

















sign out get help learn more

FAQ | glossary

Home page for individuals and families

Please be aware of these important issues before you click the continue button below.

Application: Fill out one application for your household. Include all members of your household in the application even if only some of them are applying for coverage. You need to include all members of your household to get the correct discount.

Household: In general, your household includes people who are related to you and either live with you or you claim them as a dependent on your federal income taxes.

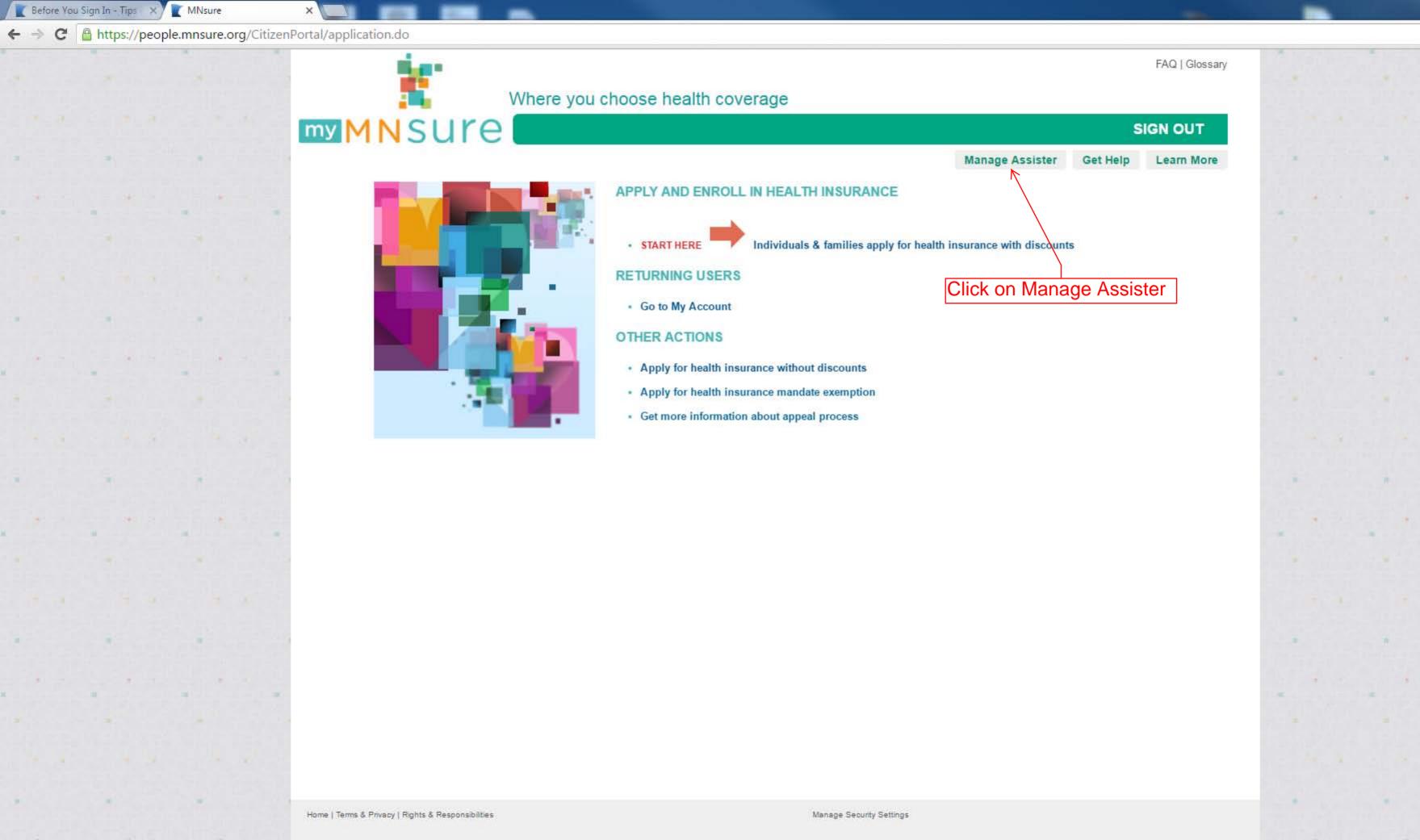
Income: In general, you should enter any type of income that you report on your state and federal income taxes. The value of assets are not counted as income and are not included in determining eligibility for discounts.

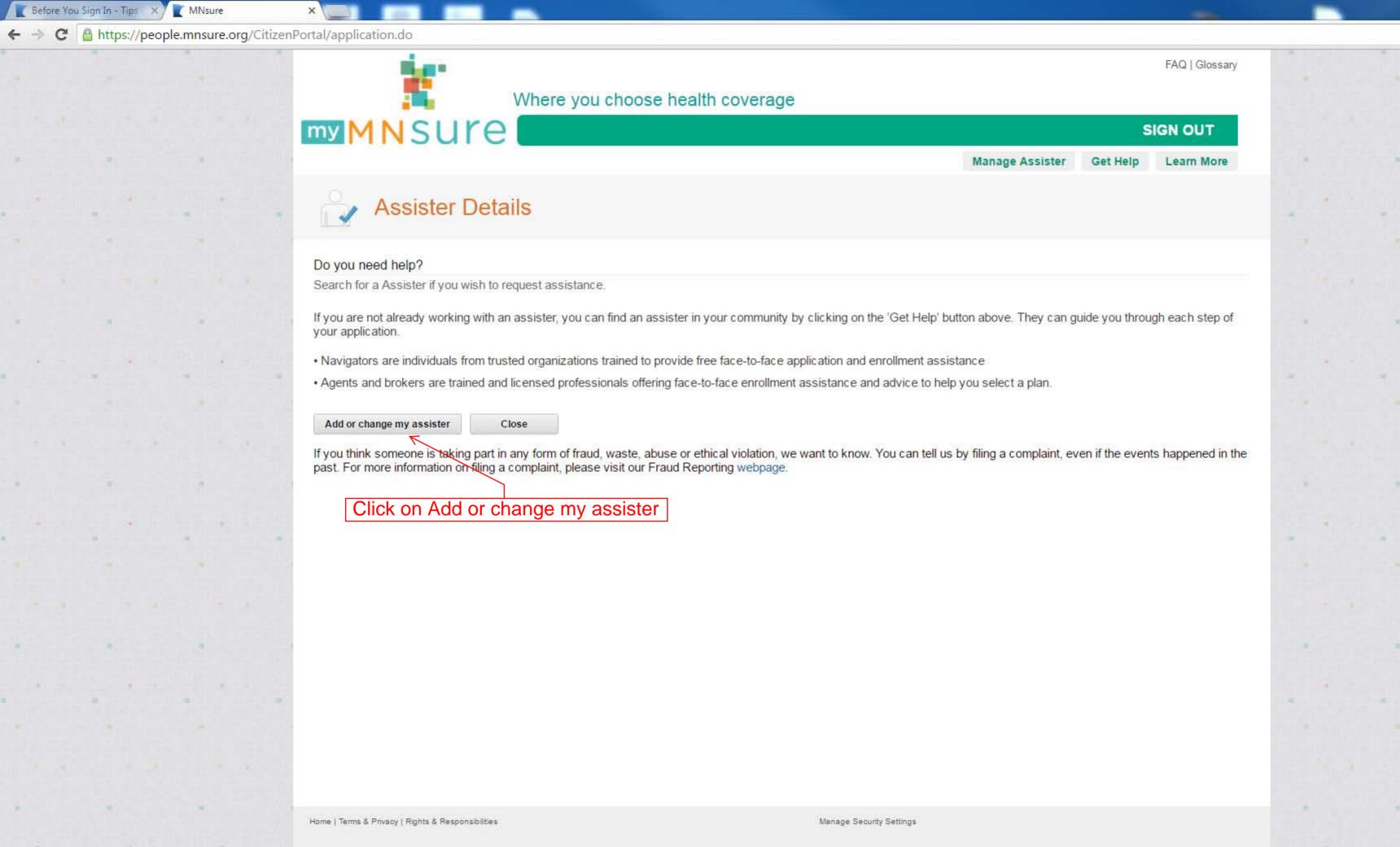
Making Application Changes: You may not make changes to your application once you have electronically signed the application. If you save and exit before completing the application, you may return to your account and make changes to your application.

