



welcome
get help learn more

USERNAME* Forgot Your User Name?	Don't have an account? Sign up now
<input type="text"/>	
PASSWORD* Forgot Your Password?	
<input type="password"/>	
<input type="button" value="Cancel"/> <input type="button" value="Sign In"/>	

Sign in with your MNsure username and password

This system is the property of the Minnesota Insurance Marketplace (MNsure) and is subject to the Minnesota Government Data Practices Act. Use of this system without authority from MNsure, or in excess of authority granted, may result the revocation of access privileges, criminal sanctions, and/or other appropriate action. By continuing to use this system, you are representing yourself as an authorized user and as such you agree to use the system only to the extent of the authority granted, within the limits set by the MNsure website [TERMS AND CONDITIONS](#).

This system and equipment will be monitored as required by Minnesota Statutes, Section 62V.06, Subdivision 8, and for training, quality assurance, and the prevention of fraud, waste, and abuse. Such monitoring may result in the acquisition, recording and analysis of all data being communicated, transmitted, processed or stored in this system by a user. If monitoring reveals possible evidence of criminal activity, such evidence may be provided to Law Enforcement Personnel. ANYONE USING THIS SYSTEM EXPRESSLY CONSENTS TO SUCH MONITORING. By signing in to my account, I acknowledge that I have read and agree to the Terms and Conditions.

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](#)

[Continue](#)

Click on Continue



Where you choose health coverage

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APPLY AND ENROLL IN HEALTH INSURANCE

- **START HERE** → Individuals & families apply for health insurance with discounts

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OTHER ACTIONS

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Click on Manage Assister



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Assister Details

Do you need help?
Search for a Assister if you wish to request assistance.

If you are not already working with an assister, you can find an assister in your community by clicking on the 'Get Help' button above. They can guide you through each step of your application.

- Navigators are individuals from trusted organizations trained to provide free face-to-face application and enrollment assistance
- Agents and brokers are trained and licensed professionals offering face-to-face enrollment assistance and advice to help you select a plan.

Add or change my assister Close

If you think someone is taking part in any form of fraud, waste, abuse or ethical violation, we want to know. You can tell us by filing a complaint, even if the events happened in the past. For more information on filing a complaint, please visit our [Fraud Reporting webpage](#).

Click on Add or change my assister



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Select the Assister Helping You

* required field

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- Agents and brokers are trained and licensed professionals offering face-to-face enrollment assistance and advice to help you select a plan.

Enter the Assister Reference

Enter 5380136 here

Reference Number

Assister Details

Once you have entered my Reference Number 5380136 above, click on Search

Reference Number	Name
Address	Email
Phone Number	



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Enter the Assister Reference

Reference Number

My information should now appear here

Assister Details

Reference Number	5380136	Name	Kevin Knutson
Address	104, 12280 Nicollet Ave., Burnsville, Minnesota, 55337	Email	kknutson@mnhi.net
Phone Number	952-224-0123		

Click on Next



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Assister Authorization/Agent of Record

You have selected Richard Otte to act as your assister for completing and updating your MNSure application. By clicking "Confirm", you hereby authorize this assister to act on your behalf and on behalf of any others on your application for the following actions:

- access your data to provide customer service
- enter information about you and your household into an application
- submit an application for you
- select a qualified health plan
- select and apply an advanced premium tax credit amount
- in the case of a broker, access account details with the health insurance carrier in which you have enrolled.

You are also authorizing this assister to provide and view information on all the people who you have listed on the application. MNSure applicants or assisters who provide and view information on behalf of the applicant or household members, dependents, employees or others verify that they have the permission of the individual data subject, or are the legal guardian, or are otherwise authorized to access and submit the information, and must agree to safeguard it. Individuals who view or submit information on behalf of another individual also agree to only use personally identifiable information for the purpose of completing the proper application or as otherwise allowed by state or federal law and to safeguard the data from unauthorized access, use, modification, destruction, theft, or disclosure. The information on your application is private data.

By clicking "Confirm", you allow this assister to get information about your application and act on matters related to this application, including signing your application on your behalf and enrolling in a qualified health plan on your behalf.

