



Giving Permission for Someone to Act on My Behalf

Someone with permission to act on your behalf is called an authorized representative. This person will have the same responsibilities as you regarding your eligibility and enrollment through MNSure. He or she will receive forms, notices and premium notices on your behalf and can report any application changes or updates.

What do I need to do to give this permission?

Read the information in this document carefully. If you wish to give someone permission to act on your behalf, complete Part 1 of the form yourself. Then your authorized representative needs to complete Part 2 of the form. Both you and this person must sign and date this form.

Mail the form to:

MNSure Operations
PO Box 64253
St. Paul, MN 55164-0253

Or fax the form to 651-431-7770.

If you have questions, call the MNSure Contact Center at 855-366-7873.

(form is on next page)

Part 1: I want to give permission for someone to act as my authorized representative.

I understand the following:

- My authorized representative must be at least 18 years old and know my circumstances in order to provide necessary information about me.
- My authorized representative will be authorized to access eligibility and enrollment information about me so they can make informed decisions for me.
- Although the information about me is considered private at MNsure, MNsure cannot control how the information is shared by my authorized representative.
- My authorized representative can help me fill out forms, give information about me, and must report changes that may affect my eligibility and enrollment through MNsure.
- My authorized representative can act for me until I no longer want him or her to. I must tell MNsure if I no longer want this individual to act on my behalf.
- I am being asked to provide the information below to allow MNsure to verify my identity. If I do not provide this information, I will not have an authorized representative.
- MNsure employees and others with legal authority will have access to this data. This information may be kept for up to ten years.

I give permission to _____ to act for me.
(PRINT THE FIRST AND LAST NAME OF THE PERSON ACTING ON YOUR BEHALF)

YOUR NAME (print)	SIGNATURE		DATE
YOUR STREET ADDRESS	CITY	STATE	ZIP CODE
YOUR PHONE NUMBER			

Part 2: I want to act as someone's authorized representative.

I understand the following:

- I will have the same responsibilities as the individual above regarding his or her eligibility and enrollment through MNsure, including a responsibility to report any application or enrollment changes.
- As a result of these responsibilities, I will have access to MNsure's private information about this individual. I must treat the information according to the laws and policies that apply to me as an authorized representative.
- As an authorized representative, I will have the power to complete and submit an application for the individual above; report application or enrollment changes; receive copies of his or her eligibility notices or other communications from MNsure; and generally act on his or her behalf with MNsure.
- I am required to follow applicable state and federal laws concerning conflicts of interest.
- I must notify MNsure and the individual above if I no longer have the authority to act as an authorized representative.
- I am being asked to provide the information below to allow MNsure to verify my identity and contact me if needed. If I do not provide this information, I will not be an authorized representative. MNsure employees and others with legal authority will have access to this data. This information may be kept for up to ten years.

SIGNATURE OF PERSON ACTING ON YOUR BEHALF	DATE		HIS/HER PHONE NUMBER
HIS/HER STREET ADDRESS	CITY	STATE	ZIP CODE

1-855-366-7873

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လိဉ် တီလိဉ်မိတၢ်အံၤန့ၢ်,ကိးဘဉ်လိဝဲစီနီၢ်ဂံၢ်လၢထးအံၤန့ၢ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໄປຣດຊາຍ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB2 (8-16)



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