

# 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.

- |   |                                 |  |                                  |
|---|---------------------------------|--|----------------------------------|
| <b>1</b> Tribal HR SF 2810 Information    | <b>3</b> Part B – Termination   | <b>5</b> Part E – Change in Name of Enrollee | <b>7</b> Part H – Date of Notice |
| <b>2</b> Part A – Identifying Information | <b>4</b> Part D – Reinstatement | <b>6</b> Part G – Remarks                    | <b>8</b> 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  
 Tribe: TRAINING TRIBE  
 POB: KXXX - TRAINING POB  
 Submit ID: [ ]  
 Submit Date: [ ]  
 SF 2810 Status: New

**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: 33302834  
 Home Address: 485 TRAINING DRIVE  
 Address Line 2: [ ]  
 Payroll office number: 1240096  
 Enrollment code number: 001  
 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.  
*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 extensions of coverage, conversion, and temporary continuation of coverage.*  
 Termination is due to death of enrollee under date of death: [ ]  
 Date of Death (mo, dy, yr): [ ]

**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 enrolled 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  
 [ ]

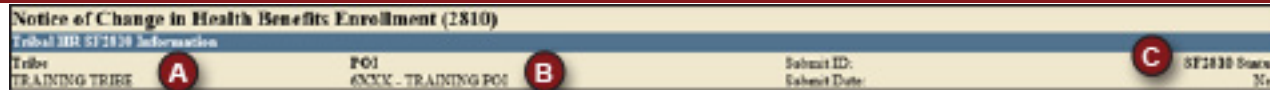
**7** Part H – Date of Notice

Part H - Date of Notice  
 Name of Tribal Employee: TRAINING  
 Personal Contact Last Name: [ ]  
 Personal Contact First name: [ ]  
 Personal Contact Middle Initial: [ ]  
 Personal Phone Number: [ ]  
 Agency Address: 123 HERE ROAD  
 Agency Address Line 2: [ ]  
 Service Provider Contact: National Finance Center  
 Service Provider Telephone: 855-602-4468  
 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 Change Cancel Submit

## 1. Tribal HR SF 2810 Information



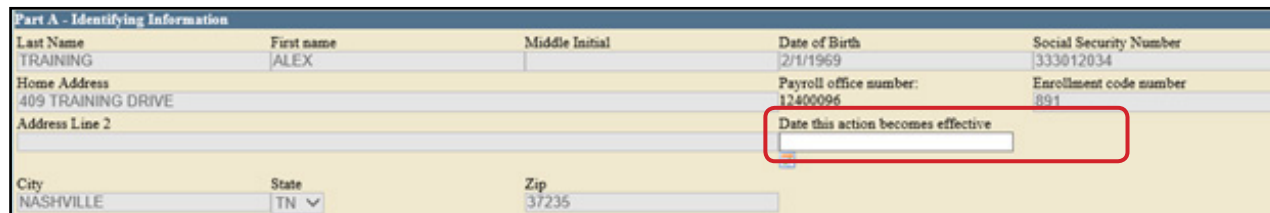
Tribal HR SF 2810 Information				
Tribe	POI	Submit ID:	SF 2810 Status:	
TRAINING TRIBE <b>A</b>	6NXX - TRAINING POI <b>B</b>			New <b>C</b>

**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
TRAINING	ALEX		2/1/1969	333012034
Home Address	Payroll office number:		Enrollment code number	
409 TRAINING DRIVE	12400096		891	
Address Line 2	Date this action becomes effective			
	<input type="text"/>			
City	State	Zip		
NASHVILLE	TN	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

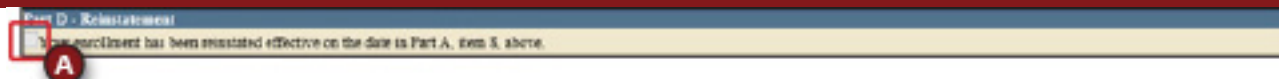


Part B - Termination	
<input checked="" type="checkbox"/>	Date of Death (mo, dy, yr)
<b>A</b>	<input type="text"/> <b>B</b>

**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

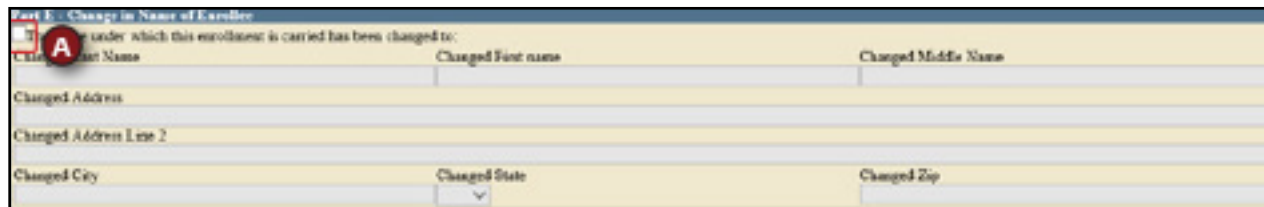
## 4. Part D – Reinstatement



Part D - Reinstatement
<input checked="" type="checkbox"/>
<b>A</b>

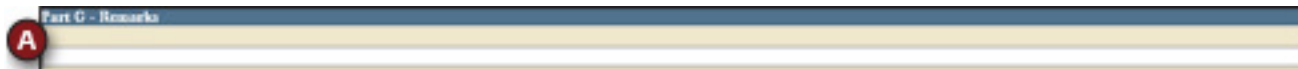
**A. Reinstatement Checkbox:** When this box is checked, TIPS will reinstate your employee's enrollment with the effective date of action in Part A

## 5. Part E – Change in Name of Enrollee



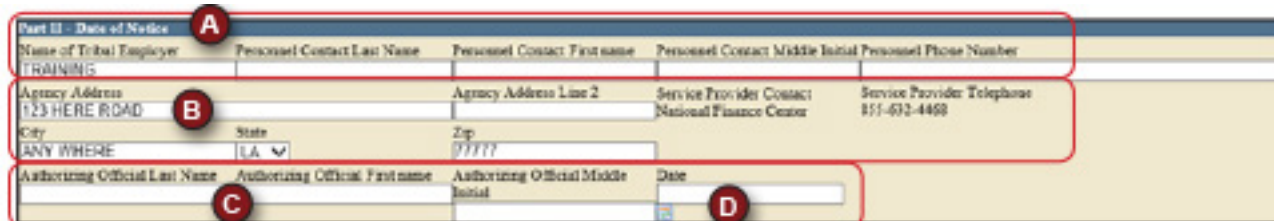
**A. Change in Name of Enrollee Checkbox:** A SF 2810 can be used to change the name or Address of an employee. If this box is checked, TIPS will change the name and/or address of the employee based on the information entered into the fields in this section

## 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