

TRICARE® Retiree Dental Program Enrollment Application Guidelines

Read this before completing the TRDP Enrollment Application:

- **Your DEERS record must state “retired”** – Your TRDP eligibility will be verified through the Defense Enrollment Eligibility Reporting System (DEERS). Before you enroll, check with DEERS to make sure your record shows your eligibility status as ‘retired.’ Call DEERS at 800-538-9552 or go online to tricare.mil/DEERS to confirm.
- **Coverage Effective Date** – Your coverage is effective the first day of the month following acceptance of your enrollment application and receipt of your two-month premium prepayment.
 - If you are enrolling in the first month of your retirement and would like us to make your coverage effective date retroactive to your month of retirement in order to avoid a lapse in coverage, please write ‘Requesting retroactive effective date to (insert date)’ at the top of page 1 of your enrollment application.
- **Enroll Online** – You can also enroll online! Visit trdp.org for details to enroll through the Beneficiary Web Enrollment (BWE) website. Watch our “Enrolling is Easy” video to learn more about enrolling online.
- **Electronic Funds Transfer (EFT) or Recurring Credit Card (RCC) Payments** – If we are unable to establish the mandatory monthly premium allotment from your retirement pay, you must make arrangements to pay your monthly premiums through electronic funds transfer (EFT) or recurring credit card (RCC) payment. You can obtain an EFT/RCC form online at trdp.org or by calling our toll-free Customer Service number once you are enrolled.
- **Requesting a 12-Month Waiting Period Waiver** – As described in the TRDP Enrollment Brochure, you may qualify for a waiver of the 12-month waiting period for major services. Please note, however, that the waiver does not happen automatically when you enroll. To obtain the waiver, first check with DEERS to make sure your record has been updated with your correct retirement date. Then, complete an Online Inquiry Form, available at trdp.org, to let us know you have enrolled within the four-month timeframe, and we will update your account accordingly. If your DEERS record does not reflect your correct retirement information, we may require a copy of your retirement orders to verify your eligibility for the waiver.

Tips for completing the TRDP Enrollment Application:

- Fill out the application using black ink.
- Complete all applicable areas of the application and sign and date the application in Section F. Incomplete, illegible, damaged or unsigned applications cannot be accepted and will be returned.
- Mail this application, your premium prepayment if paying by check/money order (must be in U.S. dollars), and all required documentation to: **Delta Dental of California, Federal Government Programs, PO Box 537007, Sacramento, California, 95853-7007, United States of America.**

- **In Section A:**

- Check the appropriate box for the primary person who is applying for enrollment in the TRDP.
- Provide the retiree's Social Security number (SSN) **or** DoD Benefits Number (DBN) in the "Retiree's Social Security Number" box. This number must **always** be that of the retiree, even if deceased.
- To enroll as an unremarried surviving spouse, complete Section A with your name, address and the deceased retiree's subscriber identification number. **In Section B**, list the eligible surviving child(ren) who is/are enrolling.
- For Family Member(s) Only enrollment of a spouse and/or eligible child(ren), the retired member must meet one of the criteria as described in the "Eligibility" section of the TRDP Enrollment Brochure. Depending on your circumstance, include a copy of the correspondence from Veterans Affairs (VA) identifying the service-connected disability rating that allows dental care at the VA, documentation from your employer stating coverage does not extend to family members, or documentation from your treating physician along with your enrollment application.
- Applicants for overseas enrollment must list their full address, including the foreign postal code and name of the country in which they reside. For overseas applicants, DEERS records must reflect the overseas address.
- Enter the applicant's date of birth in MM/DD/YYYY format.
- Be sure to include your **email address** if you would like to receive your Welcome Letter electronically. The TRDP Benefits Booklet is available at **trdp.org**.

- **In Section B:**

- Enter the birth dates of each family member in MM/DD/YYYY format.
- If you are enrolling a child who is 21 years or older, DEERS records must indicate the child is a full-time student and/or disabled.

- **In Section C:**

- Check the appropriate enrollment option for a Single Enrollment, Two-Person Enrollment, or Family Enrollment (three or more persons).
- Check the appropriate box to indicate if you are enclosing a check/money order or are using your Discover®, 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 one of the credit cards listed above, use the spaces provided to enter the card number, CV/CVV security code (last three numbers located on the signature strip of your card), and the card expiration date.
- Please read **Section D** and **Section E** carefully. Note that Section E provides the address for mailing your enrollment application to Delta Dental.
- After reading **Section F**, please **sign** and **date** the application. Your signature is your acknowledgement and acceptance of the statements therein and your certification that the information you provided in the application is complete and accurate. ***Your enrollment application cannot be processed without your signature.***

Before mailing the TRDP Enrollment Application, did you remember to:

- Enclose necessary **documentation** for Family Member(s) Only enrollment, if applicable?
- List the **retiree's** SSN or DBN?
- Provide your **email address** on the enrollment application?
- Include your **check/money order** or **credit card** information for your initial premium prepayment?
- **Sign** and **date** the application?