



Tribal Employer Job Aid Information Only 2809

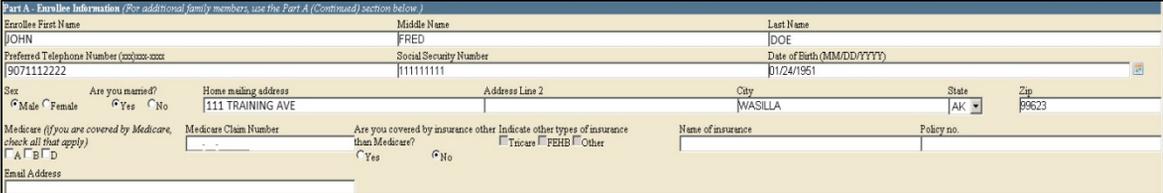
Corrective Actions on Information Only 2809

The Information Only 2809 function will be used by Tribal Employers to:

- Edit enrollee information including name, social security number, address, date of birth, POI*, phone number and email address
- Edit Other Insurance information
- Edit or remove a dependent †

By selecting the Information Only option of the 2809, the corrections will be made but the status of the enrollment will not change.

* POI can only be corrected if the enrollment has never been billed. If billed, the POI field will be grayed out.
 † When enrolling a dependent of an active enrollee, the user will receive an error message stating that the Social Security Number of the enrollee has been found on the dependent record of an active enrollee. To continue the enrollment, an Information Only 2809 must be processed on the active enrollee to remove the dependent, prior to the completion of the 2809 enrollment of the dependent.

Step	Action
1	Login to the TIPS web portal with username and password.
2	Select the Enrollee option on the Inquiry Tab. Input enrollee's information in all listed fields and click search.
3	In the Inquiry results displayed, click the Create 2809 button for the applicable enrollee. The 2809 form is displayed.
4	<p>Check the Information Only checkbox.</p> 
5	<p>Make any desired changes to the Enrollee Information and Other Insurance.</p> 



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Click the Edit or Delete button, next to the applicable dependent to edit or delete the Dependent information in the Family member section. Make the desired change. For edits, click the Add Member button to ensure changes are saved to the record.

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Part A - Enrollee Information Continued: Family Members
Add/Edit Family Member Information

First Name Middle Name Last Name Social Security Number Date of Birth (MM/DD/YYYY)

Sex Male Female Home mailing address Address Line 2 City State Zip

Email Address Preferred Telephone Number (xxx)xxx-xxxx

Medicare (If you are covered by Medicare, check all that apply) Medicare Claim Number Are you covered by insurance other than Medicare? Yes No Indicate other types of insurance Tricare FEHB Other Name of insurance Policy no.

Relationship Type Add Member

Family Members Entered

JANE E DOE			
Gender: F	111 TRAINING AVE	Medicare A: N	Covered by insurance other than Medicare?: N
DOB: 10/12/1971	WASILLA, AK	Medicare B: N	Tricare: N
SSN: 838383838	99623	Medicare D: N	FEHB: N
Relationship: Spouse	Phone #:	Medicare Claim Number:	Other: N
Other Insurance Name: Other Insurance Policy No:			
<div style="border: 1px solid red; padding: 5px; display: inline-block;"> Edit Delete </div>			
EMILY DOE			
Gender: F	111 TRAINING AVE	Medicare A: N	Covered by insurance other than Medicare?: N
DOB: 9/5/1993	WASILLA, AK	Medicare B: N	Tricare: N
SSN: 999999999	99623	Medicare D: N	FEHB: N
Relationship: Child under age 26	Phone #:	Medicare Claim Number:	Other: N
Other Insurance Name: Other Insurance Policy No:			
<div style="border: 1px solid red; padding: 5px; display: inline-block;"> Edit Delete </div>			

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Click the Submit button.