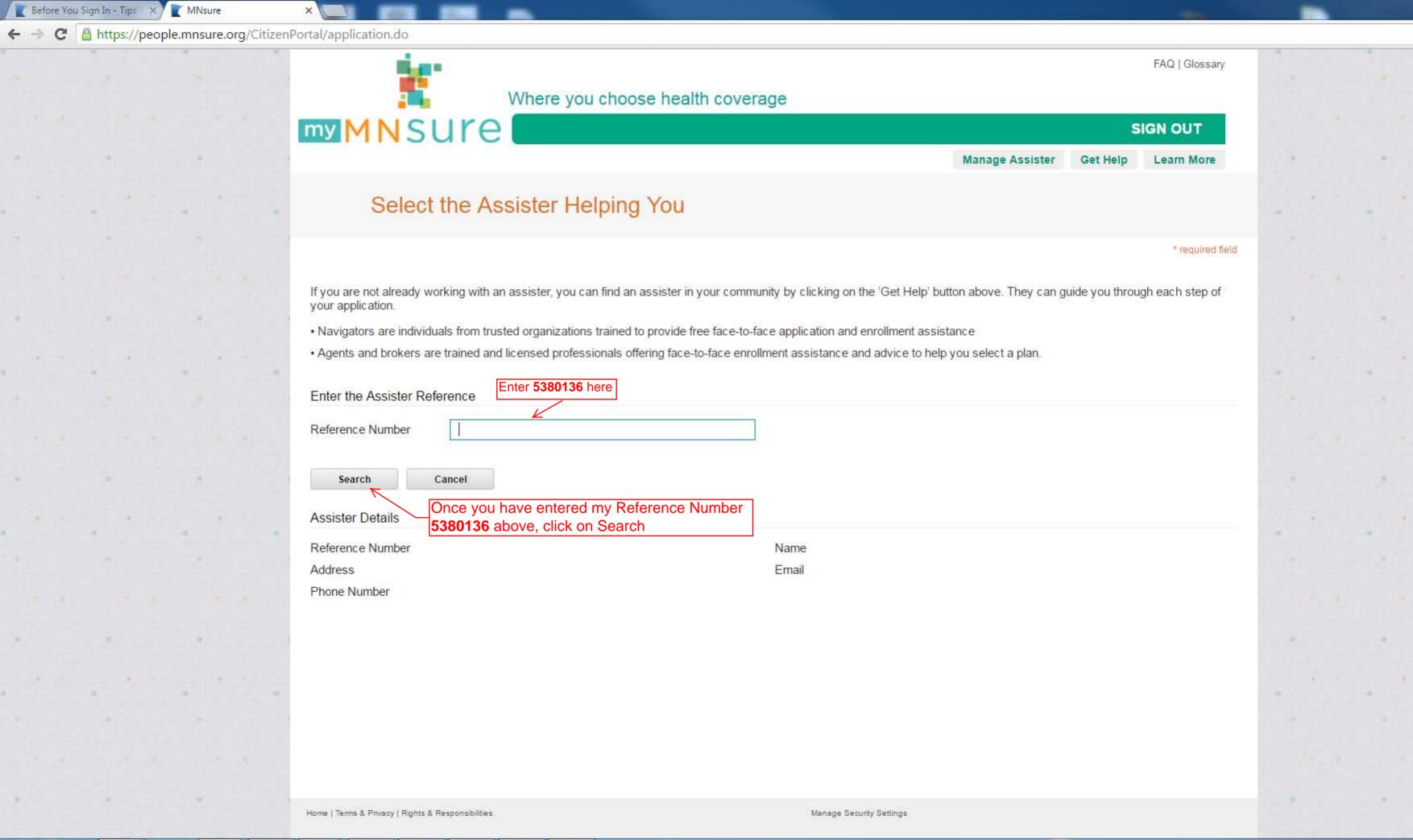
Making Plan Changes: You may not change your health insurance plan once you have chosen a plan and selected a payment method.

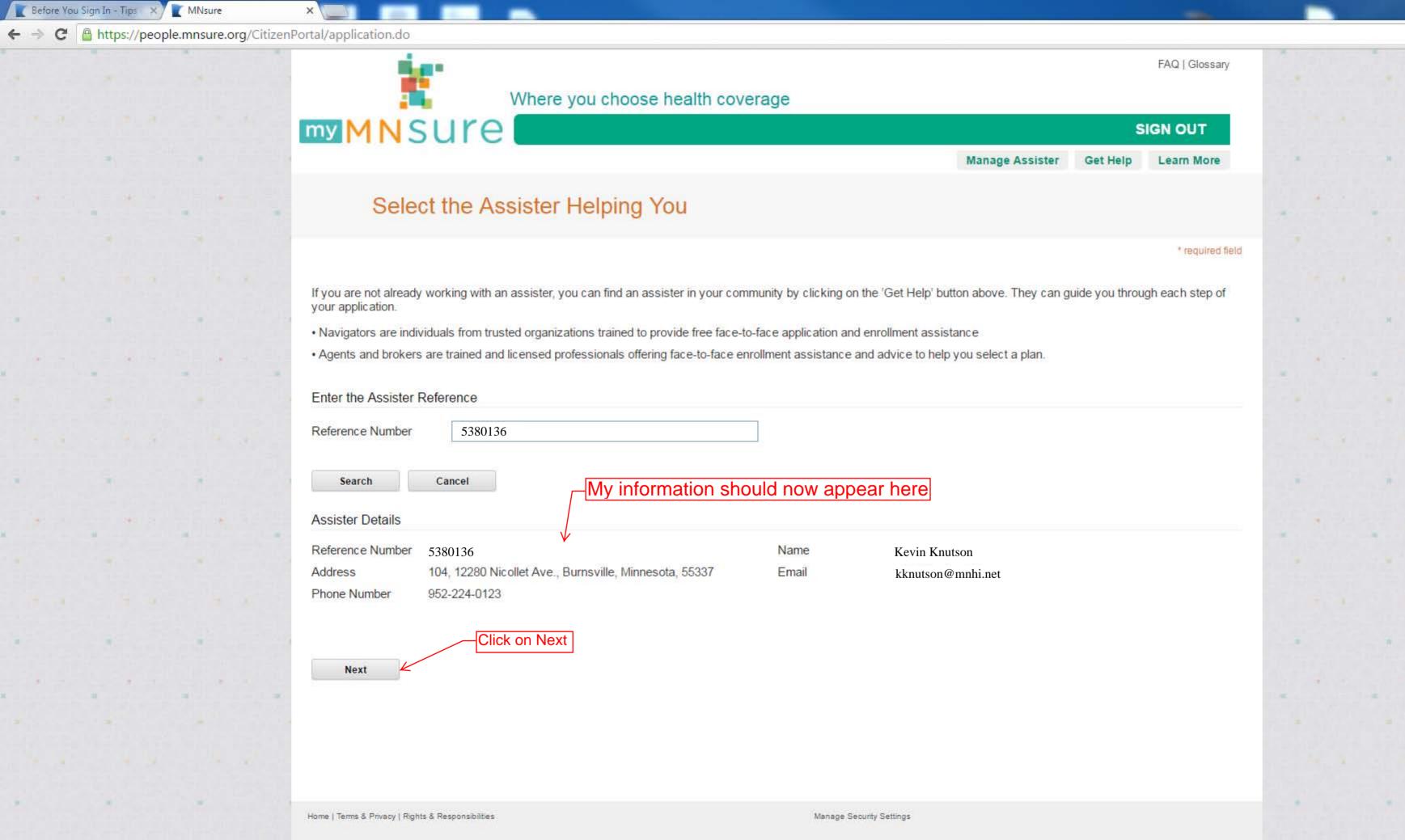
Update Your Account Information: Update your security questions and change your password

