



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.

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- 2 Part A – Enrollee Information
- 3 Part B – FEHB Plan You Are Currently Enrolled In (If Applicable)
- 4 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
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- 9 Finalizing a form
- 10 Holding a form (*only available after submission of the SF2809*)

TRIBAL INSURANCE PROCESSING SYSTEM

HOME
INQUIRY
FORMS
ADMIN
INFORMATION

Welcome, Update For Updates
ROLE: Update/NFC [Logout]

Health Benefits Election Form (2809)

Tribal HR SF2809 Information

1 Tribe

Sample Tribe

POI

Test POI

SF2809 Status:

New

Part A - Enrollee Information (For additional family members, use the Part A (Continued) section below.)

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Enrollee First Name	Middle Name	Last Name
Preferred Telephone Number (xxx)xxx-xxxx	Social Security Number	Date of birth (MM/DD/YYYY)
Sex <input type="radio"/> Male <input type="radio"/> Female	Are you married? <input type="radio"/> Yes <input checked="" type="radio"/> No	Home mailing address
		Address Line 2
		City
		State
		Zip
Medicare (if you are covered by Medicare, check all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	Medicare Claim Number	Are you covered by insurance other than Medicare? <input type="radio"/> Yes <input checked="" type="radio"/> No
		Indicate other types of insurance <input type="checkbox"/> Tricare <input type="checkbox"/> FEHB <input type="checkbox"/> Other
		Name of insurance
		Policy no.

Part B - FEHB Plan You Are Currently Enrolled In (If Applicable)	Part C - FEHB Plan You Are Enrolling In or Changing To
1. Plan name	1. Plan name
2. Enrollment code	2. Enrollment code

Part D - Event That Permits You To Enroll, Change, or Cancel	Part F - Cancellation
1. Event code	<input type="checkbox"/> I CANCEL my enrollment.
2. Date of event (MM/DD/YYYY)	
<input type="checkbox"/> Premium Conversion	

Part I - To be completed by Tribal Employer

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REMARKS

1. Date received (MM/DD/YYYY)	2. Effective date of action (MM/DD/YYYY)	3. Personnel telephone number	4. Name and address of the Tribal Employer
5. Authorizing official	6. Payroll office number 14050000	7. Service Provider Contact National Finance Center	8. Service Provider Telephone 855-632-4468

Part A - Enrollee Information Continued: Family Members

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Add/Edit Family Member Information

First Name	Middle Name	Last Name	Social Security Number	Date of birth (MM/DD/YYYY)
Sex <input type="radio"/> Male <input type="radio"/> Female	Home mailing address	Address Line 2	City	State
		Zip		
Medicare (if you are covered by Medicare, check all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	Medicare Claim Number	Are you covered by insurance other than Medicare? <input type="radio"/> Yes <input checked="" type="radio"/> No	Indicate other types of insurance <input type="checkbox"/> Tricare <input type="checkbox"/> FEHB <input type="checkbox"/> Other	Name of insurance
		Policy no.		

Relationship Type:

Add Member

Family Members Entered

No Family Members Currently Entered.

Cancel	Clear	Save	Submit
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Home OPM

1. Tribal HR SF 2809 Information

Tribal HR SF2809 Information		
Tribe	POI	SF2809 Status:
Sample Tribe A	Test POI B	New C

- A. Tribe:** TIPS will automatically select the user's Tribe when creating a new SF 2809
- B. POI:** A Billing Unit / POI must be selected on all SF 2809s
- C. SF 2809 Status:** The status of the form is indicated in the top right. The status will update once the form has been saved or submitted

2. Part A – Enrollee Information

Part A - Enrollee Information (For additional family members, use the Part A (Continued) section below.)						
Enrollee First Name A	Middle Name	Last Name				
Preferred Telephone Number (xxx)xxx-xxxx B	Social Security Number C		Date of birth (MM/DD/YYYY)			
Sex <input type="radio"/> Male <input type="radio"/> Female	Are you married? <input type="radio"/> Yes <input checked="" type="radio"/> No	Home mailing address	Address Line 2	City	State	Zip
Medicare (if you are covered by Medicare, check all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	Medicare Claim Number	Are you covered by insurance other than Medicare? <input type="radio"/> Yes <input checked="" type="radio"/> No	Indicate other types of insurance <input type="checkbox"/> Tricare <input type="checkbox"/> FEHB <input type="checkbox"/> Other	Name of insurance D	Policy no.	

