

SIMPLEQUOTE

MNsure Cancellation Process

How to complete a partial or full cancellation



Understand the cancellation types

Choose the process that matches the change you need to make.

Partial cancellation

Remove one household member from a health plan while keeping coverage for the remaining household members.

Full cancellation

Cancel the health plan for the entire household.

The following slides walk through both processes in MNsure.

Log in to your MNsure portal

Open the official MNsure website to begin.

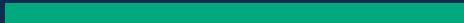
<https://enroll.mnsure.org/hix/>

Use your existing MNsure login credentials.

SIMPLEQUOTE

Partial cancellation process

Use these steps when one household member no longer needs coverage



Edit your application

Start by opening your MNsure application.

1

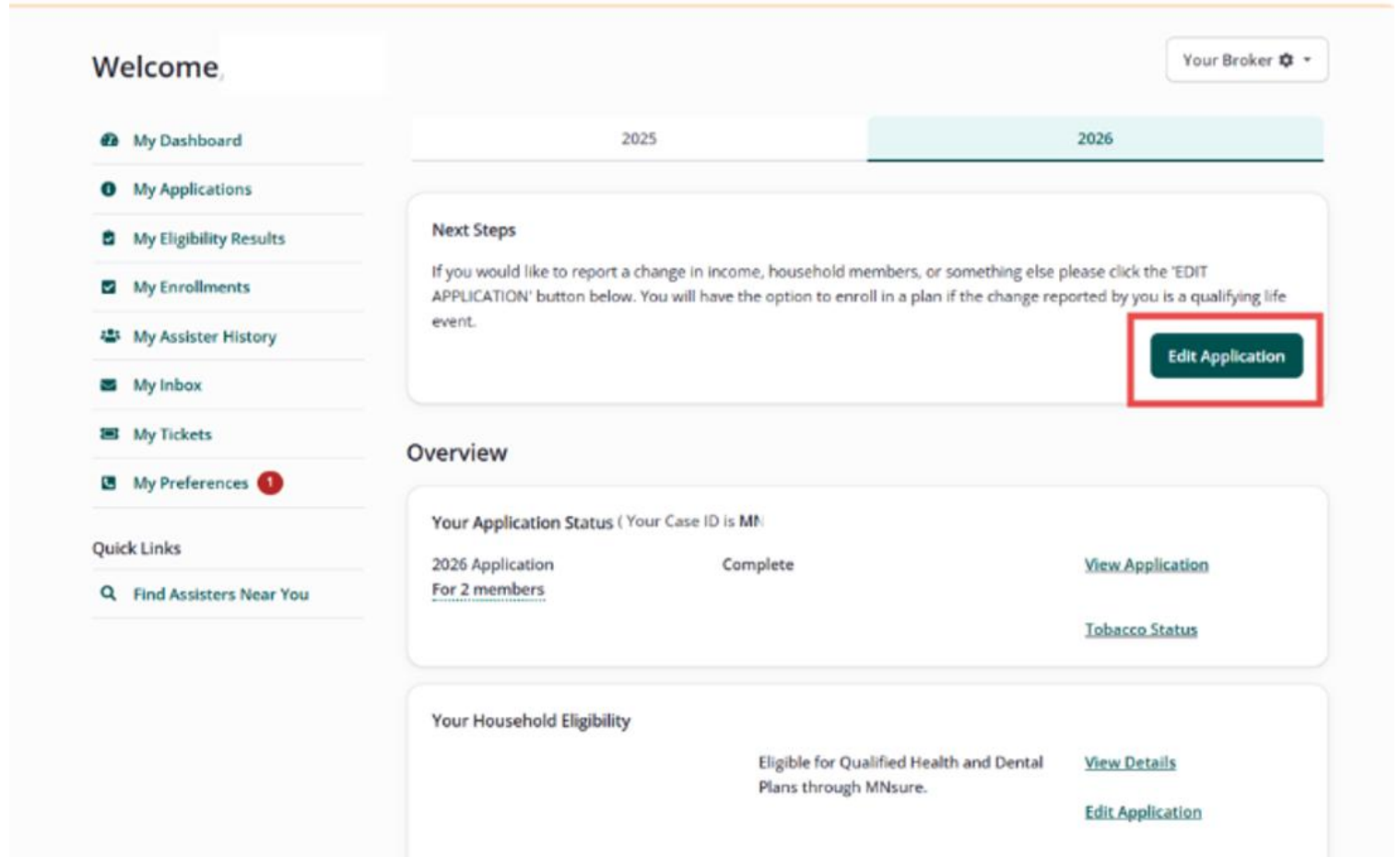
Select “Edit Application”

