

## Applying for MNsure – Helpful Information Packet

- We highly recommend that you complete the application in one sitting and have all the information needed before beginning.
- Do not try to complete the online MNsure application using your phone or tablet.
- Read the information and questions carefully. If you get an error message, you need to go back to fix the information you entered.
- Internet browsers that work best with the MNsure website are:
  - Firefox 17-22 and 24
  - Google Chrome 30
  - Internet Explorer (IE) 9
  - Safari 6.0.5 on a Mac

### Before Starting Your Online Application, You Will Need:

- Social Security number for each person you are applying for.
- Date of birth for everyone in household (not just those applying)
- For non-citizens, Green Card, or other immigration documents
- Two most recent pay stubs for each person applying
- Documents for other sources of income (social security, unemployment, self-employment, etc.) for each person applying
- W2 form or Employer Tax ID Number (EIN) for each person applying
- Employer's address and contact information for each person applying
- Information about Health Insurance offered by your employer. Know whether it meets minimum essential coverage standard and what the lowest cost premium is for a single plan. See the attached Appendix A.

### Helpful Hints for Creating Your Account:

- Write down your username and password correctly, you will need it again
- Use your legal name as it appears on your Social Security card
- Do not use punctuation when entering your information
- If you live on a ½ street location, spell out “and half”
- Write phone numbers in this format: (111)111-1111
- Write Date of Birth in this format: 01/01/1111

### Helpful Hints for Entering Your Application:

- Include every person on the application that you claim as a tax dependent and that is related to you and lives in your home, even if you are not applying for them.
- Answer all questions that have an \* listed next to it
- Do not use punctuation when entering your information
- Do not use the calendar provided. Date of Birth is easier to type in using this format: 01/01/1111
- Make sure to enter your complete address including apartment number  
**If you are homeless, do not check the homeless box.** Enter an address where you can get mail, or enter General Delivery, Anoka, MN 55303. You will need to go to the Anoka Post Office to set up general delivery and go there at least once every 2 weeks to pick up your mail.
- Enter each household member's Social Security number with dashes (-), no spaces
- When entering income, use your gross earnings (the amount before taxes are taken) that you receive in a pay period or a month.
- Projected Annual Income (PAI) – This is the total of all your gross income you have earned so far in the year, plus any more you will make in the year that you are applying for health care.
- Before you submit your application, confirm the information is correct. Double check the pay frequency and income amount for any wages entered in the application.
- The page ‘Additional Information for all Applicants’ asks, “Does anyone applying have Medicare or non-employer health insurance?” If the only insurance you have is MinnesotaCare or Medical Assistance, select ‘No’ from the drop-down menu.

**MNSure.org Account Creation Worksheet**

MNS-15 12/2/19

**USERNAME**

- Only letters and numbers
- No space or special characters
- Username and password can't be the same

**PASSWORD**

- Must include 8 characters or more
- Must have at least 1 number
- Must have at least 1 uppercase and at least one lowercase letter
- Must have at least 1 special character from the following list:  
 , ! " # \$ % & ' ( ) . ; = ? @
- Cannot contain your first, last or username

**PIN (OPTIONAL)**

- One word (no numbers)
- At least four letters

**EMAIL ADDRESS (OPTIONAL)**

**KEEP SECURE – FOR YOUR RECORDS**

**QUESTIONS?**

- Qualified Health Plan (QHP) coverage: Call the MNSure service center at 855-366-7873 or the health insurance carrier directly.
- Medical Assistance: Call Anoka EZ info: 763-422-7200
- MinnesotaCare: Call DHS: 651-297-3862, 1-800-657-3672

**If you would like this form saved to your case file for your use in future updates or applications in MNSure, please sign and date here. You may request that this document be deleted at any time.**

Name \_\_\_\_\_ Date \_\_\_\_\_

You are required to report all household changes within 10 days to your worker

**PICK 5 SECURITY QUESTIONS**

- Must answer 5 of these questions
- Choose one-word answers
- Cannot choose any of the same questions

1. What is your favorite food?

2. What is your favorite sports team?

3. Where did you meet your spouse/partner?

4. What is/was your grandfather's occupation?

5. In what city or town did your mother and father meet?

6. What is the name of our favorite childhood friend?

7. In what city or town would you like to retire to?

8. What was the model of your first car?

## MNSURE APPLICATION: STEPS TO APPLY ONLINE

The steps outline below are a guide for filling out the online MNSure application. Please print this guide to help you as you complete the application. You will complete three main steps (please see the sections below for more details on each main step):

1. Identity proofing: Enter your general information and MNSure will try to confirm your identity with the information you provided before allowing you to create an account.
2. Account creation: Once MNSure confirms your identity, you will be asked to create an online account.
3. Application: After creating the account, you can log into your account and complete a MNSure application. Make sure to **'Apply with Financial Assistance'**

Use Google Chrome or Mozilla Firefox as your web browser. Make sure you have the most up-to-date version of the browser installed. You cannot apply on a tablet or your phone.