By clicking "Confirm", you acknowledge that you are still responsible for meeting all applicable deadlines for enrolling in coverage.

Before accepting, please review the [MNSure Privacy Warnings](#), which describe the purpose and intended use for collecting private data on your application and whether there are consequences for refusal to provide the data. The Privacy Warnings also define the entities and individuals with whom your information may be shared and how long MNSure will keep your information. Further information about your privacy rights and responsibilities is located on the [Terms and Privacy page](#).

You can end this authorization at any time through your MNSure online account or by calling the MNSure Contact Center.

If you do not wish to authorize this assister to take these actions, please select click "Cancel".

Click on Confirm

Confirm Cancel



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 Assister Details

Your Assister details

This is the person you have authorized to help you apply and enroll.

Reference Number	5380136
Name	Kevin Knutson
Address	104, 12280 Nicollet Ave., Burnsville, Minnesota, 55337
Phone Number	952-224-0123
Email	kknutson@mnhi.net

The assister named here is authorized to get information about your application and act on matters related to this application, including signing your application and enrolling in a qualified health plan on your behalf. To end this authorization, click "Remove this assister." You can revoke your authorization at any time; however, that action will not affect information provided or actions taken prior to that date under a valid authorization.

[Add or change my assister](#) [Remove this assister](#) [Close](#)

If you think someone is taking part in any form of fraud, waste, abuse or ethical violation, we want to know. You can tell us by filing a complaint, even if the events happened in the past. For more information on filing a complaint, please visit our [Fraud Reporting webpage](#).

Once you get to this screen, I have been added as your Assister. Click on the MNsure logo and return to the previous screen

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Home page for individuals and families

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Click this link to begin the application



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 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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About You Section

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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

[Click Next](#)[Next](#)

This is fairly straightforward. Complete all of the fields that have an asterisk *

Information About You

Please provide some information about yourself.

* Indicates a required field

i We need one adult in the family to be the contact person for your application. Please enter your personal details below. You will be designated as the primary contact for the application. If you choose to include yourself in the application for coverage, the information you provide will be used to verify your identity, income and citizenship status. You will also be designated as the primary applicant.

Your Details

First Name *	<input type="text"/>	?	Middle Name	<input type="text"/>	?
Last Name *	<input type="text"/>	?	Suffix	<input type="text" value="-Please Select-"/>	?
Gender *	<input type="text" value="-Please Select-"/>	?	Marital Status *	<input type="text" value="-Please Select-"/>	?
Date of Birth *	<input type="text"/>	?			

Your Home Address

Your address is required in order to determine your eligibility to use this exchange and also so that we can contact you with regard to any decisions we make about your eligibility.

Do you live in Minnesota? * [?](#)

Do you plan to make Minnesota your home? * [?](#)

Other Contact Information

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

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Complete all fields that have an asterisk *

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

Preferred Contact Method. *

Phone Number Type

Alternate Phone Number Type

E-Mail Address ?

What language do you speak most of the time? * ?

What is your preferred written language? * ?

Do you want us to send you a voter registration card? * ?

How would you prefer to receive notices? * ?

You can choose an authorized representative

You can give a trusted person permission to act for you on matters related to this application, including getting information about your application. This person is called an "authorized representative".

Do you want us to send you a form to name someone as your authorized representative? * ?

Help paying for your health benefits

Are you applying for yourself? * ?

Save & Exit

Next



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Race and Ethnicity

Complete all fields that have an asterisk *

Please select options from below that best describe you. This information is captured for statistical purposes only. The response will not impact the individual's eligibility for assistance.

Are you of Hispanic, Latino, or Spanish origin?

RACE:(OPTIONAL - Check all that apply)

- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean

- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White
- Other

If Other, please specify:

Additional Information

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.

Do you have a Social Security Number? *

Are you a US Citizen? *

Were you ever in foster care in Minnesota? *

Save & Exit

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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

Other Household Members

In order to properly determine your eligibility, we need to know about any other people in the household.

* Indicates a required field

i In order to determine whether you and/or your family members are eligible for insurance assistance, we must collect information about all members of the household. If you plan on filing taxes with anyone (either as a spouse or a dependent) or if you share a home with anyone, please indicate that there are other people in the household.

