



## Request to Update Authorized Contacts

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Name of Organization: \_\_\_\_\_

In compliance with our continuing obligation to notify MNSure of any changes to our authorized contacts, we are requesting that the following role(s) be updated for our organization:

**Updated Agency Administrator/Primary Contact**

(Responsible for the administration of organizational data, including location address changes, activating or inactivating individual assisters using the agency's roster, coordination and communication regarding assister certification status, ensuring individual assister data is current and accurate.)

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

**Updated Authorized Representative/Contract Manager**

(Delegated authority within organization to be responsible to ensure the duties and obligations of the contract are met. Works with MNSure's authorized representative to seek technical assistance and address contract questions or concerns. May be the same individual with signature authority.)

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

**Updated Information Privacy and Security Responsible Party**

(Responsible for agency data privacy and security, including following-up with staff who have received a warning for non-compliance with data privacy. Also ensure staff successfully complete training, which includes training on data privacy requirements and that staff continue to comply with requirements.)

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

**Updated Payment Coordinator (navigator and in-person assister organizations only)**

(Responsible for receiving payment remittance statements and enrollment reports and ensuring information is available to financial staff within the organization. Also responsible for contacting MNSure regarding any enrollment payment issues and taking the steps needed to resolve those issues as directed.)

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

**Updated Signature Authority**

(Has delegated authority from the organization to enter into legal agreements. The signature authority is also responsible for signing the organization's contract. Please disclose any possible conflicts of interest.)

Name \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_

Submit form electronically to [navigators@mnsure.org](mailto:navigators@mnsure.org) (subject line "Update Authorized Contacts").

**In order to be processed, requests should be submitted by your current or updated Authorized Representative or Signature Authority.**