Open the application you need to update from your MNsure account.

2

Complete the entire process

If you select Edit, you must finish the application and electronically sign it.



If you stop before signing, your account may remain paused and create enrollment issues.

Before you begin

Review the privacy warning before making changes.

1

Agree to your rights and responsibilities

Read the privacy warning and confirm that you agree before continuing.

You must accept the privacy warning to continue.

Steps

Start Your Application

Before We Begin

Application Summary

Primary Contact Information

Help Applying for Coverage

Help Paying for Coverage

About Your Household

Household Relationship

Household Addresses

Residency Information

Summary

Family and Household

Review and Sign

Before We Begin

Privacy Warning

The purpose and intended use of collecting the requested data.

In order to verify your eligibility for insurance affordability programs, including cost-sharing reductions, and advanced payment of premium tax credits, MNsure collects private data about applicants, including household size, Social Security number, immigration information and income, and compares this information against state and federal data sources. MNsure will also collect information to confirm that you reside in Minnesota, are lawfully present in the United States, and are not incarcerated. MNsure is required to collect the information to determine eligibility for insurance affordability programs, including cost sharing reductions and advanced payment of premium tax credits. MNsure does not collect, maintain or use genetic information.

MNsure collects your social security number to tell you apart from other people, to prevent duplication of state and federal benefits, and to verify income, resources or other information that may affect your eligibility and benefits. You do not have to provide a Social Security number for household members who are not applying for coverage or if you have religious objections. If you are permanently living in the U.S. without permission or approval from the U.S. Citizenship and Immigration Services, you do not need to provide your Social Security number, but you may not be eligible to enroll in benefits or plans offered on MNsure.

Immigration information is used to see if you are eligible to get coverage. Pub. Law 111-148, Section 13120(f). You do not have to give us immigration information about yourself if you or your household members who are not applying for coverage. For Medical Assistance, you do not have to provide immigration information if you are applying for emergency medical care only or are a pregnant woman living in the U.S.

Whether legally required

You are not legally required to provide these data, and you may refuse to provide the data. However, you may not be able to receive an eligibility determination and enroll in a plan without it.

Known consequences for supplying or refusing to provide the data

If you provide the data, you are doing so in accordance with MNsure's Privacy Policy and Terms of use¹. 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 the 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 Minnesota Statutes § 13.46.

MNsure will share identity information with the Federal Data Services Hub to retrieve information necessary to perform eligibility verifications. An inquiry may 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 Medical Assistance and Medicare Services to verify health insurance tax credits, and other federal insurance sources to verify minimum essential coverage. An inquiry may be made against data held by state agencies including the Department of Human Services and the Department of Employment and Economic Development. MNsure may be required to share the data with representatives of the state Legislative Auditor, MN.IT services 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 maintains data in accordance with state and federal law. In accordance with record retention standards, MNsure will destroy 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 retains all records according to the agency's record retention schedule approved under Minnesota Statutes, § 13B.17.

☒ I agree that I have read and understand my rights and responsibilities described in the privacy warning.*

Save & Exit

Save & Continue

Update household coverage selections

Identify who still needs MNSure coverage.

1

Select the household member who no longer needs coverage

Change the answer to “No” for the person being removed from the plan.

