

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

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

TRICARE Benefits Number

Check all that apply

☐ Health

☐ Dental

LAST NAME

FIRST NAME

MI

SSN

ADDRESS

CITY

COUNTY

ST

ZIP

DEPENDENTS

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

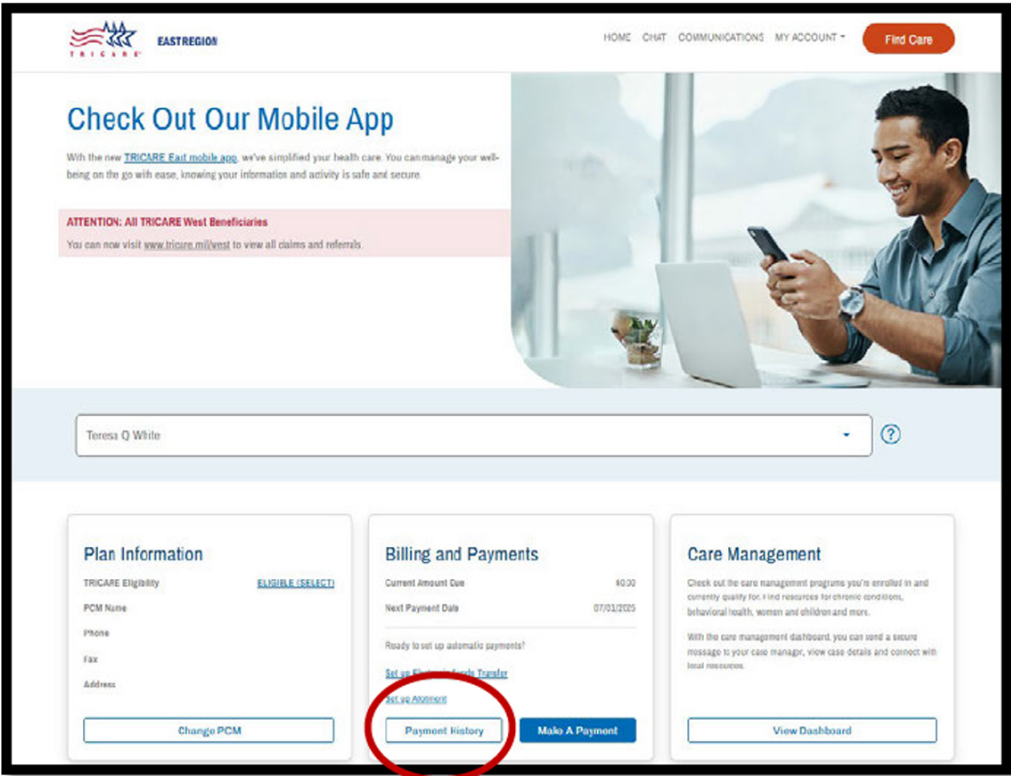
INSTITUTION

ROUTING #

ACCOUNT #

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



After logging into Tricare, select "Payment History"

A screenshot of the TRICARE East Region 'Payment History' page. The page shows a table of payment history entries. The table has columns for Applied Date, Name, Plan, Paid Through, Amount, and Pay Type. The Name column is redacted with a black box. The table shows 10 entries, with the first 9 having an amount of \$30.41 and the last one \$29.66. The page includes filters for Select, Allotment, and Credit Card, a date range selector, and a Download button. The footer shows 'Showing 1 to 10 of 13 entries' and a pagination control with page 1 selected.

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.