TIPS SF 2809 Guide



Introduction – SF 2809 in TIPS

This guide is intended to help users understand how to complete key fields in the SF 2809 form. In order to submit the SF 2809, users are also required to complete basic mailing address and demographic fields not covered in this guide. TIPS will prompt users to enter any missing information upon submission of the SF 2809.



Tribal HR SF 2809 Information

- 2 Part A Enrollee Information
- Part B FEHB Plan You Are Currently Enrolled In (If Applicable)
- Part C FEHB Plan You Are Enrolling In or Changing To
- 5 Part D Event That Permits You To Enroll, Change, or Cancel
- 6 Part F Cancellation
- Part I To be completed by Tribal Employer
- 8 Part A Enrollee Information *Continued; Family Members*
- 9 Finalizing a form
- Holding a form (only available after submission of the SF2809)

TIPS	TRIBAL II	NSURA		DCESSING	SYSTEM			
HOME DV	ILLY HALL	ADADA	pa-asos/nev			ACC CASE OF LAND		
Health Benefits Elect	ion Form (2809)							
Tribe	N			Submit ID:		52 2889 Status		
Part A., Earribe Informatio	a Mice solid lines in members	are the first of them	Search Devices Address 2	Subsect Date:		397		
Envelles First Name		Maddle Name	-	Last Name				
Portleand Telephone Namber	(ADA)ADA DIAD	Social Security	Number	Date of Built	Date of Birth (MMDD VVVV)			
T		1				18		
den Ars you a Oblate Offensle Offen	artised? Home stalling address #No		Address Line 2	Gity	State	2¥		
Medicae (Pyra are counted by Medicae, checkal that gpN) A B D Fred Address	Medicare Claim Number A	er pau aurored by mirace other than indexer? Yes ®3%	Industrie officer types of instances Tricase FEED Ords	Nume of incases	Polary no.	-		
		0			-			
Not B - FERR Plan You Are	Currently Enrolled In (PApp)	1000	Part C - Fl	GER Flax You Are Karoling In	er Changing To			
		0						
and D. Erent That Presits Event code	Ton To Lowell, Change, or Con 2. Data af ev	ALCONTRO YTYT) Resultan	Corvenias	LI CANCEL my terr	ditent 6		
Nort I - To be completed by 1 REMARKS	Crited Knyleyer 7							
Date received (0.0400-YY	YY) 2. Effective of	tere of action (MB4 D	OTTTT) 3. Personal	t tobeghouse anappear	4. Name and address of	of the Tribal Employee		
Authorizing official	Authorizing official 6. Payroll office [240006		3. Service Provider Context 8. Servi National Finance Center 855-65			sce Provider Telepisoee 2-4468		
Parent A - Exercises in Services	on Cockend, Konky Members Information Middle Name	8	rt Nace	Social Security Namber	Data of East	(MRIDDAYY)		
Sex Box	e mailing address		Addenic Lize 2		City	Stata Zip		
Diale Franke	I Address		Preferred Telephone Mumber	(100.0)00.0-00.000				
Melican (Pyce are covered by Medican, plent al that apple) A B D Estationship Type	Malices Chin Number	Ase you cons Ram Modean O'Ves	ned by insensor other the strain the strain	slime obertype of New senace Thrace PEHS Other	e of lawrance	Policy sa.		
Family Member	n Entered	100.00		0200-000				
		No Fa	mily Members Current	by Eastered.				
		Cancel	Clear Sav	e Submit 9				

1. Tribal HR SF 2809 Information

2

Tribal HR SF2809 Information				
	FOI 6XXX - TRAINING POI	Submi Submi	t ID: t Date:	C SF2809 Status: New
A. Tribe: TIPS will automatically select the user' B. POI: A Billing Unit / POI must be selected on all S C. SF 2809 Status: The status of the form is indicate	s Tribe when creating a nev F 2809s ed in the top right. The status v	v SF 2809 vill update once the form has	been saved or submitted	
. Part A – Enrollee Information				
Part A - Enrollee Information (For additional family memb-	ers, use the Part A (Continued) seci	tion below.)		
Enrollee First Name	Middle Name		Last Name	
A				
Preferred Telephone Number (xxx)xxx-xxxx	Social Security Number		Date of Birth (MM/DD/YYYY)	
B				2
Ser Are una married? Home mailing address	Address	Line 2	City	State Zin
Mala Ramala Nev INo		2002	City	
Change Creatine Cites Otto				
Medicare (If you are covered Medicare Claim Number	Are you covered by Indicate	other types of Name of a	insurance Polac	y so.
by Medicare, check all that	insurance other than insurance		U	
apply)	Medicare? Tricar	e FEHB Other	-	
	OYes No			
A. Enrollee First Name, Middle Name, and Last N	ame: Only first and last name	are required Employees are	not required to enter a middle na	ame
B. Preferred Telephone Number: A valid telephone	number is required for all nev	v enrollments. This field can b	be found in Part H on the paper S	SF 2809
C. Social Security Number: A valid Social Security	Number is required for all new	/ enrollments		000
D. Name of Insurance and Policy no.: Enter Name	of Insurance and Policy no. if	covered by an additional typ	e of insurance other than Tricare	or FEHB
	,			
. Part B – FEHB Plan You Are Currently E	Enrolled In (If Applicab	le) 🛛 4. Part C – FEHI	B Plan You Are Enrolling	In or Changing To
Part B - FEHB Plan You Are Currently Enrolled in (if Aj	plicable)	Part C - PLHB Flan You	Are Euroiling in or Changing 10	

Part B - FEHB Plan You Are Currently Enrolled in (if Applicable)	Part C - FEHB Fian You Are Enrolling in or Changing To
1. Pon name 2. Enrollment code	1. Plan name 2. Earoliment code B

A. 2. Enrollment Code: Field is available once an enrollment is processed in FEHB. Used to enter current plan for enrollment changes and cancellations

B. 2. Enrollment Code: All enrollment codes are three-digit alphanumeric codes. A full list of enrollment codes can be found on the OPM website: <u>http://www.opm.gov/insure/health/search/plansearch.aspx</u>. In order to add family members, the user must select a *Self & Family* or a *Self Plus One* enrollment code.

