



**Billing Code: 5001-06**

**DEPARTMENT OF DEFENSE**

**Office of the Secretary**

**[Docket ID: DOD-2017-HA-0064]**

**Submission for OMB Review; Comment Request**

**AGENCY:** Defense Health Agency, Department of Defense.

**ACTION:** 14-day emergency information collection notice.

**SUMMARY:** The Department of Defense has submitted to OMB for clearance, the following proposal for collection of information under the provisions of the Paperwork Reduction Act.

**DATES:** Consideration will be given to all comments received by [insert 14 days from publication in the Federal Register].

**ADDRESSES:** Comments and recommendations on the proposed information collection should be emailed to Ms. Cortney Higgins, DoD Desk Officer, at [Oira\\_submission@omb.eop.gov](mailto:Oira_submission@omb.eop.gov).

Please identify the proposed information collection by DoD Desk Officer and the Docket ID number and title of the information collection.

**FOR FURTHER INFORMATION CONTACT:** Fred Licari, 571-372-0493, [whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil).

**SUPPLEMENTARY INFORMATION:**

**TITLE, ASSOCIATED FORM AND OMB NUMBER:** TRICARE Select Enrollment, Disenrollment, and Change Form, DD Form 3043, OMB Control Number 0720-XXXX.

**TYPE OF REQUEST:** Emergency

**NUMBER OF RESPONDENTS:** 99,300

**RESPONSES PER RESPONDENT:** 1

**ANNUAL RESPONSES:** 99,300

**AVERAGE BURDEN PER RESPONSE:** 15 minutes

**ANNUAL BURDEN HOURS:** 24,825

**NEEDS AND USES:** The information collection requirement is necessary to obtain each non-active duty TRICARE beneficiary's personal information needed to: (1) complete his/her enrollment into the TRICARE Select health plan option, (2) dis-enroll a beneficiary, or (3) change a beneficiary's enrollment information (e.g., address, add a dependent, report other health insurance). This information is required to ensure the beneficiary's TRICARE benefits and claims are administered based on their TRICARE plan of choice. Without this new enrollment form, each non-active duty TRICARE beneficiary is automatically defaulted into direct care, limiting their health care options to military hospitals and clinics. These beneficiaries would have no TRICARE coverage when using the TRICARE network of providers for services not available at their local military hospital or clinic.

**AFFECTED PUBLIC:** Individuals or Households.

**FREQUENCY:** On occasion

**RESPONDENT'S OBLIGATION:** Voluntary.

**OMB DESK OFFICER:** Ms. Cortney Higgins.

You may also submit comments and recommendations, identified by Docket ID number and title, by the following method:

- Federal eRulemaking Portal: <http://www.regulations.gov>. Follow the instructions for submitting comments.

*Instructions:* All submissions received must include the agency name, Docket ID number and title for this Federal Register document. The general policy for comments and other submissions from members of the public is to make these submissions available for public viewing on the Internet at <http://www.regulations.gov> as they are received without change, including any personal identifiers or contact information.

**DOD CLEARANCE OFFICER:** Mr. Frederick Licari

Written requests for copies of the information collection proposal should be sent to Mr. Licari at WHS/ESD Directives Division, 4800 Mark Center Drive, East Tower, Suite 03F09, Alexandria, VA 22350-3100.

Dated: December 5, 2017.

Aaron Siegel,

Alternate OSD Federal Register

Liaison Officer,

Department of Defense.

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