

FIGURES

FIGURE 24-A-1 CONTRACTOR CLOSURE LETTER

(Addressee) _____
(Address) _____
(City, State Zip) _____

RE: TRICARE Reserve Select
Account No:
Last Four Digits of Sponsor's SSN:
Principal Due: \$0.00

Dear _____:

In our letter dated **(Letter Date)**, you were asked to refund delinquent TRICARE Reserve Select premiums totaling **(Amount Owed)**.

TRICARE Management Activity has determined that no further action will be taken on this debt, we have adjusted your account to \$0.00 and closed the collection action initiated against you.

Please direct any questions you may have to my attention at the above address.

Sincerely,

(Signature)
(Title)