In order to properly determine what help each member of your household is eligible for, you need to ensure that the following people are included in your application:

- Anyone who lives in the same house as any of the people you are applying for
- Anyone who is a tax dependent of any of the people you are applying for

Is there anyone else in the household? *

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If there is anyone else living with you select YES, otherwise choose NO

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Richard



* Indicates a required field

Please tell us about the next person in your household by filling in the information below. You may be asked more questions about this person on the next screen depending on whether you wish to find out whether you can get help paying for this person's health insurance and health benefits.

Enter the personal information for everyone else in your household, one at a time

Details

First Name *	<input type="text"/>	<input type="text"/>	Middle Name	<input type="text"/>
Last Name *	<input type="text"/>	<input type="text"/>	Suffix	<input type="text" value="--Please Select--"/>
Gender *	<input type="text" value="--Please Select--"/>	<input type="text"/>	Marital Status *	<input type="text" value="--Please Select--"/>
Date of Birth *	<input type="text"/>	<input type="text"/>		

Contact Details

Does this person live with you? *

Does this person plan to make Minnesota his/her home? *

Are you applying for the person highlighted? *

Save & Exit

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Household Member Extra Details

More information about Nicole



Based on the information you already provided about this person, we need to ask some more questions so we can be sure that we're giving everyone in your household the help they need.

Complete any fields with an asterisk *

Race and Ethnicity

Please select options from below that best describe Nicole. This information is captured for statistical purposes only. The response will not impact the individual's eligibility for assistance.

Are you of Hispanic, Latino, or Spanish origin?

RACE:(OPTIONAL - Check all that apply)

- American Indian or Alaska Native
- Asian Indian
- Black or African American
- Chinese
- Filipino
- Guamanian or Chamorro
- Japanese
- Korean

- Native Hawaiian
- Other Asian
- Other Pacific Islander
- Samoan
- Vietnamese
- White
- Other

If Other, please specify:

Additional Information

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.

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More People?

People included so far



Richard



Nicole

* Indicates a required field

Please review the list of people added to the application below and decide whether you need to add any more people.

People Added So Far

First Name	Last Name	Date of Birth	Applying For?
Richard	██████	12/5/1988	Yes
Nicole	██████	4/23/1989	Yes

The table above shows the people you have added to the application so far. In order to properly determine what help each member of your household is eligible for, you need to ensure that the following people are included in your application

- Anyone who lives in the same house as any of the people you are applying for
- Anyone who is a tax dependent of any of the people you are applying for

If you have anyone else living in the household choose YES, otherwise choose NO

Do you need to add any more people? *

Save & Exit

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Tax Filer Information

Please choose the tax filers in the household

* Indicates a required field

i The way that you file your taxes affects your eligibility for certain medical insurance programs. You must indicate all household members who are expected to file taxes this year. Most adults who receive any sort of income are expected to file taxes.

For married couples filing together, please choose both filers. Please do not select individuals who will be listed as dependents on your tax return, unless they are also required to file their own tax return.

If anyone in the household expects to file taxes for the year 2014, please select them below: 



Richard



Nicole



Addison



Save & Exit

Check the box below all individuals who will be filing a tax return

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Tax Filing Status

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Please provide information on the tax filing statuses and exemptions for the members in the household. The tax filing information affects the eligibility for certain Insurance Affordability programs.

Answer the question, then click Next

* Indicates a required field

Married Couple Tax Filing Information

In order to be eligible for premium tax credits, married couple are expected to file taxes jointly. So it is important to provide information on whether married couple are planning to file taxes jointly or not.

Richard and Nicole are indicated to be spouses. Do they plan to file federal taxes jointly? *

Yes

Save & Exit

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Tax Dependent Information

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Please indicate who claims Addison as a dependent.



Richard



Nicole



Addison

* Indicates a required field

i To ensure you get the right help in paying for your health insurance, information on whether a household member is being claimed as a dependent in someone else's federal income tax return for the coverage year is required.