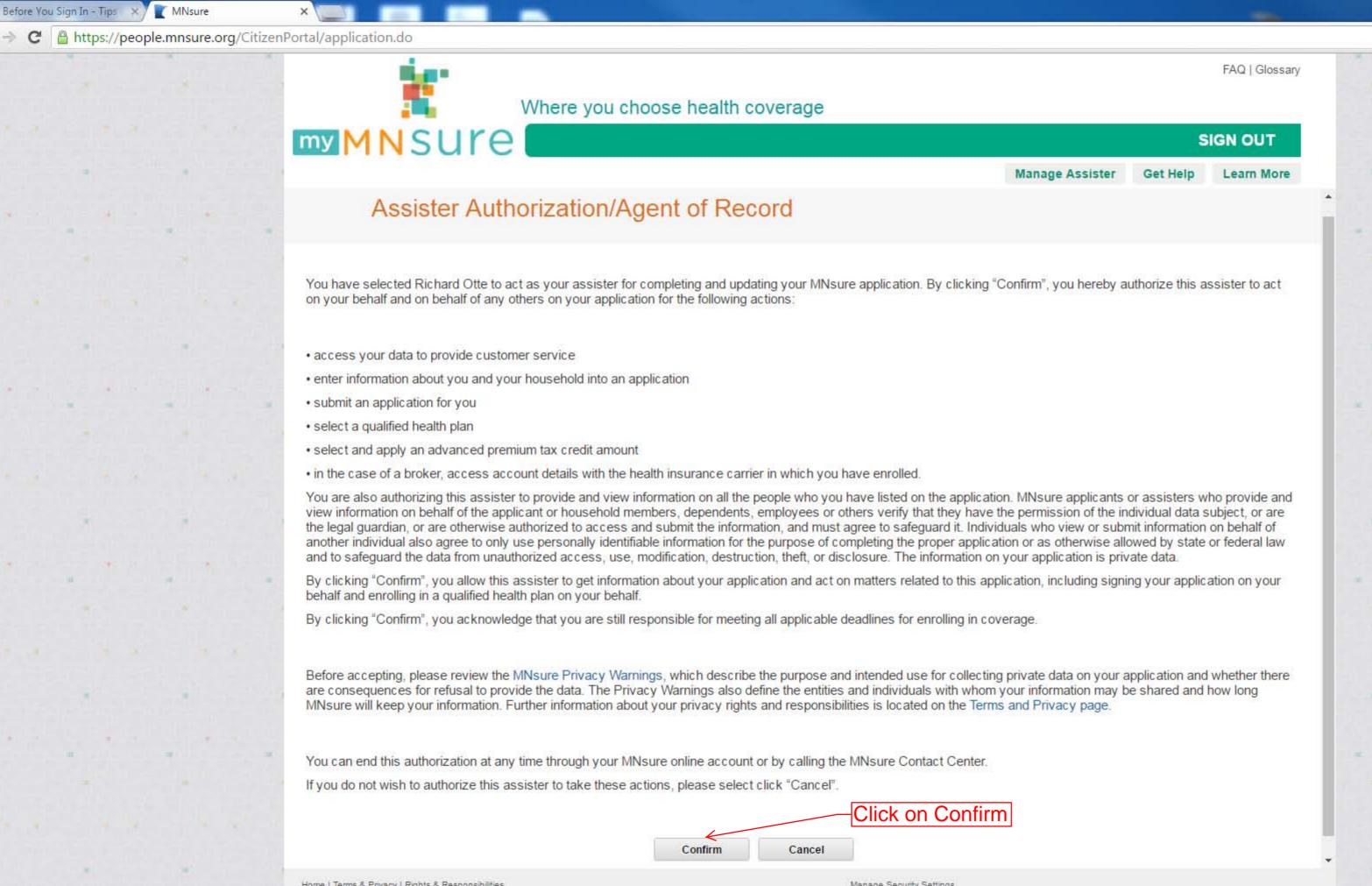
Click on Continue

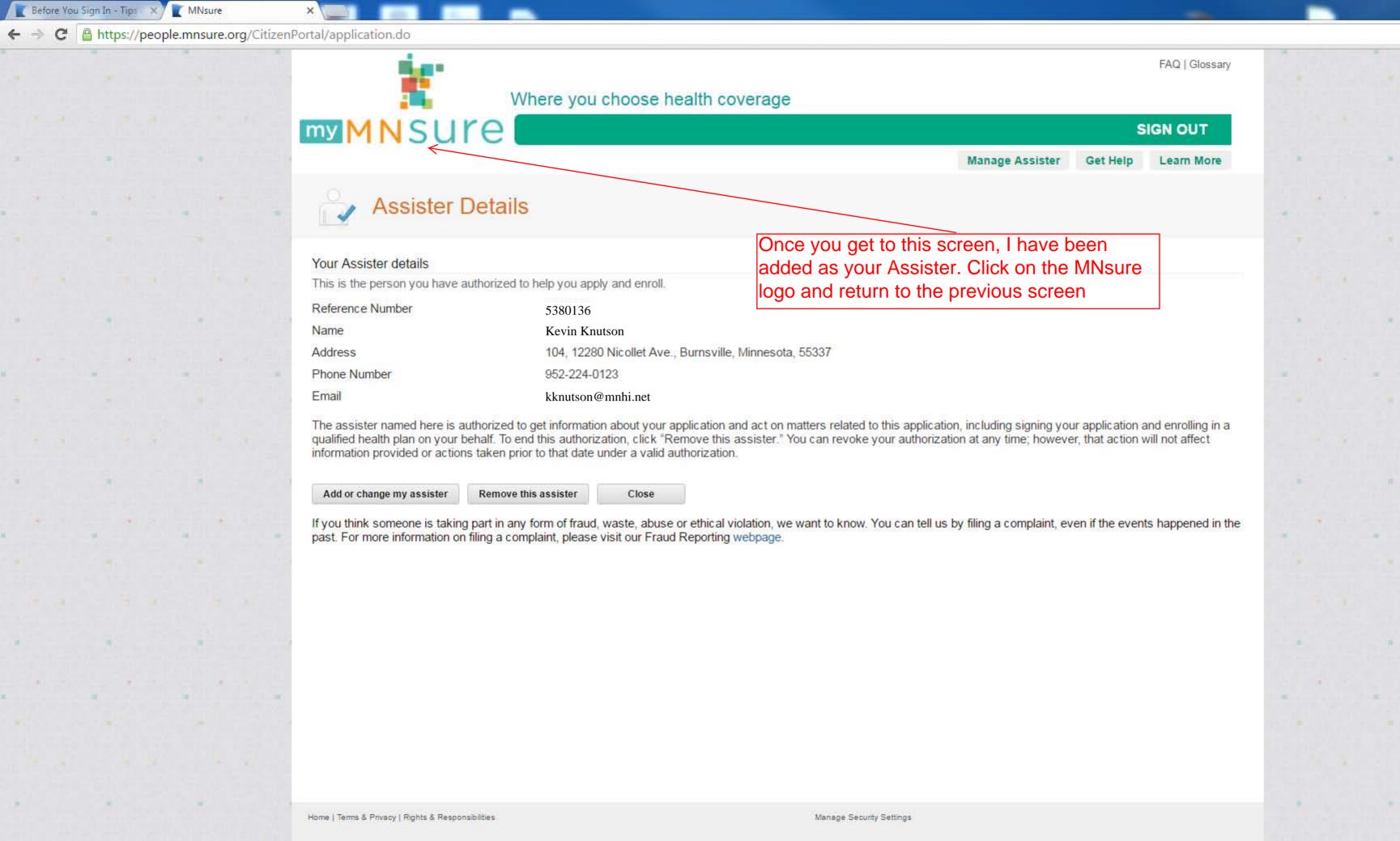








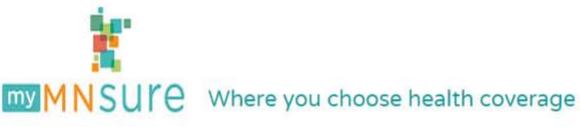












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Home page for individuals and families

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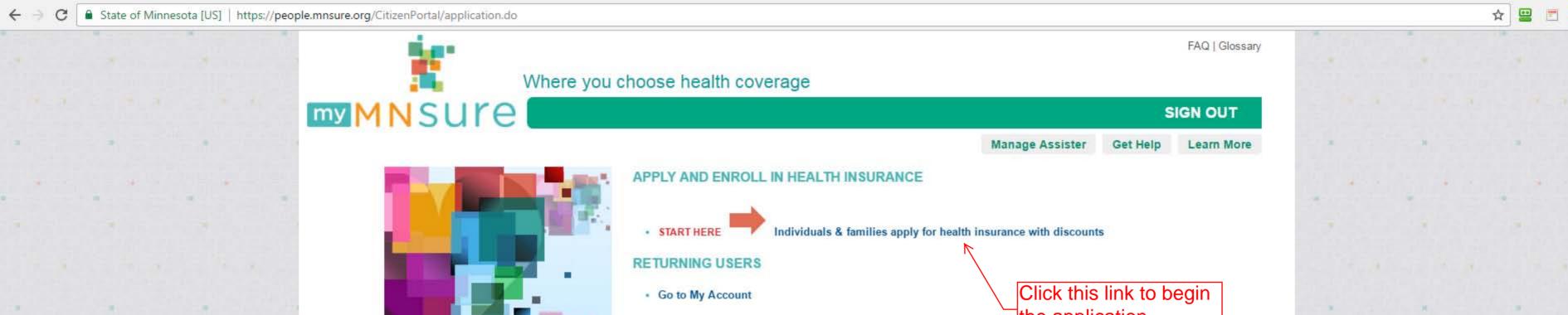
Making Plan Changes: You may not change your health insurance plan once you have chosen a plan and selected a payment method.

Update Your Account Information: Update your security questions and change your password



Home | Terms & Privacy

Manage security settings



OTHER ACTIONS

- · Apply for health insurance without discounts
- · Apply for health insurance mandate exemption
- · Get more information about appeal process

the application

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a plan without seeking financial assistance, you do not have to provide income information.

Known consequences for supplying or refusing to provide the data

If you provide the data, you are doing so in accordance with our Privacy Policy and Rules of Behavior. Our Privacy Policy requires that if you are providing information on behalf of another individual in your household, you must have consent to provide and view information on all the people who you have listed on the application and agree to safeguard their information. If you knowingly provide false information, you may be subject to investigation and possibly face criminal or civil penalties. Refusal to provide data or answers in response to questions means we may be unable to determine whether you are eligible for income assistance, subsidies, or other benefits. You may proceed with purchasing a qualified health plan without supplying the requested income information, provided you meet identity verification and other requirements as necessary under state or federal law.

Identities of persons or entities authorized by state or federal law to receive the data

Designated employees within MNsure may use this data to provide customer service or eligibility and enrollment functions. Designated employees within MNsure may also access this data to conduct quality and technical assistance, and investigate fraud. For information you provide for income assistance programs, the Department of Human Services is also authorized to view and use the information you provide pursuant to Minn.Stat. § 13.46.