***Try to enter correct information as you fill out the application. It is harder to change or fix the application when you get to the summary page.***

Before creating an online account:

- If you have never created a MNSure online account, you must start with step 1.
- If you have created an online account before, login to submit a new application with step 9.
- If you do not remember your username and/or password, you will need to call the MNSure contact center 855-366-7873 to get the information. Navigators are not able to provide this information.

STEPS TO APPLY ONLINE:

1. Go to [www.mnsure.org](http://www.mnsure.org)
2. Click on Create Account
3. Click on Create Account & Apply
4. Read through the 'Register for a MNSure Account' and click on Next
5. Agree to privacy terms and click on Accept
6. Identity proofing: Enter your information to confirm your identity. You must complete every field with an asterisk/start (\*).
7. Answer the multiple-choice questions and continue.
  - a. If you receive a message stating 'MNSure is not able to confirm your identity online', you may fill out a **MNSure Account Request form**, so MNSure can create an online account for you. Please fill out this form and send it to MNSure. This process takes 1-2 weeks. MNSure will send your username and temporary password by mail or email. When you receive this information, you can go to step 7.

OR

- b. You can complete a paper application which may have a faster response time.
8. Account Creation:
  - a. On this page you will create a username, password, shared secret, and security questions. The shared secret is another form of security.
  - b. PLEASE make sure you are following the username/password/shared secret rules, as shown in the '?' or you will not be able to continue to the next page. You may not use special characters (!@#)\$%) in the username, shared secret, or answers to security questions. Special characters are only allowed in the password. Please write down and save your username and password, so you can log into your account.
9. Once you create an account, you need to log in by entering the username and password you created. If this does not work, you may contact MNSure at 855-366-7873 to reset your password. They will give you a temporary password and you can change it when you login.

Make sure to try your temporary password when you are on the phone with MNSure. If it doesn't work, you won't have to call back again.

10. Click 'Next' to continue and agree to the privacy terms.
11. Application:
  - a. Click on 'Apply for health coverage **WITH** financial help'.
  - b. Read and check that you agree with the privacy warnings.
  - c. This brings you to the MNSure application. Enter your information first. Make sure you include everyone in your family and your tax-filing unit. Indicate if they are applying or not.
  - d. Income: This section has multiple questions. You will need to provide your current income as well as your projected annual income.

- i. Current Income = total amount of gross income you receive (before taxes) in a pay period or month (you can select how often you are paid).
  - ii. Projected Annual Income = total amount of gross income (before taxes) you think you will get in the calendar year for which you are asking for healthcare. This includes all income you received this year; plus, any income you think you will get the rest of the year. If you had a change in hours or pay you should use that to make an estimate. You should take the Year to Date total gross income from your last pay stub and add the amount you think you will get the rest of the year.
- e. Employer Insurance: If your employer offers insurance, you must provide the information to move to the next section of the application. Even if you currently don't have employer insurance, the information still needs to be provided.

You may need to have your employer fill out the attached MNSure **Appendix A** form to provide the information.

**f. Make sure everything on the summary page is correct before you move on.**

- i. If you need to make changes, you one of the methods below:
    - 1. Use the tab on the left-hand side, you can select the section you need to edit at any time when filling out the application.
    - 2. In the summary page, each section has the option to 'edit'. You can click in 'edit' and it will take you to the beginning of that section.
  - ii. Double check that your income is correct. The system will change your income to a monthly amount instead of biweekly if that is what is selected. This could make your income wrong and you may not get the benefits you need.
  - iii. When making changes and completing your edits, you have to click the 'Next' button and go through the pages until you return to the summary page. The page after the summary page will be the last page before your application is saved. You won't be able to make changes at that point.
- g. Enter your electronic signature (type your name)
- h. Click Submit to submit your application
- i. Final page: Says what program you can get based on the information you entered.

