

SAMPLE EFMP DISENROLLMENT LETTER

6000  
Ser/

Date

From: Commanding Officer, Service member's command  
To: Naval Medical Center Portsmouth, Exceptional Family  
Member Program Coordinator

Subj: REQUEST FOR REMOVAL OF MEMBER FROM EXCEPTIONAL FAMILY  
MEMBER PROGRAM ICO SERVICE MEMBER

Ref: (a) MILPERSMAN 1300-700

1. Member requests removal from EFM program due to dependent status change. Service member no longer has an exceptional family member. Record of Emergency Data and Defense Enrollment Eligibility Reporting System (DEERS) is updated to reflect the change. The following is provided per reference (a):

- a. EFM name/association (i. e., ex-wife).
- b. Document cited: i .e. divorce decree / page 2, etc.
- c. Effective date of change.

2. For any questions concerning this matter, my point of contact is \_\_\_\_\_ commercial (012) 234-0678 or via e-mail: \_\_\_\_\_.

Signature