- A. Enrollee First Name, Middle Name, and Last Name:** Only first and last name are required. Employees are not required to enter a middle name
- B. Preferred Telephone Number:** A valid telephone number is required for all new enrollments. This field can be found in Part H on the paper SF 2809
- C. Social Security Number:** A valid Social Security Number is required for all new enrollments
- D. Name of Insurance and Policy no.:** Enter Name of Insurance and Policy no. if covered by an additional type of insurance other than Tricare or FEHB

3. Part B – FEHB Plan You Are Currently Enrolled In (If Applicable)

Part B - FEHB Plan You Are Currently Enrolled In (If Applicable)	
1. Plan name	2. Enrollment code A

4. Part C – FEHB Plan You Are Enrolling In or Changing To

Part C - FEHB Plan You Are Enrolling In or Changing To	
1. Plan name	2. Enrollment 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: <http://www.opm.gov/insure/health/search/plansearch.aspx>. If a *Self Only* enrollment code has been selected, the user will be unable to add family members in the form. In order to add family members, the user must select a *Self & Family* enrollment code

5. Part D – Event That Permits You To Enroll, Change, or Cancel

Part D - Event That Permits You To Enroll, Change, or Cancel		
1. Event code A	2. Date of event (MM/DD/YYYY) B	<input type="checkbox"/> Premium Conversion C

6. Part F – Cancellation

Part F - Cancellation
<input type="checkbox"/> I CANCEL my enrollment. D

- A. 1. Event Code:** A valid event code is required on SF 2809s. Event codes contain a number then a letter. A list of event codes is available in the paper SF 2809 at: http://www.opm.gov/Forms/pdf_fill/SF2809.pdf. For initial enrollments, enter 1A or 5A depending on participation in premium conversion. The Premium Conversion box must be checked for Series 1 codes. Series 5 codes are used for employees not participating in premium conversion
- B. 2. Date of Event:** The date an employee becomes eligible for enrollment, change of coverage, or cancellation as defined 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

7. Part I – To be completed by Tribal Employer

Part I - To be completed by Tribal Employer			
REMARKS			
1. Date received (MM/DD/YYYY)	2. Effective date of action (MM/DD/YYYY)	3. Personnel telephone number	4. Name and address of the Tribal Employer
5. Authorizing official	6. Payroll office number 14050000	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

Part A - Enrollee Information Continued; Family Members					
<input type="checkbox"/> Add/Edit Family Member Information					
First Name	Middle Name	Last Name	Social Security Number	Date of birth (MM/DD/YYYY)	
Sex	Home mailing address		Address Line 2	City	State Zip
<input type="radio"/> Male <input type="radio"/> Female					
Medicare (if you are covered by Medicare, check all that apply)	Medicare Claim Number	Are you covered by insurance other than Medicare?	Indicate other types of insurance	Name of insurance	Policy no.
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	- - - - -	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="checkbox"/> Tricare <input type="checkbox"/> FEHB <input type="checkbox"/> Other		
Relationship Type:					<input type="button" value="Add Member"/>

- 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

<input type="button" value="Cancel"/>	<input type="button" value="Clear"/>	<input type="button" value="Save"/>	<input type="button" value="Submit"/>
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- A. Cancel:** Exits form and returns the user to the homepage
- B. Clear:** Deletes all data from the fields allowing the user to start the form again
- C. 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
- D. Submit:** Validates the form and releases it to TIPS

10. Holding a Form

<input type="button" value="Cancel"/>	<input type="button" value="Clear"/>	<input type="button" value="Hold"/>
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- 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