

**NATIONAL FINANCE CENTER  
 TRIBAL INSURANCE PROCESSING SYSTEM (TIPS)  
 REQUEST FOR SECURITY ACCESS**

**SECTION 1. USER INFORMATION**

USER NAME	NAME CHANGE <input type="checkbox"/> YES <input type="checkbox"/> NO	LAST 4 DIGITS OF USER'S SOCIAL SECURITY NUMBER (SSN) <i>*(For new users only)</i> If SSN is provided, you must password protect or encrypt document prior to submission to NFC.
USER ID <i>(For established users only)</i>	EMAIL ADDRESS	<input type="checkbox"/> ADD <input type="checkbox"/> MODIFY <input type="checkbox"/> DELETE

**SECTION 2. TRIBAL EMPLOYERS ONLY**

TRIBAL EMPLOYER NAME	PAYROLL OFFICE IDENTIFIER(S) (POI)	TRIBAL ROLE <i>(Check only one role)</i> <input type="checkbox"/> UPDATE/TRIBE <input type="checkbox"/> UPDATE/TRIBE/C <input type="checkbox"/> AUDIT/TRIBE
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**SECTION 3. OPM ONLY**

OPM ROLE <i>(Check only one role)</i> <input type="checkbox"/> UPDATE/OPM <input type="checkbox"/> UPDATE/OPM/X <input type="checkbox"/> AUDIT/OPM	
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**SECTION 4. TIPS SECURITY OFFICER (TSO) ONLY**

REQUESTED BY	TSO NAME	DATE
EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER

**SECTION 5. AMB USE ONLY**

REMEDY TICKET NUMBER	ADMINISTRATOR NAME	DATE
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REMARKS

**PRIVACY ACT NOTICE:** In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of your Social Security Number is authorized by Executive Order 9397 of November 22, 1943 and 5 U.S.C. 301. The primary purpose of requesting the Social Security Number (SSN) is to properly identify the employee. Many employees have similar names and the furnishing of the SSN will enable USDA to identify authorized users of USDA's computer systems. The information will be used by offices and employees who have a need for the information in the performance of their official duties. The information will not be disclosed outside USDA or employing organization. Disclosure of your SSN and other information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

## INSTRUCTIONS FOR TIPS REQUEST FOR SECURITY ACCESS

### User Name

Enter User's full name.

### Last 4 of User's Social Security Number (SSN)

\* Leave blank if this is an established user. (With the presence of this personally identifiable information (PII), this request must be encrypted upon submitting to NFC.)

### User ID (for established users only)

Leave blank if this is a new user.

### Tribal Employer Name

Enter the requested information.

### Payroll Office Identifier(s) (POI)

Enter the requested information.

### Tribal Role

For Tribal Employers Only - Check only one Tribal role. Listed below are the TRIBAL ROLE capabilities:

#### Audit Role

Read-only access to data, create reports, run inquiries

#### Update Role

Same capabilities as the TRIBAL Audit Role with the addition of: Enroll/Dis-enroll employees in FEHB & Change enrollments

#### Update/C Role

Same capabilities as the TRIBAL Audit & Update Roles with the addition of: Edit Tribal employer contacts

**OPM Role For OPM Only** - Check only one OPM role. Listed below are the OPM ROLE capabilities:

#### Audit Role

Read-only access to data  
Create reports  
Run inquiries

#### Update Role

Same capabilities as the OPM Audit Role and the following:  
Update access; no cancellation access

#### Update/X Role

Same capabilities as the TRIBAL Audit & Update Roles with the addition of: Cancellation access

### Requested By

#### TSO Name

#### Email Address

#### Phone Number

#### Fax Number

Enter the requested information.

### Date

Enter month, day and year (MM/DD/YYYY).

### Remarks

As needed, enter any additional information not provided in previous blocks.