

How to Request Tricare Proof of Coverage

1. Employee must fax a request to DMDC to 1-800-336-4416
2. Request cannot be CAC-signed, must be an actual signature
3. Request **must** include the following information: The dates of Tricare coverage needed, Employee's name, SSN, DOB, mailing address (DMDC will MAIL the letter to them), and contact info.
4. Once letter is received, scan/email a copy to your Federal Civilian Retirement POC

Example Request Template: ADJUST AS APPLICABLE TO YOUR SITUATION

****This can be a Memorandum For, or just a simple letter****

SUBJECT: Special Letter Request

I am requesting a letter that provides proof of my TRICARE coverage for the following dates:

01/01/2019 – 01/01/2020

01/01/2020 – 01/01/2021

I am a federal civilian employee and must provide proof of coverage in order to carry my federal health benefits into retirement. The Office of Personnel Management (OPM) requires employees to carry Federal Employee Health Benefits coverage for five years immediately preceding retirement, but TRICARE is included as "covered" for that 5 years. I was on military duty during the timeframes listed above, and request to have a letter providing proof of TRICARE coverage mailed to my home address.

My personal information is as follows:

Name: First MI. Last

SSN: 000-00-0000

Date of Birth: 01/01/2001

Mailing Address: 123 Retirement Lane, Columbus, OH 43235

Thank you for your assistance.

First MI. Last

////Signature//// (NO CAC SIGNATURE ALLOWED)