

TIPS SF 2810 Guide



Introduction – SF 2810 in TIPS

This guide is intended to help users understand how to complete key fields in the SF 2810 form. TIPS will prompt users to enter any missing information upon submission of the SF2810

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TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION
Welcome, cindy UAT_TRIBAL
ROLE: Update/NFC [Logout]

Notice of Change in Health Benefits Enrollment (2810)

Tribal HR SF2810 Information SF2810 Status

Tribe
A Tribe
POI
Test POI
New

Part A - Identifying Information 2

Last Name
ONeal

First name
Robert

Middle Initial

Date of birth
1/2/1967

Social security number
123456789

Home Address
456 Testing Rd
Address Line 2

Payroll office number:
12400096

Enrollment code number
891

City
Anytown

State
LA

Zip
65432

Date this action becomes effective

Part B - Termination 3

Your enrollment terminates on the date in Part A, item 8, above. However, your coverage is extended for 31 days after that date.
Important Notice: You have the right to convert to an individual (nongroup) contract with the carrier of your plan. You also may have the right to temporarily continue your group coverage. See Part B - Termination on the back of this form for information about 31-day extension of coverage, conversion, and temporary continuation of coverage.

If termination is due to death of enrollee enter date of death

Date of death
(mo, dy, yr)

Part D - Reinstatement 4

Your enrollment has been reinstated effective on the date in Part A, item 8, above.

Part E - Change in Name of Enrollee 5

The name under which this enrollment is carried has been changed to:

Changed Last Name

Changed First name

Changed Middle Name

Changed Address

Changed City

Changed State

Changed Address Line 2

Changed Zip

Part G - Remarks 6

Part H - Date of Notice 7

Name of Tribal Employer

Personnel Contact Last Name

Personnel Contact First name

Personnel Contact Middle Initial

Personnel Phone Number

Agency Address

Agency Address Line 2

Service Provider Contact
National Finance Center

Service Provider Telephone
855-632-4468

City

State

Zip

Date

Authorizing Official Last Name

Authorizing Official First name

Authorizing Official Middle Initial

Date

Cancel
Clear
Save
Submit

[Home OPM](#)

1. Tribal HR SF 2810 Information

Tribal HR SF2810 Information		
Tribe A Tribe A	POI Test POI B	SF2810 Status: New C

- A. Tribe:** TIPS will automatically select the user's Tribe when creating a new SF 2810
- B. Billing Unit / POI:** TIPS will automatically select the user's Billing Unit / POI when creating a new SF 2810
- C. SF 2810 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 - Identifying Information				
Last Name	First name	Middle Initial	Date of birth	Social security number
ONeal	Robert		1/2/1967	123456789
Home Address	Payroll office number:		Enrollment code number	
456 Testing Rd	12400096		891	
Address Line 2	Date this action becomes effective A			
City	State	Zip		
Anytown	LA	65432		

Please not that all identifying information fields besides the effective date of action will be pre-populated based on enrollment information contained in TIPS

- A. Date this action becomes effective:** Required for all SF 2810s. Designated Terminations, Reinstatements, and Name Changes will become effective on the date entered into this field

3. Part B – Termination

Part B - Termination	
<input type="checkbox"/> Your enrollment terminates on the date in Part A, item 8, above. However, your coverage is extended for 31 days after that date.	Date of death (mo, dy, yr) B
Important Notice: You have the right to convert to an individual (nongroup) contract with the carrier of your plan. You also may have the right to temporarily continue your group coverage. See Part B - Termination on the back of this form for information about 31-day extension of coverage, conversion, and temporary continuation of coverage.	
If termination is due to death of enrollee enter date of death	

- A. Termination Checkbox:** When this box is checked, TIPS will terminate your employee's enrollment of the effective date of action in Part A
- B. Date of Death:** If termination is due to death of enrollee, enter date of death

5. Part D – Reinstatement

Part D - Reinstatement
<input type="checkbox"/> enrollment has been reinstated effective on the date in Part A, item 8, above. A

- A. Reinstatement Checkbox:** When this box is checked, TIPS will reinstate your employee's enrollment with the effective date of action in Part A

5. Part E – Change in Name of Enrollee

Part E - Change in Name of Enrollee

The name under which this enrollment is carried has been changed to:

Changed Last Name	Changed First name	Changed Middle Name
Changed Address		
Changed Address Line 2		
Changed City	Changed State	Changed Zip

- A. Change in Name of Enrollee Checkbox:** A SF 2810 can be used to change the name or Address of an employee. If this box is checked, TIPS will change the name and/or address of the employee based on the information entered into the fields in this section

6. Part G – Remarks

Part G - Remarks

A

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

7. Part H – Date of Notice

Part H - Date of Notice

Name of Tribal Employer	Personnel Contact Last Name	Personnel Contact First name	Personnel Contact Middle Initial	Personnel Phone Number
Agency Address	Agency Address Line 2	Service Provider Contact National Finance Center	Service Provider Telephone	855-632-4468
City	State	Zip		
Authorizing Official Last Name	Authorizing Official First name	Authorizing Official Middle Initial	Date	

- A. Tribal Employer Personnel Information:** Tribal Employer Personnel submitting SF 2810s are required to submit their First Name, Last Name and Phone Number
- B. Tribal Employer Address Information:** Tribal Employer Address information must be specified
- C. Authorizing Official Information:** Authorizing Official Information must be specified
- D. Date:** The date in which the SF 2810 is entered into TIPS must be specified

8. Finalizing a Form

A Cancel **B** Clear **C** Save **D** Submit

- 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