2

Confirm the remaining household members

Make sure everyone who still needs coverage remains marked “Yes.”

Select Save & Continue after confirming the household selections.

Steps

- Start Your Application
- Before We Begin
- Application Summary
- Primary Contact Information
- Help Applying for Coverage
- Help Paying for Coverage
- About Your Household**
- Household Relationship
- Household Addresses
- Residency Information
- Summary
- Family and Household
- Review and Sign

About Your Household

Learn more about who to include

Member 1: [Redacted Name] [Remove Member](#)

Are you seeking coverage?* ☐ Yes ☒ No

First Name*

Middle Name

Last Name*

Suffix

Date of Birth* / /

☐ Check this box to report this person as deceased. You should still include this individual in your application if they will be included on your tax return this year. You do not need to include a person who is deceased if you are applying for coverage for next year.

Member 2: [Redacted Name] [Remove Member](#)

Are you seeking coverage?* ☒ Yes ☐ No

First Name*

Middle Name

Last Name*

Suffix

Date of Birth* / /

Need to include someone else? [Add person](#)

Select the "Add Person" button to add each member of your household. Only add each person once.

If you are seeking financial assistance, the amount you qualify for is based on the size of your household and your income.

[Back](#) [Save & Exit](#) [Save & Continue](#)

Answer Medicare questions when applicable

Complete the additional questions if someone is starting Medicare.

1

Answer the Medicare questions

Provide the requested information for the household member who is starting Medicare.

2

Enter the Medicare start date

Use the correct effective date when the application asks when Medicare begins.

Other Non-Employer Health Coverage

Is [redacted] currently enrolled in Medicare, or will be enrolled in the next 3 months? * [Learn more](#)

☒ Yes

☐ No

Enter [redacted] Medicare start date * [Learn more](#)

Month Day Year

Medicare coverage for [redacted] has already started or is starting within a month. If [redacted] wants to keep both Marketplace and Medicare coverage, check the box below. [Learn more](#)

☐ [redacted] wants both Marketplace and Medicare coverage at the same time.

Is [redacted] currently enrolled in health coverage that will extend beyond 60 days from today? * [Learn more](#)

☐ Yes

☒ No

Review the date carefully before continuing.

Confirm who needs coverage

Review the household members before moving forward.

1

Confirm the person being removed

Verify that the household member who no longer needs coverage is identified correctly.

2

Confirm the people who remain covered

Make sure the remaining household members still appear as seeking coverage.

The screenshot shows the 'About Your Household' section of the SimpleQuote application. On the left is a 'Steps' sidebar with the following items: 'Start Your Application', 'Before We Begin', 'Application Summary', 'Primary Contact Information', 'Help Applying for Coverage', 'Help Paying for Coverage', 'About Your Household' (highlighted), 'Household Relationship', 'Household Addresses', 'Residency Information', 'Summary', 'Family and Household', and 'Review and Sign'. The main content area is titled 'About Your Household' and includes a sub-header 'Learn more about who to include'. A red box highlights a warning message: 'This individual is currently enrolled in coverage. However, the selection below says they are not seeking coverage. Please update the answer to that question if the individual is seeking coverage.' Below this, there is a question 'Are you seeking coverage?' with radio buttons for 'Yes' and 'No' (selected). The form also includes input fields for 'First Name', 'Middle Name', 'Last Name', and a 'Suffix' dropdown. The 'Date of Birth' is entered using month, day, and year selectors. At the bottom, there is a checkbox for 'Check this box to report this person as deceased. You should still include this individual in your application if they will be included on your tax return this year. You do not'.

Check the household information carefully before continuing.

Confirm Minnesota residency

Review the address and residency information in the application.

1

Confirm the household address

Verify that the address information is current and accurate.

2

Confirm Minnesota residency

Answer the residency questions and continue through the application.

