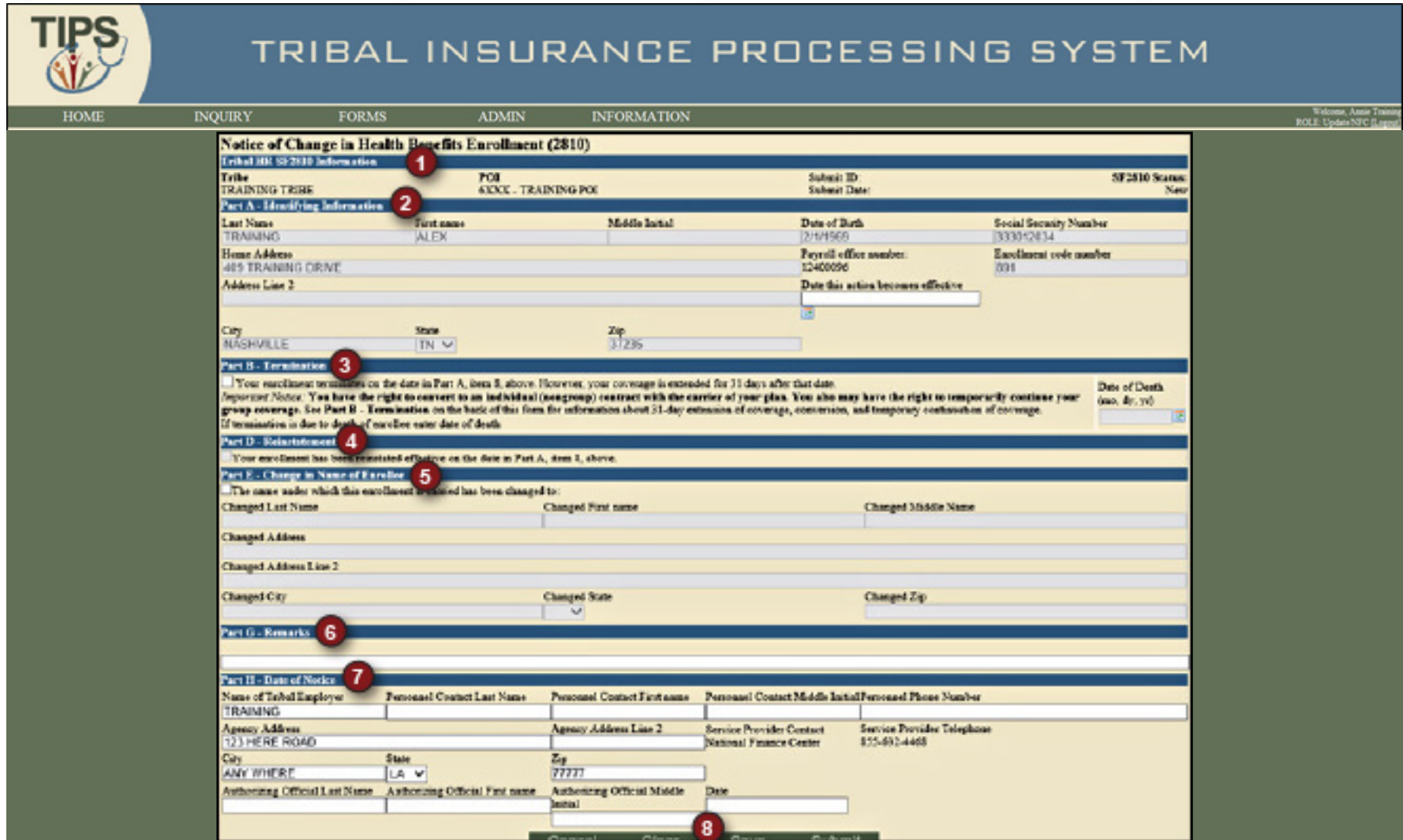


TIPS SF 2810 Guide

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.

- | | | | |
|---|---------------------------------|--|----------------------------------|
| 1 Tribal HR SF 2810 Information | 3 Part B – Termination | 5 Part E – Change in Name of Enrollee | 7 Part H – Date of Notice |
| 2 Part A – Identifying Information | 4 Part D – Reinstatement | 6 Part G – Remarks | 8 Finalizing a form |



TIPS
TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION

Welcome, Anne Training
ROLE: UpdateNPC Logout

Notice of Change in Health Benefits Enrollment (2810)

1 Tribal HR SF 2810 Information

Tribal HR SF 2810 Information

Title: TRAINING TRIBE POB: 6XXXX - TRAINING POB Subject ID: SF2810 Scans: None

2 Part A – Identifying Information

Part A – Identifying Information

Last Name: TRAINING First name: ALEX Middle Initial: Date of Birth: 2/1/1960 Social Security Number: 333042834

Home Address: 485 TRAINING DRIVE Payroll office number: 12400096 Enrollment code number: 001

Address Line 2: Date this action becomes effective:

City: NASHVILLE State: TN Zip: 37205

3 Part B – Termination

Part B – Termination

☐ Your enrollment terminates on the date in Part A, item 3, above. However, your coverage is extended for 31 days after that date.

4 Part D – Reinstatement

Part D – Reinstatement

Your enrollment has been reinstated effective on the date in Part A, item 3, above.

5 Part E – Change in Name of Enrollee

Part E – Change in Name of Enrollee

The name under which this enrollment is issued 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:

6 Part G – Remarks

Part G – Remarks

7 Part H – Date of Notice

Part H – Date of Notice

Name of Tribal Employee: TRAINING Personnel Contact Last Name: Personnel Contact First name: Personnel Contact Middle Initial: Personnel Phone Number:

Agency Address: 123 HERE ROAD Agency Address Line 2: Service Provider Contact: National Finance Center Service Provider Telephone: 855-692-4468

City: ANY WHERE State: LA Zip: 77777

Authorizing Official Last Name: Authorizing Official First name: Authorizing Official Middle Initial: Date:

8 Finalizing a form

Finalize Cancel Submit

1. Tribal HR SF 2810 Information

Notice of Change in Health Benefits Enrollment (2810)				
Tribal HR SF 2810 Information				
Tribe TRAINING TRIBE	POI 6NXX - TRAINING POI	Submit ID: Submit Date:	SF2810 Status: New	

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 TRAINING	First name ALEX	Middle Initial	Date of Birth 2/1/1969	Social Security Number 333012034
Home Address 409 TRAINING DRIVE			Payroll office number: 12400096	Enrollment code number 891
Address Line 2			Date this action becomes effective 	
City NASHVILLE	State TN	Zip 37235		

Please note 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	
☒ Termination checkbox	Date of Death (mo, dy, yr)

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

4. Part D – Reinstatement

Part D - Reinstatement	
☒ Reinstatement checkbox	

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

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

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

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. 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