5. Part D – Event That Permits You To Enroll, Chang	e, or Cancel	6. Part F – Cancellatio	on
Part D - Event That Permits You To Enroll, Change, or Cancel 1. Eyean A 2. Date of event (MIM/DI	NITTO B	Premium Conversion	Part F - Cancellation of FEHB
 A. 1. Event Code: A valid event code is required on SF 2809s. Ev <u>http://www.opm.gov/Forms/pdf_fill/SF2809.pdf</u>. For initial enroll be checked for Series 1 codes. Series 5 codes are used for em B. 2. Date of Event: The date an employee becomes eligible for end be checked for Series 1 codes. Series 5 codes are used for end B. 2. Date of Event: The date an employee becomes eligible for end be checked for Series 1 codes. Series 5 codes are used for end B. 2. Date of Event: The date an employee becomes eligible for end be checked for Series 1 codes. Series 5 codes are used for end B. 2. Date of Event: The date an employee becomes eligible for end be checked for Series 1 codes. Series 5 codes are used for end be checked for Series 1 codes. Series 5 codes are used for end be checked for Series 1 codes. Series 5 codes are used for end be checked for Series 1 codes. Series 5 codes are used for end be checked for Series 1 codes. Series 5 codes are used for end be checked for Series 1 codes. Series 5 codes are used for end be checked for Series 1 codes. Series 5 codes are used for end be checked for Series 1 codes. Series 5 codes are used for end be checked for Series 1 codes. Series 5 codes are used for end be checked for Series 1 codes. Series 5 codes are used for end be checked for Series 1 codes. Series 5 codes are used for end be checked for Series 1 codes. Series 5 codes are used for end be checked for Series 1 codes. Series 5 codes are used for end be checked for Series 1 codes 1 code	ent codes contain a nur ments, enter 1A or 5A d ployees not participating prollment, change of co	mber then a letter. A list of eve depending on participation in p ig in premium conversion overage, or cancellation as de	nt codes is available in the paper SF 2809 at: remium conversion. The Premium Conversion box must fined by the event code. Must occur after March 1, 2012

C. Premium Conversion: If employee enters a Series 1 code, the Premium Conversion box must be checked. Some POIs do not participate in premium conversion. If an employee's POI does not participate in premium conversion, the employee will be unable to check the Premium Conversion box
 D. I CANCEL my enrollment: Check this box in order to cancel an employee's enrollment

Part I – To be completed by Tri	ibal Employer		
Part I - To be completed by Tribal Emplo	yer		
A		•	
1. Date received (MM/DD/YYYY)	2. Effective date of action (MM/DD/YYYY)	3. Personnel telephone number D	4. Name and address of the Tribal Employer
5. Authorizing official	6. Payroll office number 12400096	7. Service Provider Contact National Finance Center	8. Service Provider Telephone 855-632-4468

A. Remarks: Used by the Tribal Employer to include notes. These notes are stored in TIPS, but will not be seen by anyone outside of the Tribal Employer

B. 1. Date Received: The date the Tribal Employer received the SF 2809 form from the employee

C. 2. Effective Date of Action: The date that any enrollment, change in coverage, or cancellation takes effect. Must occur on or after May 1, 2012

- D. 3. Personnel telephone number: The telephone number for the HR contact responsible for the employee or Tribal Employer benefits
- E. 5. Authorizing Official: The name of the Tribal Employer official authorizing the submission of this form

8. Part A – Enrollee Information Continued; Family Members

	•							
First Name	Middle N	ame	Loui: Name		Social Security Number		Date of Bath (MDE DD/YYYY)	
ins Male Fermie	House mailing address	ese mailing address				Cay	State Zip	
	Imail Address Professed Telephone Number (recipecy-sures							
Medicare (9') ou are covered. Medicare Claim Number		mber Are you co	erend by insurance other	Ladicate other types of	Name of insurance		Policy no.	
A B D	-	⊖Yes	*No	Tricare FEHB Other			-	

- A. Add/Edit Family Member Information: In order to add an additional family member, first check this box before filling out the rest of this section
- B. Relationship Type: A Relationship Type must be specified for all family members
- C. Add Member: Click the Add Member button after completing all required fields. Please note, all required fields must be completed to successfully add a family member. Users will not be able to save family members' information if it has not been attached to the form via the "Add Member" button

9. Finalizing a Form A Mark for Deletion (B) Cancel C Clear Save Submi D A. Mark for Deletion: Deletes the non-processed and non-billed records **B.** Cancel: Exits form and returns the user to the homepage C. Clear: Deletes all data from the fields allowing the user to start the form again D. Save: Saves the form for future edits. To save this form, the following fields are required: POI, First Name, Last Name, and Social Security Number E. Submit: Validates the form and releases it to TIPS 10. Holding a Form Cancel Clear A Hold

A. Hold: After the form is submitted, but before it is processed, users can select "Hold" to edit all fields on the form except Social Security Numbers (of employee and family members), POI, and Tribe. Once edits have been made, select "Submit" to release the form to TIPS. A form may only be held in the "Submitted and Released" status. Once the form status reads "Processed," all edits must be made using a new SF 2809 or SF 2810