MNsure will also share identity information with the Federal Data Services Hub in order to retrieve information necessary to perform eligibility verifications. An inquiry will be made against data held by federal agencies including the Department of Homeland Security to verify citizenship and immigration status, the Internal Revenue Service to verify federal tax information, the Social Security Administration to verify income and incarceration status, Centers for Medicaid and Medicare Services to verify health insurance tax credits, and other federal insurance sources to verify minimum essential coverage. An inquiry will also be made against data held by state agencies including the Department of Human Services and the Department of Employment and Economic Development. Others who may have access include representatives of the Legislative Auditor, MN.IT information technology staff, enforcement agencies with statutory authority, and persons authorized by court order.

Records Retention

Information provided in an application for coverage through MNsure is subject to the False Claims Act and may be retained for up to ten years.

MNsure follows the general records retention schedules for state agencies and for the Department of Human Services, and maintains data in accordance with state and federal law. After the appropriate time period, MNsure will destroy the data in in a manner that prevents their contents from being determined, including the shredding of paper files and permanently removing electronic data so as to prevent the possibility of recovery.

MNsure's complete record retention schedule is available in the Terms and Privacy link in the footer of this page.

I agree that I have read and understand my rights and responsibilities described in the warning. I understand that if I do not want to provide income information, I can apply for insurance coverage without income assistance or tax credits by signing out and using the "Apply for health insurance without discounts" link. *



Click the check box, then click Next

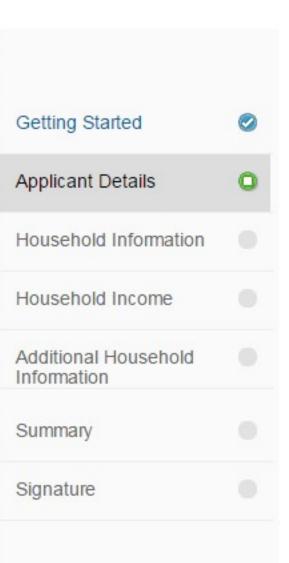
Next



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Please Tell Us About You

What is this Section About

In this section you will be asked to provide information about yourself including your name, date of birth and Social Security Number (SSN). You will also be asked to provide your full address, if you have one. This section also contains optional questions about your race and ethnicity which, if you choose to provide details, will be used for statistical purposes.

For this section you may need

- Your SSN Number
- Your Details
- Your Address
- Your Contact Details

Next

Click Next



This information is not required but you can provide it to make it easier for us to contact you.

SIGN OUT

Get Help

		Information About Y	of the	•	aightforward. Comp t have an asterisk *	 		
Getting Started	0	Please provide some information about yo	ourself.					
Applicant Details	0						* Indicates a require	ed field
Household Information		We need one adult in the family to be the of for the application. If you choose to include citizenship status. You will also be design:	e yourself in the applica	tion for coverage				tact
Household Income								
Additional Household Information		Your Details						
		First Name *		?	Middle Name			?
Summary		Last Name *		?	Suffix	Please Sele	ect- +	?
Signature		Gender*	Please Select	* ?	Marital Status *	Please Sele	ect	?
		Date of Birth *		?				
		Your Home Address						
		Your address is required in order to determine y eligibility.	our eligibility to use this	exchange and a	also so that we can contact you	with regard to any decisions v	ve make about your	г
		Do you live in Minnesota? *			Please Select	• ?		
		Do you plan to make Minnesota your hon	ne?*		Please Select	* ?		
		Other Contact Information						



SIGN OUT

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	an asterisk *	nat nave			
This information is not required but you can	provide it to make it easier for us to contact	you.			
Preferred Contact Method. *		Please Select			•
Phone Number		Туре		Please Select	•
Alternate Phone Number		Туре		Please Select	*
E-Mail Address	•				
What language do you speak most o	of the time? *	English	-	?	
What is your preferred written langua	ge?*	English	~	?	
Do you want us to send you a voter	registration card?*	Please Select	-	?	
How would you prefer to receive notion	ces?*	Please Select	-	?	
You can choose an authorized re	epresentative				
You can give a trusted person permission t "authorized representative".	o act for you on matters related to this applic	ation, including getting information	about yo	ur application. This person is ca	alled an
Do you want us to send you a form to representative? *	o name someone as your authorized	Please Select	•	?	
Help paying for your health bene	fits				
Are you applying for yourself? *		Please Select	•	?	
Save & Exit				N	lext



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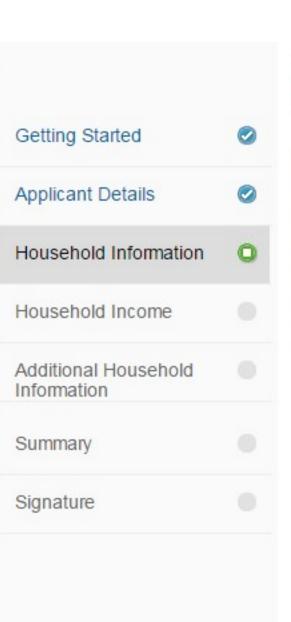
g	-	· r·		,				
Applicant Details	0	Race and Ethnicity		Complete all fields	that have an asterisk	*		
Household Information		Please select options from below that best assistance.	t describe	you. This information is captured for	r statistical purposes only. The respor	se wi	II not impact the individ	lual's eligibility for
Household Income		Are you of Hispanic, Latino, or Span	nish origin	n?		•	②	
Additional Household Information		RACE:(OPTIONAL - Check all that apply) American Indian or Alaska Native			Native Hawaiian			
		Asian Indian			Other Asian			
Summary		Black or African American			Other Pacific Islander			
		Chinese			Samoan			
Signature		Filipino			Vietnamese			
		Guamanian or Chamorro			White			
		Japanese Korean			Other			
		Koledii						
		If Other, please specify:						
		Additional Information						
		Please enter your social security number. assistance payments.	We collect	t your social security number for the	purpose of verifying identity, income	and c	itizenship to determine	eligibility for medical
		Do you have a Social Security Numb	ber?*		Please Select	•	?	
		Are you a US Citizen?*			Please Select	•	?	
		Were you ever in foster care in Minn	esota?*		Please Select	•		
		Save & Exit					Back	Next



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Household Section

Please Tell Us About Your Household

What is this Section About

In this section, you will be asked questions about the rest of your household, starting with whether there are any other members of your household and then details about each of them if there are. Once all the household members have been entered, you will be asked questions about the relationships between each of the people in your household and also about how you expect to file taxes in the coming year. This information is important in order to be sure that everyone in your household is getting the assistance with their health care that they are entitled to.

For this section you may need

- The details of anyone else in your household
- Their SSNs
- Their relationships to you and each other

