

**EXPAT VIP CARD
REGISTRATION FORM**



Name: _____

Address: _____

PHONE No. _____

E-Mail: _____

VFW MEMBER YES NO

	NAME	DOB	BHN	SSN	VA CLAIM No.
SPONSOR:					
SPOUSE:					
CHILD 1					
CHILD 2					
CHILD 3					
CHILD 4					

Do you and/or your family have additional health care coverage? YES NO

If yes please provide us with the details to process your claim.

Name of Company	Policy Number	Who is Covered?		
		SPONSOR	SPOUSE	CHILD

Document(s) Provided	YES	NO
Tricare Eligibility Letter		
Proof of Medicare Part B		
FMP Eligibility Letter		
Passport(s) (Face page only)		
Military ID Card (Front & Back)		

(Signature)

(Date)

Privacy Act Information: The information requested on this form is solicited under Title 38, U.S.C. The authority for collection of the requested information is 38 U.S.C. 1724. The form is used to register veterans with service-connected disabilities that are living or traveling overseas, into the Tricare Overseas and/or the Foreign Medical Program. Your disclosure of the information requested on this form is voluntary. However, if the information including Social Security Number is not furnished completely and accurately, your claim cannot be processed.