



TRICARE Reserve Select (TRS) Address Update Form

Use this form to update the address on file with TriWest Healthcare Alliance Corp.

Sponsor Name: _____

Sponsor SSN:(required) _____ Effective Date of change/update: _____

New Address (if applicable): _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

**List all members whose information is changing
(including the requester if applicable)**

Please sign below to authorize changes:

Signature _____ Date _____

To ensure continued eligibility, be sure to also make your address change in the Defense Enrollment Eligibility Reporting System (DEERS) through your local National Guard or Reserve personnel office (find one at www.dmdc.osd.mil/rsl/). Find more information on changing your address at www.tricare.mil/deers. All other changes to your TRS coverage must be made through the Reserve Affairs Guard and Reserve Web Portal (www.dmdc.osd.mil/Guard-ReservePortal).

Please send your completed TRS Address Update form to:
TriWest Healthcare Alliance Corp.
P.O. Box 42048
Phoenix, AZ 85080-2048

Privacy Act Statement - This information is protected under the Privacy Act of 1974 and shall be handled as "for official use only." Violations may be punishable by fines, imprisonment, or both.