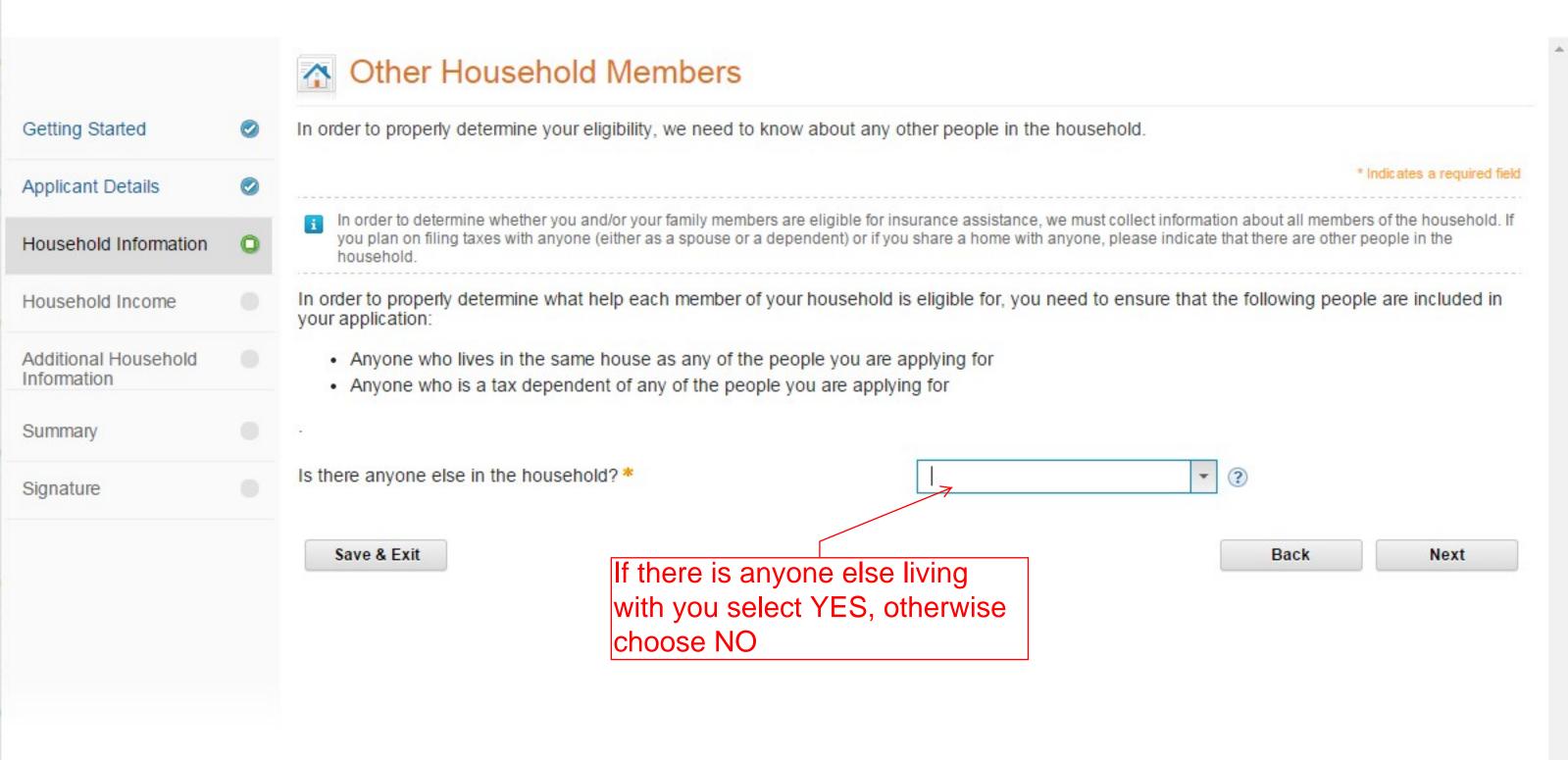
Click on Next

Save & Exit

Next

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Applicant Details				Ť					
Household Information	0			Richard					
Household Income							* Indic ate	es a required f	ield
Additional Household			ext person in your household by filling in the ou wish to find out whether you can get help					d screen	
Information Summary		Details	Enter the person in your househol		mation for everyon at a time	e else			17.5%
Signature		First Name *		?	Middle Name				?
		Last Name *		?	Suffix		Please Select	-	?
		Gender*	Please Select	▼ ?	Marital Status *		Please Select	▼ (?
		Date of Birth *		?					
		Contact Details							
		Does this person live with	you?*		Please Select	•			
		Does this person plan to m	nake Minnesota his/her home?*		Please Select	- (?		
		Are you applying for the pe	erson highlighted?*		Please Select	- (?		
		Save & Exit					Back	Next	



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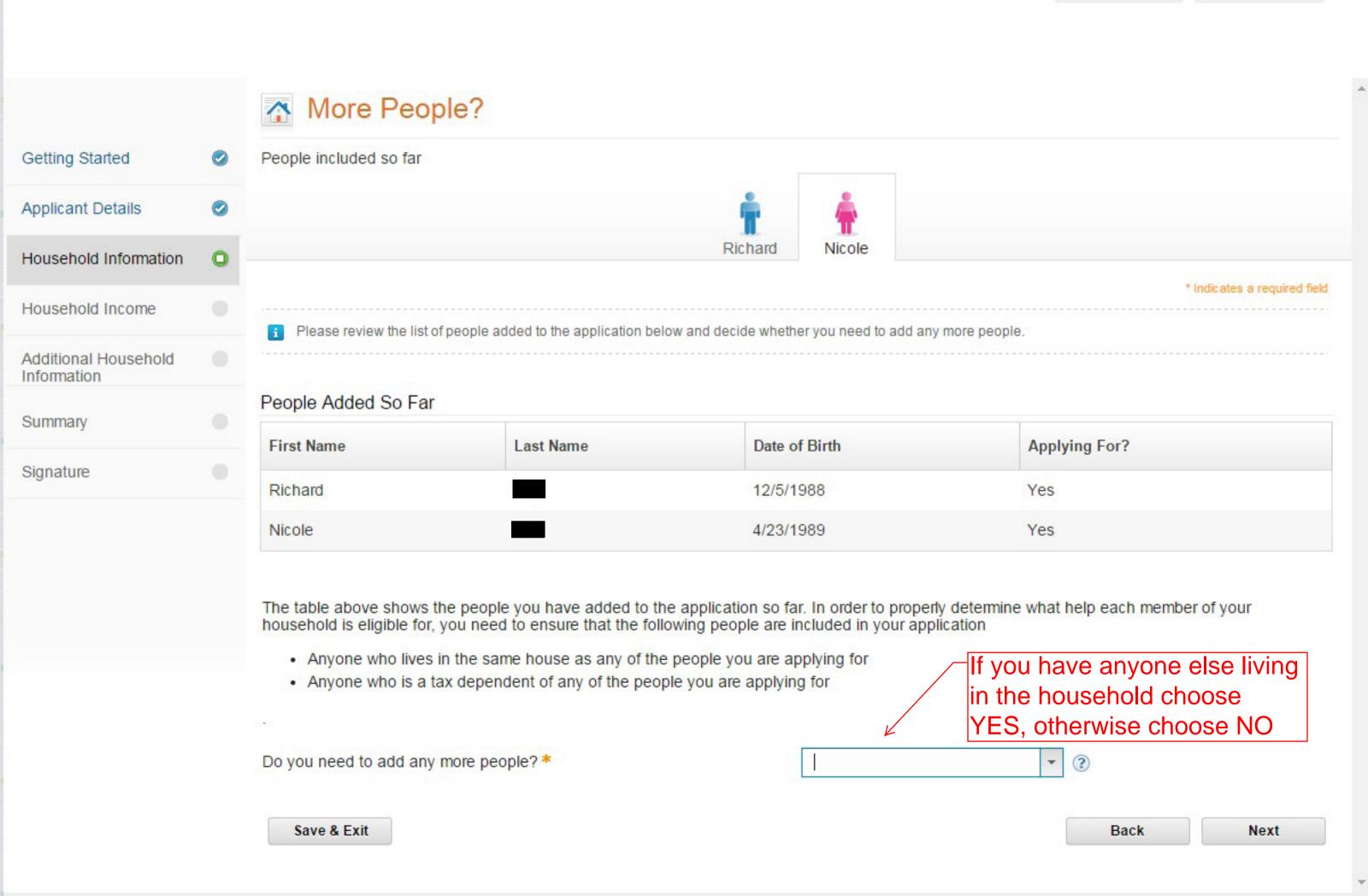
setting Started	②	More information about Nicole						
pplicant Details	0			÷	*			
ousehold Information	0			Richard	Nicole			
ousehold Income		Based on the information you alrea	dy provided about this pers	on, we need to ask	some more questions so	o we can be sure	that we're giving	everyone in your
Iditional Household formation		household the help they need.			ds with an			
Imman,		Race and Ethnicity	asterisk	*				
Please select options from below that best describe Nicole. This information is captured for statistical purposes only. The response will not					se will not impact t	the individual's eligibil		
gnature		Are you of Hispanic, Latino, or Span	nish origin?				• ?	
		RACE:(OPTIONAL - Check all that apply)						
		American Indian or Alaska Native			Native Hawaiian			
		Asian Indian			Other Asian			
		Black or African American			Other Pacific Islan	nder		
		Chinese			Samoan			
		Filipino			Vietnamese			
		Guamanian or Chamorro			White			
		Japanese			Other			
		Korean						

Please enter your social security number. We collect your social security number for the purpose of verifying identity, income and citizenship to determine eligibility for medical assistance payments.