**12. Plan Selection (Qualified Health Plans (QHP)only)**

- a. If you are eligible for an Advanced Premium Tax Credit and need to enroll in a Qualified Health Plan, or were only determined for Unassisted QHP, you can select 'Enroll in Plans' and choose a plan.
- b. If you need more information on plans available or need help selecting a plan that fits your needs a broker can help you. To find a broker in your area go to this link: <https://www.mnsure.org/help/find-assister/index.jsp>

**AFTER SUBMISSION:**

You will get the results by mail. It will tell you if any information or documents are needed to determine your healthcare eligibility.

# APPENDIX A

## Health Coverage from Jobs

Answer these questions if someone in the household is eligible for health coverage from a job but is not enrolled. Attach a copy of this page for each job that offers coverage. **Take this form to your employer that offers coverage to help you answer these questions.** You can use this information to complete your application.

### EMPLOYEE Information

1. EMPLOYEE NAME (FIRST, MIDDLE, LAST)	2. EMPLOYEE SOCIAL SECURITY NUMBER
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### EMPLOYER Information

3. EMPLOYER NAME	4. EMPLOYER IDENTIFICATION NUMBER (EIN)	
5. EMPLOYER ADDRESS		6. EMPLOYER PHONE NUMBER
7. CITY	8. STATE	9. ZIP CODE
10. Whom can we contact about employee health coverage at this job?		
11. PHONE NUMBER (if different from above)	12. EMAIL ADDRESS	

13. Were you offered coverage through a job for the current plan year, or will you be eligible for coverage in the next three months?

**Note:** Answer yes if you could have enrolled but did not, even if you did not want coverage or thought it was too expensive.

Yes – continue

13a. If you are in a waiting or probationary period, when could coverage begin (MM/DD/YYYY)?

List the names of anyone else that is eligible for coverage from this job.

No – stop here and go to step 3 in the application

### Tell us about the health plan offered by this employer.

14. Does the employer offer a health plan that meets the minimum value standard*? <input type="radio"/> Yes <input type="radio"/> No
a. What is the name of the lowest-cost plan offered <b>only to the employee</b> by the employer? _____
b. How much would the employee pay in premiums for this plan if he or she received the maximum discount for not using tobacco or any tobacco cessation program offered? \$ _____
c. How often?      Weekly      Every two weeks      Twice a month      Monthly      Quarterly      Yearly
15. What change will the employer make for the new plan year (if known)?
Employer will not offer health coverage
Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard. * (Premium should reflect discounts for not using tobacco and tobacco cessation programs. See question 14.)
a. How much would the employee have to pay in premiums for this plan? \$ _____
b. How often?      Weekly      Every two weeks      Twice a month      Monthly      Quarterly      Yearly
Date of change (MM/DD/YYYY): _____

\* Plans that pay at least 60 percent of allowed costs and cover most inpatient hospital and physician services meet the "minimum value standard" (see Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).

# APPENDIX C

## Assistance with Completing this Application

### You can choose an authorized representative

You can give a trusted person permission to talk about this application with us, see your information and act for you on matters related to this application, including getting information about your application and signing your application on your behalf. This person is called an "authorized representative." If you ever need to change your authorized representative, call the MNSure Contact Center at 855-366-7873.

A legally appointed representative for someone on this application must submit proof with the application.

1. NAME OF AUTHORIZED REPRESENTATIVE (First Name, Middle Name, Last Name)		RELATIONSHIP TO YOU, IF ANY	
2. ADDRESS		3. APARTMENT OR SUITE NUMBER	
4. CITY		5. STATE	6. ZIP CODE
7. PHONE NUMBER	8. ORGANIZATION NAME		9. ID NUMBER (If applicable)
By signing, you allow this person to sign your application, get official information about this application and act for you on all future matters with this agency.			
10. YOUR SIGNATURE			11. DATE (MM/DD/YYYY)
<b>Authorized Representative Signature</b> By signing, I agree to be an authorized representative for this household. I understand my responsibilities including keeping information about the people applying on this application private.			
<input type="checkbox"/> I would like to get information by email at: _____			
AUTHORIZED REPRESENTATIVE SIGNATURE			DATE (MM/DD/YYYY)

### For certified application counselors, navigators, in-person assisters, agents, and brokers only.

Complete this section if you are a certified application counselor, navigator, in-person assister, agent or broker filling out this application for somebody else.

1. APPLICATION START DATE (MM/DD/YYYY)	2. NAME OF APPLICANT (First Name, Middle Name, Last Name, Suffix)		
3. NAME OF ASSISTER (First Name, Middle Initial, Last Name)			4. ASSISTER PHONE NUMBER
5. ORGANIZATION NAME			6. ASSISTER ID NUMBER