Steps

- Start Your Application
- Before We Begin
- Application Summary
- Primary Contact Information
- Help Applying for Coverage
- Help Paying for Coverage
- About Your Household
- Household Relationship
- Household Addresses
- Residency Information
- Summary
- Family and Household
- Review and Sign

Residency Information

Please select all that apply based on your Minnesota residency *

You must be a resident of Minnesota to enroll in a health plan. You are a Minnesota resident if you **live in Minnesota** and you **plan to make Minnesota your home**. If you meet this requirement you must check BOTH boxes:

- I live in Minnesota
- I am planning to make Minnesota my home

You are also a Minnesota resident if you **came to Minnesota for a job** or **to look for a job**. If this applies to you, check the box that says:

- I entered Minnesota with a job commitment or to seek employment

☒ I live in Minnesota

☒ I am planning to make Minnesota my home

☐ I entered Minnesota with a job commitment or to seek employment

☐ I am visiting Minnesota to get medical care or for personal reasons

☐ None of the Above

Please provide a response here to continue

Did you move to Minnesota in the last three months? *

☐ Yes

☐ No

Back Save & Exit Save & Continue

Update any address information that has changed.

Review your changes

MNSure will summarize the application information before submission.

1

Review the household summary

Confirm the members, addresses, and coverage selections shown in the summary.

2

Correct any errors

Go back and update information if anything is incomplete or inaccurate.

At least one applicant has an active enrollment with MNSure, however they are not seeking coverage on this application. Please review your household carefully and make edits if needed.

Name	Relation	Date of Birth	Seeking Coverage	
	Self		No	Edit
	Spouse		Yes	Edit

Household members addresses

(Primary Contact)

Safe at Home participant

No

Home Address

Mailing Address

Same as home address

Minnesota residency reasons

undefined, undefined undefined

Did you move to Minnesota in the last three months? No

I live in Minnesota, I am planning to make Minnesota my home

Mailing Address

Do not submit until the summary reflects the changes you intended to make.

Confirm who needs health coverage

Review the final coverage selections.

1

Identify household members seeking coverage

Confirm which household members still need health coverage through MNsure.

2

Confirm the coverage dates

Review the dates and household information displayed in the application.

Applying for Health Coverage

ⓘ At least one applicant has an active enrollment with MNsure, however they are not seeking coverage on this application. Please review your household carefully and make edits if needed.

Name	Relation	Date of Birth	Seeking Coverage
	Self		Yes
	Self		No
	Spouse		Yes

This step determines who remains enrolled in the application.

Sign and submit

Complete the application electronically.

1

Electronically sign the application

Read the final information and provide the required electronic signature.

2

Submit the application

Submit the completed application so MNSure can process the changes.

Steps

- Start Your Application
- Family and Household
- Review and Sign
- Final Review
- Sign and Submit**

Sign and Submit

Read and check the box next to each statement if you agree

Are any applicants incarcerated (in prison or jail)? [Learn more](#)

- ☒ No. No one listed on this health insurance application is incarcerated (in prison or jail).
- ☐ I know that I must inform MNSure if any information I listed on the application changes. I can report changes through my online account, through my broker or navigator, or call 1-855-3MNSURE (651-539-2099 (855-366-7873 outside the Twin Cities)) to report any changes. *
- ☐ I am signing this application under penalty of perjury. This means I have provided true answers to all the questions on the form to the best of my knowledge. I know that if I'm not truthful, there may be penalties. *
- ☐ By typing my name below, I am signing this application and affirming the accuracy of the information provided and any assertions made herein, under penalty of perjury. I acknowledge that typing my name on this page constitutes my signature. *

Electronic Signature *

Back

Submit application

After submission, MNSure will show the updated tax credit available to the household.

Check your enrollment confirmation

Verify that MNSure processed the change.