SIGN OUT

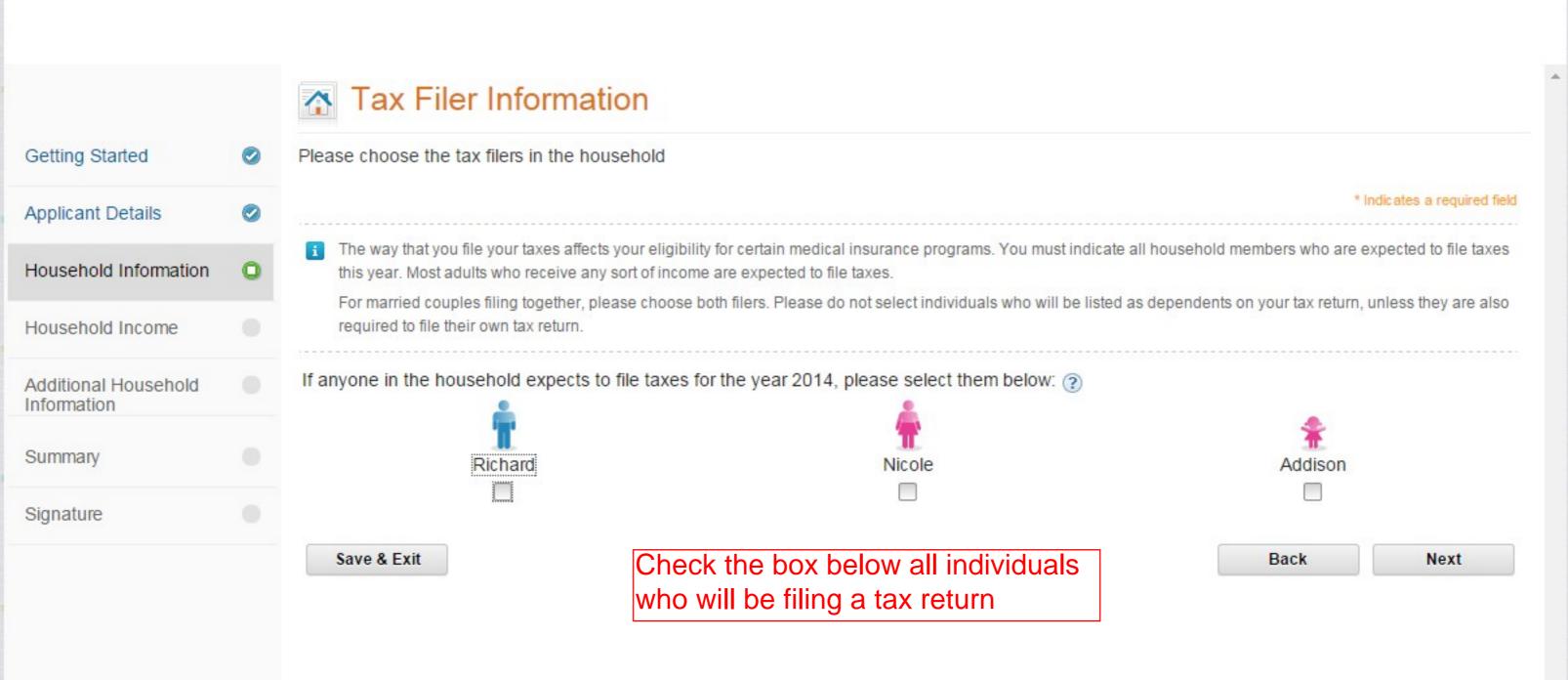
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SIGN OUT

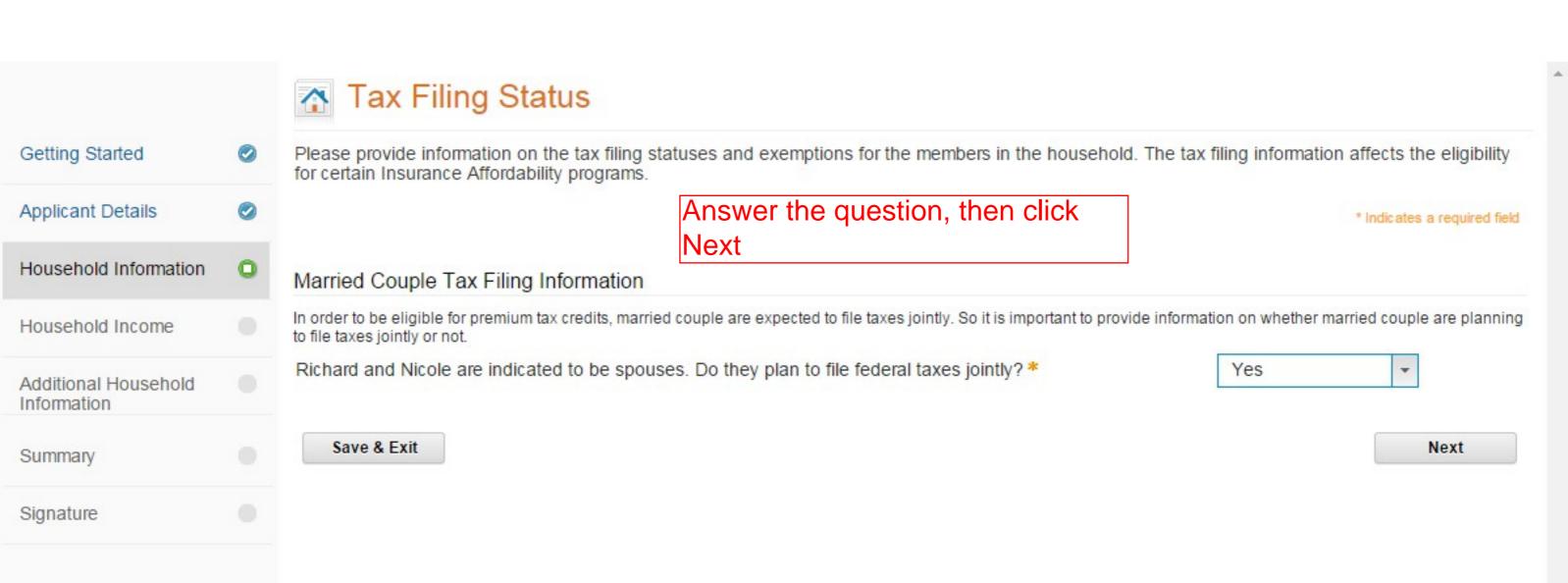
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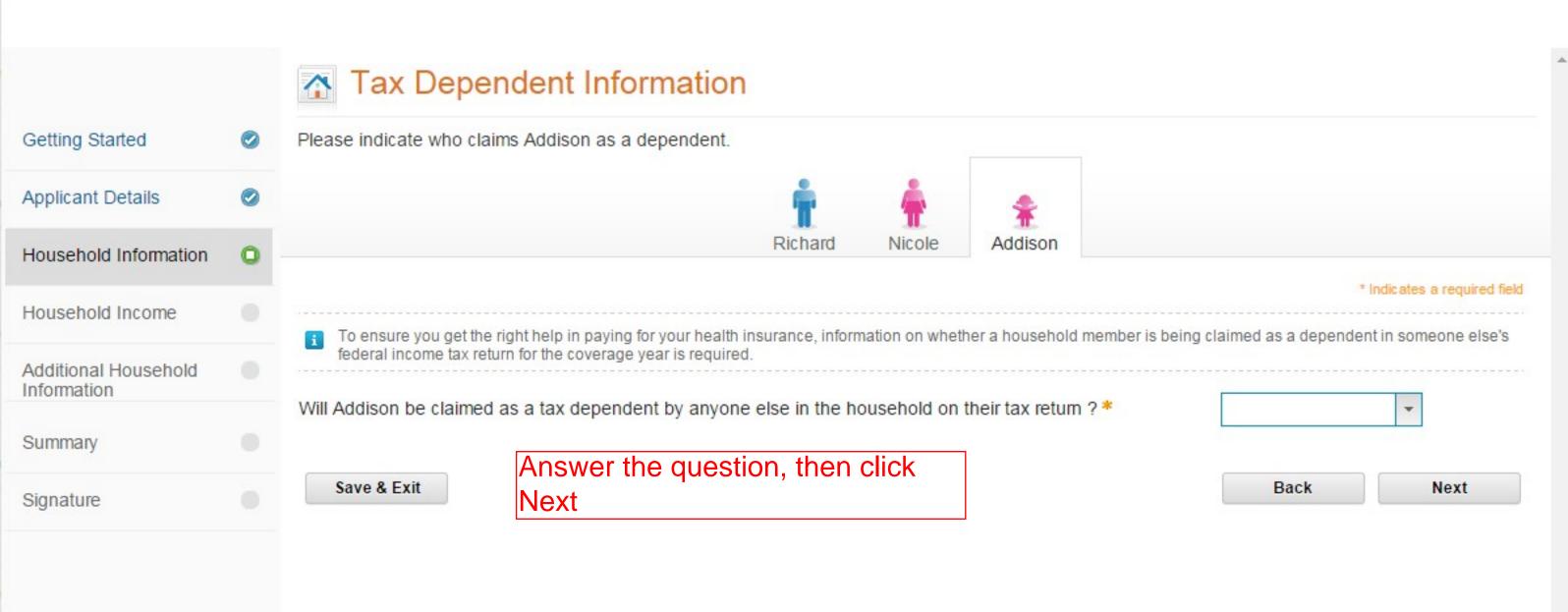


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Where you choose health coverage

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Getting Started

Applicant Details

Household Information

Household Income

Additional Household

Information

Summary

Signature

Where you choose health coverage

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Learn More

This is a summary of the information you have entered so far. Please review it to make sure it is correct, then click

Next at the bottom of the page

Household Summary

Please review the information below to ensure that it is correct.

This is a summary page that lists all of the members in the household as well as the relationship between household members. Please review this information carefully and use the Change link to edit information about any household members. If you need to add additional household member, please click the 'Add' link. To remove a household member, click the 'Remove' link.

Your Details

First Name Richard Middle Name
Last Name Date of Birth 12/5/1988
Gender Male Social Security Number
Citizenship Status U.S. Citizen Supporting Document

Household Members

Add

First Name	Last Name	Date of Birth	Gender	Social Security Number	Citizenship Status	Applying For?	Action
Nicole		4/23/1989	Female		U.S. Citizen	Yes	Change Remove
Addison		4/18/2011	Female		U.S. Citizen	Yes	Change Remove

Household Relationships

From	Туре	То	Action	
Richard	Is the Parent of	Addison	Change	
Richard	Is the Spouse of	Nicole	Change	
Nicole	Is the Parent of	Addison	Change	

SIGN OUT

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Income Section Click on Next

Getting Started Applicant Details Household Information Household Income

Additional Household Information

Summary

Signature

Please Tell Us About Your Household Income

What is this Section About

In this section you will be asked to report the current income for each person listed on this application. Do not report income that you no longer receive. We will use each person's current income to calculate his or her projected annual income for 2014. If you think the projected annual income will be different, you can provide us with a different amount.