Will Addison be claimed as a tax dependent by anyone else in the household on their tax return ? *

Save & Exit

Answer the question, then click
Next

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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.

i 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	Type	To	Action
Richard	Is the Parent of	Addison	Change
Richard	Is the Spouse of	Nicole	Change
Nicole	Is the Parent of	Addison	Change

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Income Section

Click on Next

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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

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Income Information



Richard



Nicole



Addison

Please select the individuals below who have income. "Income" is any of the following:

- All taxable income. Taxable income is income you would list on lines 7-22 of a 1040 tax form. If you are not sure if a particular type of income is taxable, visit the IRS website at www.irs.gov.
- All foreign earned income, including foreign earned income that is not taxable.
- All interest income, including interest income that is not taxable.
- All Title II Social Security benefits, including Title II income that is not taxable. Title II Social Security benefits include retirement, disability and Railroad Retirement benefits. Supplemental Security Income (SSI) is not Title II income.

Do not tell us about other nontaxable income, such as child support, veteran's payments, SSI or worker's compensation.

Does Richard have any income? *

Save & Exit

For more information about what income to include please see our website at <http://www.mnhealthnetwork.com/subsidy-income.html>

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Enter Income Details

Please enter Richard's current income details below. If Richard's current income hasn't changed, you can use Richard's most recent tax return as a guide on what types of income to report.

Richard Nicole Addison

i If Richard receives income from more than one source, be sure to select "Yes" on the last question and you will be able to enter additional income records.

* Indicates a required item

Income Type * ?

Amount * ?

Frequency * ?

Does Richard have any more income? * ?

For more information about what income to include please see our website at <http://www.mnhealthnetwork.com/subsidy-income.html>

Save & Exit

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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.



Richard



Nicole



Addison



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.

No



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

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Additional Household Information Section

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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

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Employer Sponsored Coverage Information

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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.



Richard



Nicole



Addison



Save & Exit

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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

Additional Information for Unassisted Insurance

Please answer these additional questions about the household.

* Indicates a required field

Some of the people you are applying for appear to be ineligible for any Assistance. We require some extra information to determine their eligibility to use the exchange and shop for plans.

Please choose anyone who has used tobacco regularly(4 or more times per week on average) within the past 6 months. Don't count religious or ceremonial uses.

Richard

Nicole

Check any appropriate boxes then click Next

Please choose any of the people below who are in jail or prison.

Richard

Nicole

Addison

Does anyone applying have outstanding medical bills or ongoing medical expenses that can be used to meet a medical spenddown? ?

Richard

Nicole

Addison

Save & Exit

Back


Next

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- Applicant Details
- Household Information
- Household Income
- Additional Household Information
- Summary
- Signature



Additional Information for all Applicants

* Indicates a required field

 Additional information on the household, such as whether someone is disabled or blind, will help us work out whether you may be entitled to help on grounds other than your income.

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Please answer these additional questions about the household.

Is anyone applying blind? *


Answer all questions then click Next

Does anyone applying have a physical or mental health condition that limits the ability to work or perform daily activities? *


Is anyone applying as an American Indian or Alaska Native? *


Is anyone visiting Minnesota to get medical care or for personal reasons? *


Has any child in your household been on active duty? *


Does any child in your household have a court order saying they are no longer under the legal control of his or her parents? *


Is anyone applying living in a long-term care facility? *


Is anyone applying in a residential treatment program for mental illness or drug or alcohol dependency? *


Does anyone applying have Medicare or other non-employer health insurance? *

Is anyone applying getting services from the Center for Victims of Torture? *

Does anyone applying want to request a full Medicaid eligibility determination? *

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 correct then click Next at the bottom.

 Summary

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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.

You

About Primary Applicant

Full Name:	Richard [REDACTED]	Gender:	Male
Date of Birth:	12/5/1988	Social Security Number:	[REDACTED]
Citizenship Status	U.S. Citizen	Supporting Document	

Your Household

About Household Members

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

Household Relationships

From	Type	To
Richard	Is the Parent of	Addison
Richard	Is the Spouse of	Nicole



Where you choose health coverage

myMNSure

SIGN OUT

Get Help

Learn More

Signature

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Did a MNSure Assister help you with this application? *

No

Assister ID *

Organization Name *

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.

Medical support *

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:

- 4 years
- 3 years
- 2 years
- 1 year
- Do not use information from tax returns to renew my coverage.

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

Renewing Coverage