



Tribal Employer Job Aid Information Only 2809

Adding, Editing, Removing Dependents, or making Corrective Actions on Information Only 2809

The Information Only 2809 function will be used by Tribal Employers to add, edit, remove a dependent, or make corrective actions by selecting the Information Only option on the 2809. The status of the enrollment will not change.

- **NOTE:** 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. You would also use this form to make corrective actions such as editing an enrollee's name, SSN, address, DOB, POI, phone number, and/or email address.

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 enrollee. The 2809 form is displayed																																																							
4.	Check the Information Only checkbox <div data-bbox="326 1155 1380 1255" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Health Benefits Election Form (2809)</p> <p>Tribal HR SF2809 Information</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Tribe</td> <td style="width: 30%;">POI</td> <td style="width: 15%;">Submit ID: TD667</td> <td style="width: 40%;">SF2809 Status:</td> </tr> <tr> <td>Information Only <input checked="" type="checkbox"/></td> <td>TRAINING TRIBE</td> <td>6XXX - TRAINING POI</td> <td>Submit Date: 9/21/2017 New</td> </tr> </table> </div>	Tribe	POI	Submit ID: TD667	SF2809 Status:	Information Only <input checked="" type="checkbox"/>	TRAINING TRIBE	6XXX - TRAINING POI	Submit Date: 9/21/2017 New																																															
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5.	Click the Add Member, Edit, or Delete button to edit or delete the Dependent information in the Family member section. Make the desired changes <div data-bbox="326 1371 1372 1890" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Part A - Enrollee Information <i>Continued; Family Members</i></p> <p><input type="checkbox"/> Add/Edit Family Member Information</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">First Name</td> <td style="width: 25%;">Middle Name</td> <td style="width: 25%;">Last Name</td> <td style="width: 25%;">Social Security Number</td> <td style="width: 20%;">Date of Birth (MM/DD/YYYY)</td> </tr> <tr> <td>Sex <input type="radio"/> Male <input type="radio"/> Female</td> <td colspan="2">Home mailing address</td> <td>Address Line 2</td> <td>City State Zip</td> </tr> <tr> <td colspan="2">Email Address</td> <td colspan="3">Preferred Telephone Number (xxx)xxx-xxxx</td> </tr> <tr> <td>Medicare (if you are covered by Medicare, check all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D</td> <td>Medicare Claim Number</td> <td>Are you covered by insurance other than Medicare? <input type="radio"/> Yes <input type="radio"/> No</td> <td>Indicate other types of insurance <input type="checkbox"/> Tricare <input type="checkbox"/> FEHB <input type="checkbox"/> Other</td> <td>Name of insurance Policy no.</td> </tr> <tr> <td colspan="4">Relationship Type:</td> <td style="text-align: right;">Add Member</td> </tr> <tr> <td colspan="5">Family Members Entered</td> </tr> <tr> <td colspan="5">ELISE TRAINING</td> </tr> <tr> <td>Gender: F</td> <td>409 TRAINING DRIVE</td> <td>Medicare A: N</td> <td>Cover by insurance other than Medicare?: N</td> <td>Other Insurance Name: No.</td> </tr> <tr> <td>DOB: 3/1/1970</td> <td>NASHVILLE, TN</td> <td>Medicare B: N</td> <td>Tricare: N</td> <td></td> </tr> <tr> <td>SSN: 654321987</td> <td>37235</td> <td>Medicare D: N</td> <td>FEHB: N</td> <td></td> </tr> <tr> <td>Relationship: Spouse</td> <td>Phone #: 6151111111</td> <td>Medicare Claim Number:</td> <td>Other: N</td> <td style="text-align: right;">Edit Delete</td> </tr> </table> </div>	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	Email Address		Preferred Telephone Number (xxx)xxx-xxxx			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 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					ELISE TRAINING					Gender: F	409 TRAINING DRIVE	Medicare A: N	Cover by insurance other than Medicare?: N	Other Insurance Name: No.	DOB: 3/1/1970	NASHVILLE, TN	Medicare B: N	Tricare: N		SSN: 654321987	37235	Medicare D: N	FEHB: N		Relationship: Spouse	Phone #: 6151111111	Medicare Claim Number:	Other: N	Edit Delete
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