1

Open your dashboard

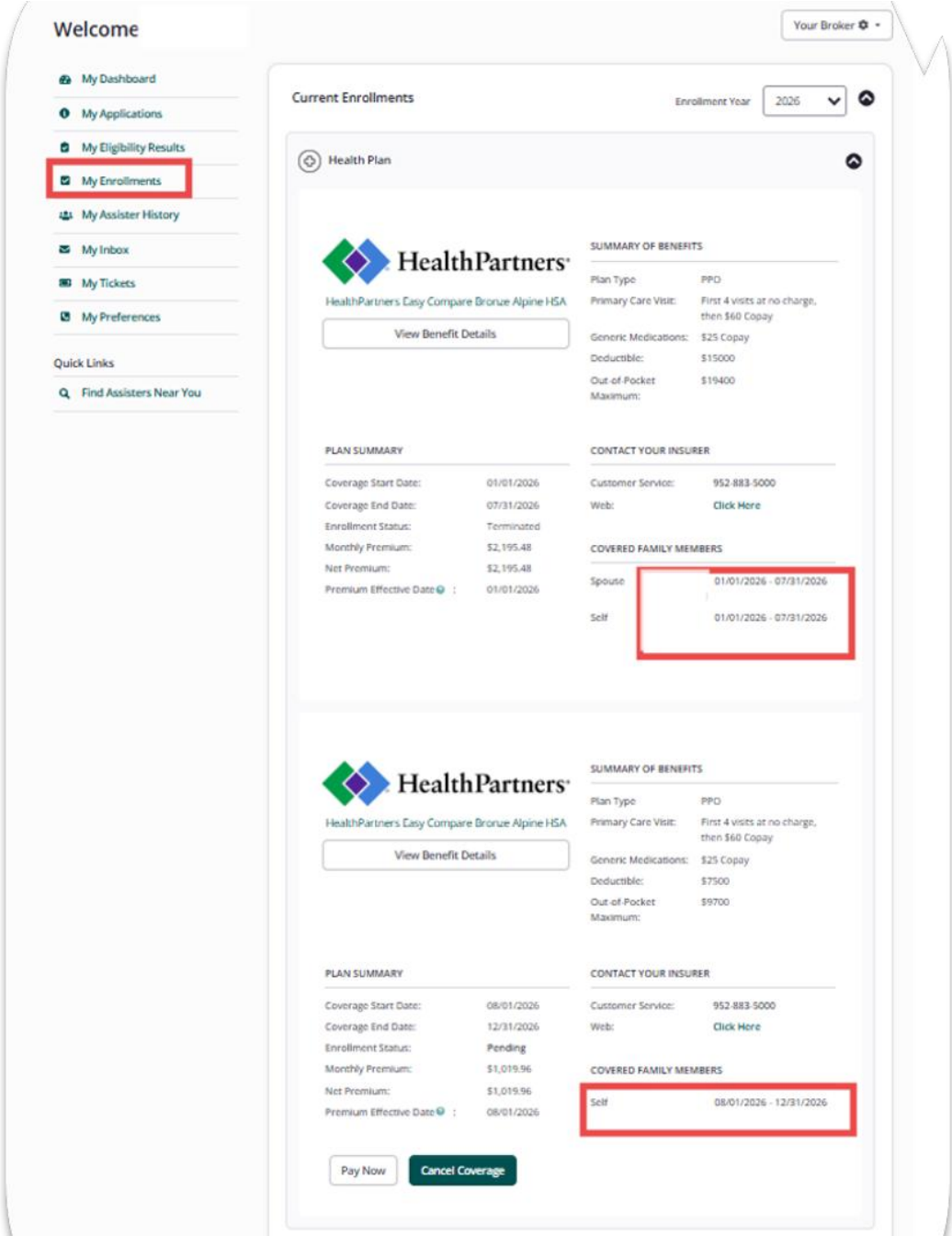
Return to your MNSure account after the application is submitted.

2

Select “My Enrollments”

Confirm that the enrollment changes you completed are reflected in your account.

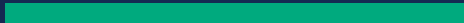
Save or print the confirmation for your records.



SIMPLEQUOTE

Full cancellation process

Use these steps when the entire household is ending MNsure coverage



Open My Enrollments

Begin the full cancellation process from your MNsure dashboard.