If an individual's current income hasn't changed from his/her most recent tax return, you can use his/her tax return as a guide on what types of income and deductions to report.

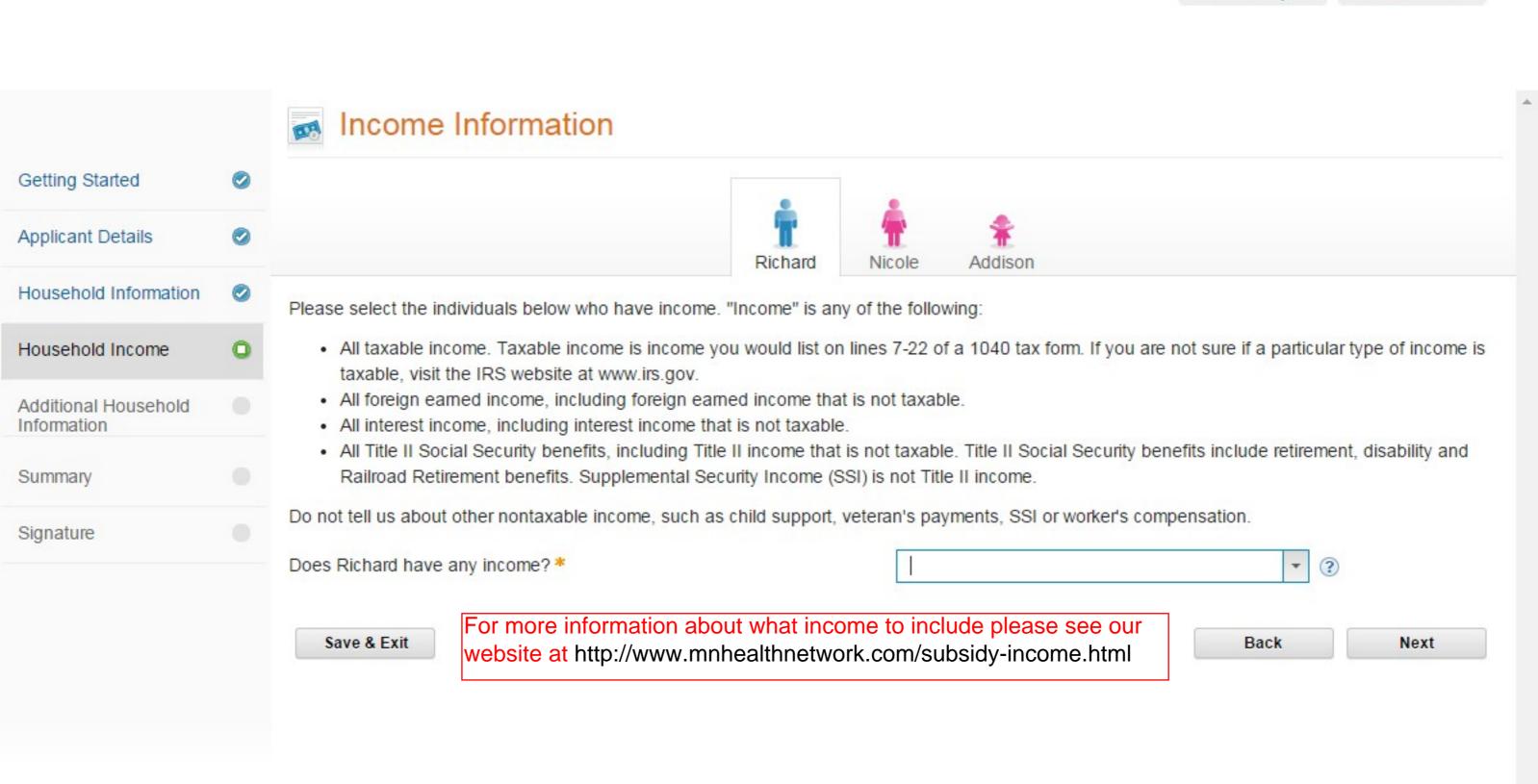
We will compare the information you provide with information we get from the IRS, the Social Security Administration, the Minnesota Department of Employment and Economic Development and other sources. You will be asked to provide proof of the income if what you report is significantly different than the income from these sources.

For this section you may need

- The last tax return made by anyone in your household
- The latest wage information for anyone in your household
- Details of any other income received by anyone in your household

SIGN OUT

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		Enter Income D	etails					
Getting Started		Please enter Richard's current inco guide on what types of income to		Richard's cum	ent income h	asn't changed, you can	use Richard's most recent ta	x return as a
Applicant Details	0			å	å			
Household Information	0			Richard	Nicole	Addison		
Household Income	0	i If Richard receives income from m	nore than one source, be	sure to select "Y	es" on the last	t question and you will be at	ole to enter additional income rec	ords.
Additional Household Information							* Indi	cates a required item
Summary		Income Type *			see o	our website at http:	bout what income to income the income to income the income the income to income the incom	clude please k.com/subsidy-
Signature		Amount *			? Incor	me.html		
		Frequency *	Please Select-		?			
		Does Richard have any more income? *	Please Select-		?			
		Save & Exit					Back	Next

Income Deductions

Please indicate whether Richard has any allowable deductions. Allowable deductions are the types of expenses that are subtracted from the "taxable income" on the front of the 1040 tax return, like alimony paid or student loan interest. For a complete list of allowable deductions see lines 23-35 of the 1040 tax form.



If Richard's current deductions haven't changed, you can use Richard's most recent tax return as a guide on what type of deductions to report.

Does Richard pay for certain things that can be deducted on an income tax return, telling us about them could make the cost of health insurance a little lower.

> For more information about what can be deducted please see our website at http://www.mnhealthnetwork.com/subsidy-income.html

Save & Exit

Back Next

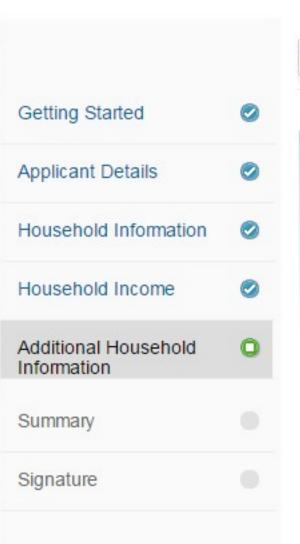
No

(?)

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Additional Household Information Section

More About Your Household

What is this Section About

In this section, you will be asked some simple follow-up questions about you and your household. The answers to these questions will help us work out whether you are entitled to assistance on grounds other than your income, or in some cases to help us work out what level of assistance you are entitled to. If you answer yes to any of these questions, you may be asked to provide more information - for example, if you say that someone in your household has a disability, you will need to provide some extra information about that disability.

For this section you may need

- Details of any current pregnancies for anyone in your household
- Details of disabilities for anyone in your household
- Details of any benefits currently received by anyone in your household

Click on Next

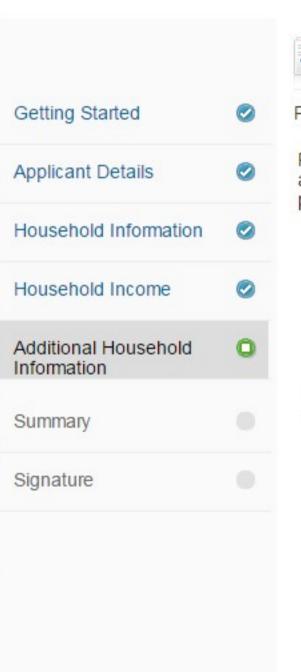
Save & Exit

Next

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Employer Sponsored Coverage Information

Please answer these additional questions about the household.

Please select the individuals below who will be enrolled in employer sponsored coverage or will have access to employer sponsored coverage on or after January 1, 2014. Access to coverage could be through the person's own employment or through another person's employment, such as a parent or spouse.







Save & Exit

This screen is very important.

