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 **Health Benefits Election Form (2809)** Tribal HR SF2809 Information Information Only ☑ Tribe: TRAINING TRIBE POI: 6XXX - TRAINING POI Submit ID: TD667 SF2809 Status: New Submit Date: 9/21/2017
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 **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)* ☐ A ☐ B ☐ D 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: [dropdown] 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: Edit DOB: 3/1/1970 NASHVILLE , TN Medicare B: N Tricare: N Other Insurance Policy No.: Delete SSN: 654321987 37235 Medicare D: N FEHB: N Relationship:Spouse Phone #:6151111111 Medicare Claim Number: Other: N
6.	**Select** the Submit button