



# Navigator Case Association Form (5-2018)

This form should not be submitted if a navigator has already used another method of associating with the consumer's application or enrollment (see [Policies and Procedures on Navigator One Stop](#)).

**This information can also be submitted using the online Navigator Case Association Form under [Essential Tools](#) on Navigator One Stop.**

NAVIGATOR NAME*	PHONE NUMBER*	EXTENSION	NAVIGATOR ID NUMBER*
NAVIGATOR ORGANIZATION*		NAVIGATOR EMAIL ADDRESS*	

Re:

PRIMARY APPLICANT NAME*	DATE OF BIRTH*	DATE OF APPLICATION (IF KNOWN)
ADDRESS (STREET, CITY, STATE, ZIP CODE)*		

List all additional household members who are applying for or enrolling in health care coverage:

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH

\*Please select the reason for using this form (only one reason should be selected):

- Assisted with submitting a pre-populated Renewal Form for a consumer in "Need to Renew" status in METS (Consumers in "Auto Renew" status and MAXIS renewals are not eligible for payment)
- Assisted a consumer with an application for coverage that is not processed through METS (check one):
  - Minnesota Health Care Programs Application for Certain Populations (DHS-3876)
  - DACA Application (Deferred Action for Childhood Arrivals)
  - Medicare Savings Program
- Assisted an inmate with completing a Minnesota Health Care Programs Application
- Assisted a consumer who submitted a paper Application for Health Coverage (DHS-6696 or DHS-6741, including EMA)
- Assisted a consumer who submitted an online application and the navigator and consumer were not associated at the time the application was submitted
- Assisted with reporting a life event that resulted in newly adding IAP coverage for a household member
- Assisted a renewing consumer with actively selecting a qualified health plan during open enrollment or a special enrollment period and the navigator and consumer were not associated through the assister portal at the time the enrollment was completed

With the submission of this form, the identified navigator is associated with the case for the purposes of payment. An Authorization for Release of Information, DHS-3549, may be required by DHS or the county.

Both the navigator and primary applicant must sign this form (electronic signatures are not acceptable).

NAVIGATOR'S SIGNATURE*	DATE*
PRIMARY APPLICANT'S SIGNATURE*	DATE*

*All required (\*) fields must be completed or the form will not be processed.*

*Fax or email completed form to the ARC within 30 days at 651-431-7572 or [navigators@mnsure.org](mailto:navigators@mnsure.org)*

1-855-366-7873

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

ຊື່ສຳຄັນ: ຫາກທ່ານຕ້ອງການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທສຳເລັດເລກຂ້າງເທິງນີ້.

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.

ဟံသျှင်ဟံသးဘဉ်တက့ၢ်. ဝဲန့ၢ်လိၣ်ဘဉ်တၢ်မၤစၢၤကလီၤတၢ်ကက့ၢ်ထံၣ်ဒၣ်လံာ် တီၤလံာ်စိတခါအံၤန့ၣ်.ကိးဘဉ်လိၣ်ဝဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທສຳເລັດເລກຂ້າງເທິງນີ້.

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)



For accessible formats of this publication or assistance with additional equal access to human services, write to AEO@MNsured.org, call 855-366-7873 (MNsured Contact Center) or use your preferred relay service. (ADA1 [9-15])