



****IMPORTANT INFORMATION****
Health Care Benefits from the Military

Child Support Recovery Unit
PO Box 9135
Des Moines, IA 50306-9135

Case No: ____

Dear _____:

Your child may qualify for health care from the military.

What is TRICARE?

TRICARE is the Department of Defense's health care program for active duty and retired uniformed service members and their families.

How do I enroll my child in TRICARE?

To enroll your child in TRICARE, go to a Real-time Automated Personnel Identification System (RAPIDS) Site. Call the RAPIDS Site first. You may need to take a court order or a birth certificate to prove the service member is the child's parent.

At the RAPIDS Site, you will apply for an Identification and Privilege Card for your child. Staff at the RAPIDS Site take a picture of your child for the card. The RAPIDS Site sends the application to the service member. If the service member will not sign it, RAPIDS staff will sign it. The process often takes less than two weeks.

Once your child is enrolled in TRICARE, use the form on the next page to tell us.

How do I find the nearest RAPIDS Site?

To find the nearest RAPIDS Site and what papers to take, call the Defense Enrollment Eligibility Reporting System (DEERS) Support Office at 1-800-538-9552. You can call this number Monday through Friday from 8:00 AM to 5:30 PM. You may also find the nearest RAPIDS Site at www.dmdc.osd.mil/rsl.

You do not need to go to the RAPIDS Site for the parent's branch of service (Navy, Army, Marines, etc.). For example, if the parent is in the Army, you can go to a Navy RAPIDS Site.

Questions?

If you have questions, call your local office. If you need help finding the phone number, call the child support automated information line at 1-888-229-9223 (toll free nationwide).

Sincerely,

_____, Medical Specialist

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Your Child's Health Insurance

Your name: _____ Child Support Case #: _____

Name of the insurance company: _____

Claims address:

_____ Street/PO Box _____ City _____ State _____ ZIP Code

Name of person providing the policy: _____

Policy number: _____ Date coverage began: _____

Children covered (only list children on this case):

Type of coverage (check all that apply):

- Medical Dental Vision
- Prescription Drug Mental Health CHAMPVA
- TRICARE Other : _____

If your child has more than one policy, such as a medical and a dental policy, provide details on all.

Mail to: Child Support Recovery Unit
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