This form is used to notify TRICARE that your loved one is now deceased. We regret this loss and extend our sincerest condolences. We respectfully request that the following information be provided so we may update our files accurately. We appreciate your assistance during this difficult time. We do not require a copy of the death certificate.

Name of deceased:

Sponsor Number:

Please choose the appropriate option below.

Option #1

Check if you are the legally appointed representative of the estate and please attach the following documentation to the letter.

* Supporting documentation electing the representative of the estate.
* Address where correspondence should be forwarded.
* Date of death.

\*Please note a Power of Attorney (POA) is no longer valid after the person passes away unless otherwise specified in the document.

Option #2

Check if there is no legally appointed representative of the estate and you are the spouse, parent, or next of kin. Please complete the following statement and return this form for processing.

I, enter your name here: , attest to the fact that no legal representative was appointed to act on the deceased’s behalf, whose date of death occurred on, enter date here: . I further attest that my relationship with the deceased is, enter relationship here: and that under applicable state law I am authorized to act as the deceased’s representative. Please forward all correspondence to the following address.

Name:

Address:

City, State, Zip:

If you wish for someone other than the spouse, parent or next of kin, to receive claims related information regarding the deceased, please complete form DD2870, Authorization for Disclosure of Medical or Dental Information and submit to:

WPS – TRICARE For Life

PO Box 7889

Madison, WI 53707-7889

Thank you,

Signature: Date: