

ADSM Enrollment Spreadsheet - Fax 502-322-8610 (Fax # for Mailbox - hmceborequest@humana.com)

Submitted by: Dawn Evans						
E-mail address/contact information: devans6@humana.com						
Date of collection:						
SSN (required)	Last Name (required), First name	Work Zip Code (required for TPR)	Residential Address- Street and City	Zip	DMIS/MTF or UIC/Unit (required) or PCMBN if known	Phone # AND e-mail address and any Special Instructions (Flyer, PRP, Dive, Air Traffic Controller, Jump, etc.)
		36112			Maxwell AFB 0004	<u> </u> Flight Medicine <u> </u> Trainee Health (Dr Goodman)

Trainee Health Clinic

(ACSC/AWC/SAASS Students &
22/23/24 TRS & Det 12 staff)

Flight Medicine Team

(AD on Flying Status & ADFM)