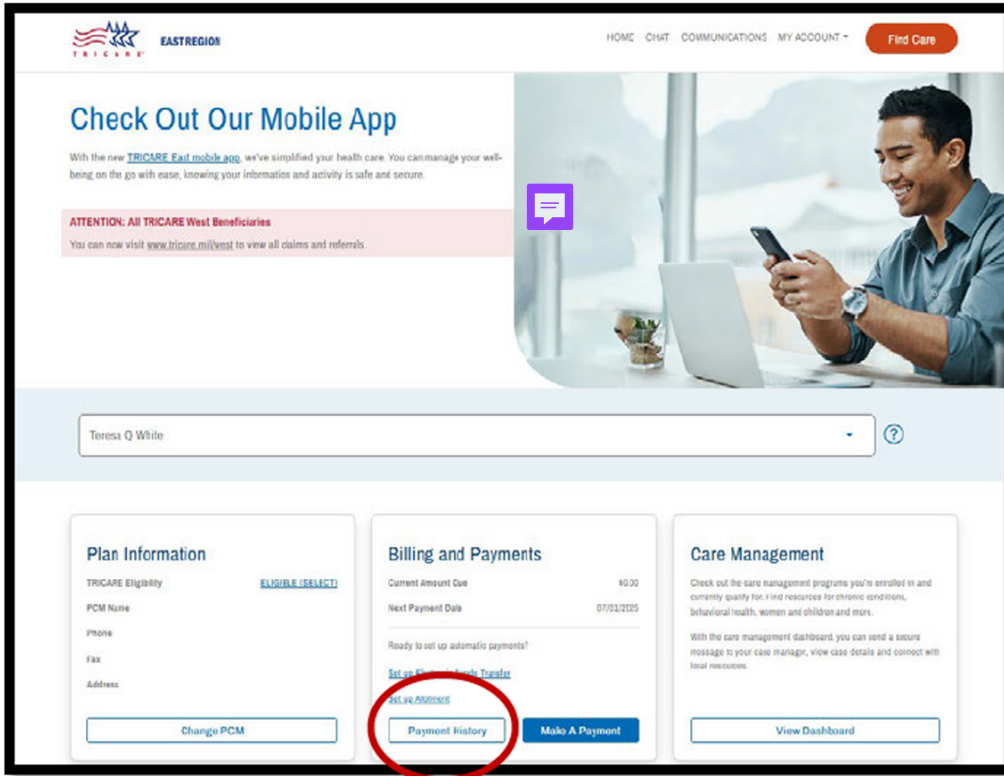
UNIT UNIT CITY UNIT ZIP CODE

BANKING INFO: *PLEASE PROVIDE ACCOUNT INFO BELOW

INSTITUTION ROUTING # ACCOUNT #

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Enclosure 3: TRICARE Reserve Select and/or TRICARE Dental Proof Instructions



After logging into Tricare, select "Payment History"

The screenshot shows the TRICARE East Region Payment History page. The page title is 'Payment History'. Below the title, there is a filter section with 'Available Filters' including 'Select', 'Allotment', and 'Credit Card'. There is also a 'Select Date Range' dropdown and a 'Download' button. The main content is a table with the following columns: Applied Date, Name, Plan, Paid Through, Amount, and Pay Type. The table contains 13 rows of payment data. The 'Name' column is redacted with a black box. The 'Amount' column shows values of \$30.41 and \$29.66. The 'Pay Type' column shows 'Allotment'. At the bottom, there is a pagination control showing 'Showing 1 to 10 of 13 entries' and a page number '1'.

Applied Date	Name	Plan	Paid Through	Amount	Pay Type
06/03/2025		Select	06/30/2025	\$30.41	Allotment
05/02/2025		Select	05/31/2025	\$30.41	Allotment
04/02/2025		Select	04/30/2025	\$30.41	Allotment
03/03/2025		Select	03/31/2025	\$30.41	Allotment
02/03/2025		Select	02/28/2025	\$30.41	Allotment
01/02/2025		Select	01/31/2025	\$30.41	Allotment
12/03/2024		Select	12/31/2024	\$29.66	Allotment
11/04/2024		Select	11/30/2024	\$29.66	Allotment
10/02/2024		Select	10/31/2024	\$29.66	Allotment
09/04/2024		Select	09/30/2024	\$29.66	Allotment

From the "Payment History" screen, print to PDF.