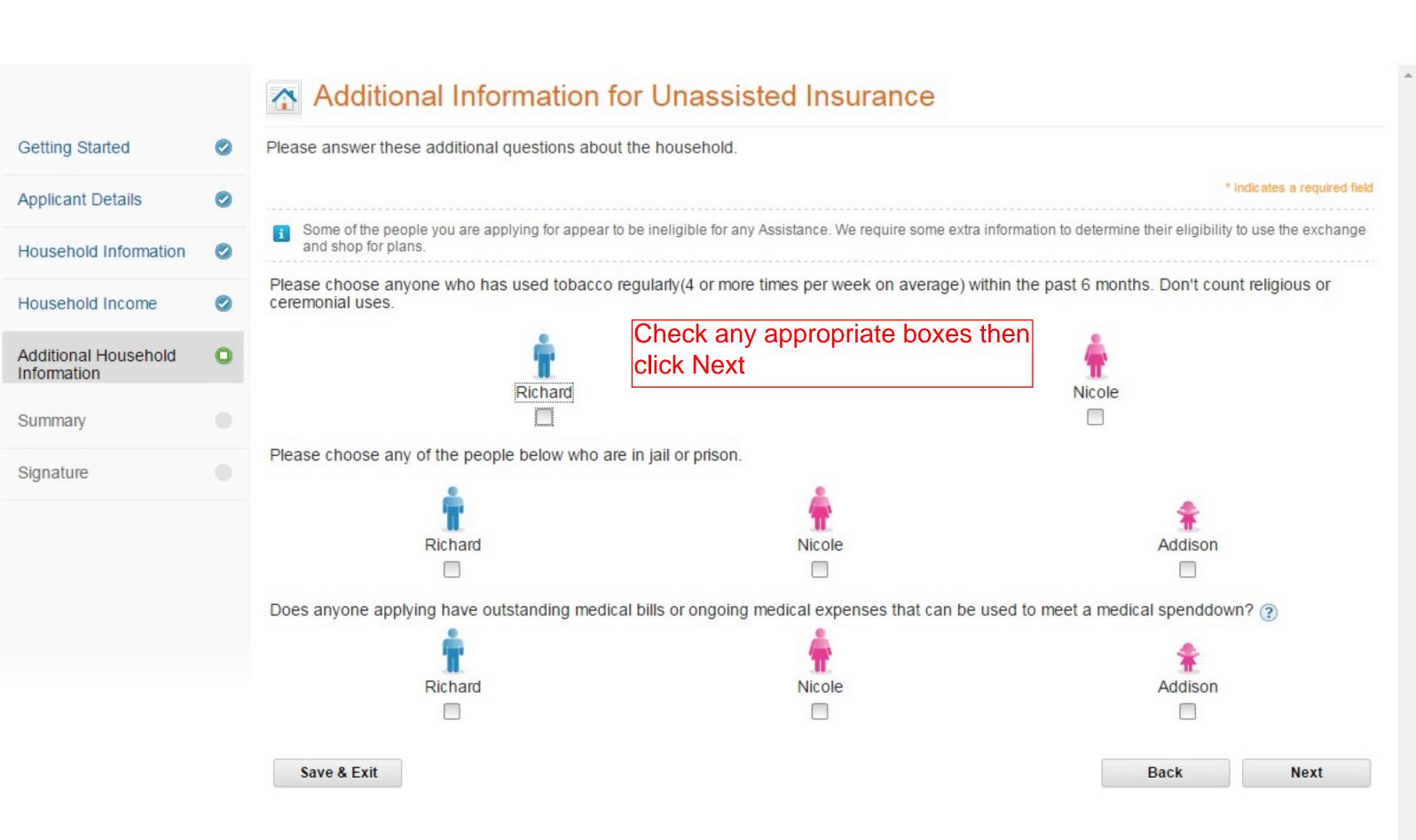
If you or your spouse have ACCESS to employer sponsored coverage (whether you are going to accept it or not), then check the box under their name. If NO ONE in your family has ACCESS to employer coverage, then leave all the boxes unchecked and click on Next

Back

Next

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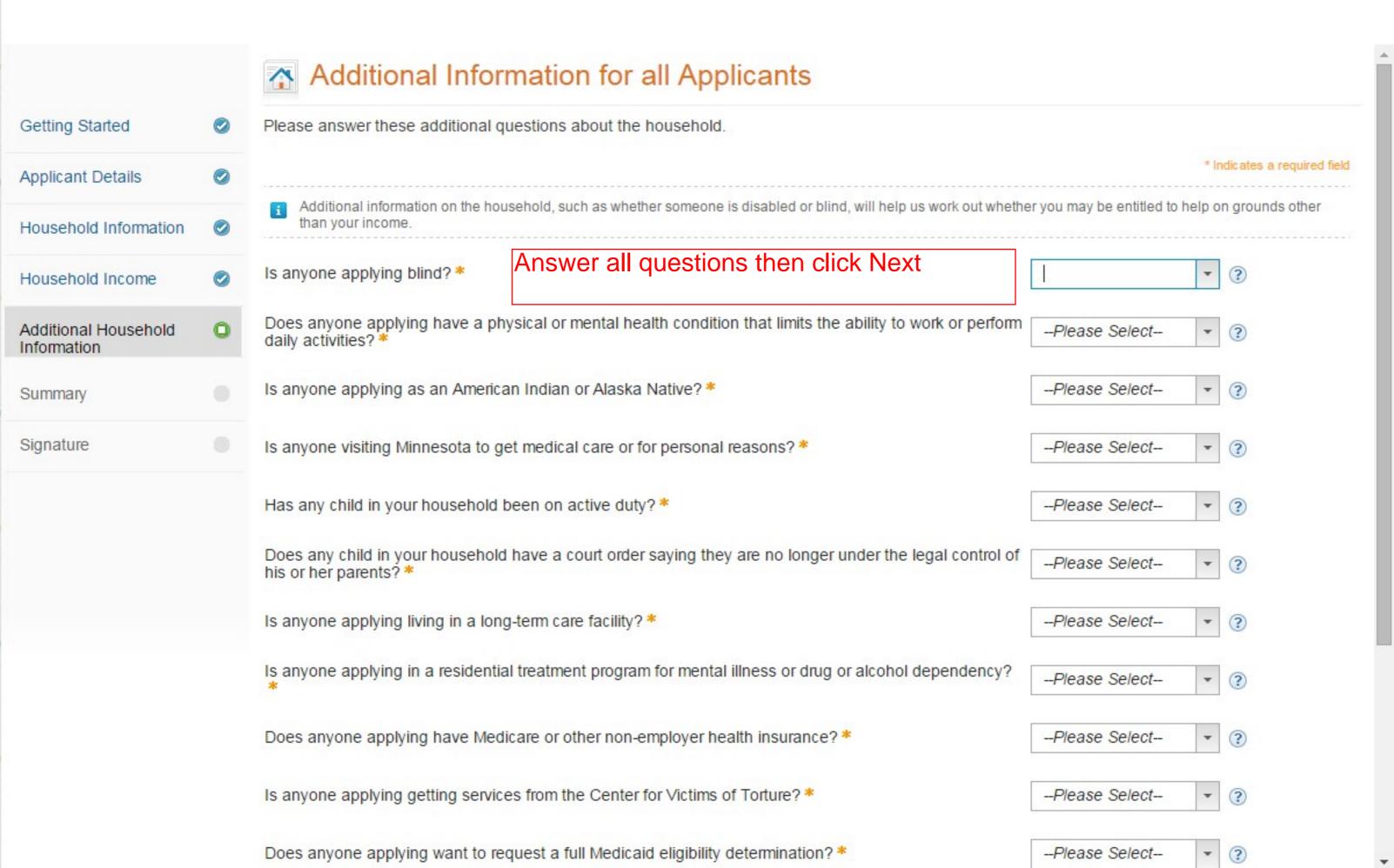


my MNSUre

Where you choose health coverage

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SIGN OUT

This is a summary of everything you have entered to this point. Be aware that once you submit an application you CAN NOT go back and make changes so PLEASE verify this is all correct before proceeding. If everything looks Summary correct then click Next at the bottom.

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You

This is a summary of the information you have given so far. Please review to ensure that it is all correct before continuing.

Please review all information on this page for accuracy. If you need to add information about any individual, please click the 'Add' link next to the appropriate question. To modify any of the information provided, please click the Change link next to the appropriate record. Click the 'Remove' link to remove a record.

Household Information

Getting Started

Applicant Details

Household Income

Additional Household Information

Summary

Signature

About Primary Applicant

Full Name: Richard Gender. Date of Birth: 12/5/1988 Citizenship Status U.S. Citizen

Male

Social Security Number. Supporting Document

Your Household

About Household Members

Member Name	Date of Birth	Gender	Social Security Number	Citizenship Status	Applying For?	Action
Nicole	4/23/1989	Female		U.S. Citizen	Yes	Change Remove
Addison	4/18/2011	Female		U.S. Citizen	Yes	Change Remove

Household Relationships

From	Туре	То
Richard	Is the Parent of	Addison
Richard	Is the Spouse of	Nicole



SIGN OUT

Get Help

		Signature
Getting Started	0	
Applicant Details	0	Did a MNsure Assister help you with this application? ★
Household Information	0	Assister ID * Organization Name * ②
Household Income	0	
Additional Household Information	0	I know I'll be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the agency and won't have to cooperate.
Summary	0	Medical support*
Signature	0	
		To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow MNsure to use income data, including information from tax returns. MNsure will send me a notice, let me make any changes, and I can opt out at any time.
		Yes, I agree to the use of income data to renew my eligibility automatically for the next 5 years (the maximum number of years allowed), or for a shorter number of years:
		Complete the rest of the information on this page then submit your application. NOTE: If you submit an application you will be unable to return to make changes
		1 year Do not use information from tax returns to renew my coverage.
		Renewing Coverage