1

Log in to MNsure

Open your MNsure account using the official login page.

Review the current plan before starting the cancellation.

2

Select “My Enrollments”

Open the enrollment section from your account dashboard.

✓ My Eligibility Results

✓ My Enrollments

👤 My Assister History

✉ My Inbox

🎫 My Tickets

Next Steps

If you would like to report a change in income, household members, or something else please click the 'EDIT APPLICATION' button below.

Edit Application

Overview

1

Select the current health plan from the My Enrollments section.

2

Choose the disenrollment option to begin cancelling the plan.

Confirm that you are cancelling the correct plan.

[View Benefit Details](#)

Plan Type	HMO
Primary Care Visit:	25% Coinsurance after deductible
Generic Medications:	25% Coinsurance after deductible
Deductible:	\$3500
Out-of-Pocket Maximum:	\$7500

Coverage Start Date:	01/01/2026
Coverage End Date:	12/31/2026
Enrollment Status:	Enrolled
Monthly Premium:	
Elected APTC:	
Net Premium:	
Premium Effective Date ? :	10/01/2026

Customer Service: 612-676-6600

Web: [Click Here](#)

Self	01/01/2026 - 12/31/2026
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Disenroll From Health Plan



Choose the reason for cancellation

MNsure will ask why you are ending coverage.

1

Select the appropriate reason

Choose the reason that best matches your situation, such as starting Medicare.

2

Review other cancellation reasons

Other examples may include starting employer coverage or moving outside Minnesota.

Voluntary Disenrollment

Who needs to be disenrolled?



is the subscriber of this enrollment and may not be disenrolled without disenrolling all other enrolled members. If you need to disenroll this person, please call the MNsure contact center at 651-539-2099 (855-366-7873 outside the Twin Cities).

Cancel

Continue

Voluntary Disenrollment Survey



Tell us why you are disenrolling from your plan

- ☐ Cannot afford the premium
- ☐ Not happy with the service received from the insurance company
- ☐ Provider is out of network
- ☐ Enrolled in error
- ☒ Other (Please explain)

Gaining employer coverage or starting Medicare

If you would like to report a Life Change Event, such as moving out of MN, gaining coverage through an employer, had a change in income or had a birth or death in the household, please report this event by navigating to your Dashboard and selecting "Edit Application", enter your changes and submit the application. If you are receiving Advanced Premium Tax Credit (APTC) or if you have other questions, please call 1-855-366-7873 to report this change.

Cancel

Continue

Confirm the last date of coverage

Select when the current plan should end.

1

Enter the last day of coverage

Choose the final date that you want the MNsure plan to remain active.

2

Continue

Review the date and continue to the cancellation confirmation.

Select Your Last Day of Coverage:



- ☐ Last day of the current month (September 30, 2026)
- ☐ Last day of next month (October 31, 2026)
- ☐ Last day of the month after next (November 30, 2026)

We will send the disenrollment date you select to your insurance company. This will be your last day of coverage.

Continue

Check the last date carefully before confirming cancellation.

Confirm the cancellation

Complete the final confirmation in MNSure.

1

Review the cancellation details

Confirm the plan and last date of coverage shown on the screen.

2

Continue to confirm cancellation

Select the confirmation option to submit the cancellation request.

Confirm Your Last Day of Coverage



You have chosen November 30, 2026 as your last day of coverage from Ucare Silver HSA.



Change Date

Continue

Do not continue if the plan or date is incorrect.

Verify the updated end date

Return to your account to confirm that the cancellation processed.

1

Go back to “My Enrollments”

Open the enrollment section again after confirming cancellation.

2

Review the updated end date

Confirm that the plan now shows the correct end date.

CONTACT YOUR INSURER

Customer Service: 612-676-6600

Web: [Click Here](#)

COVERED FAMILY MEMBERS

Self



01/01/2026 - 12/31/2026

Save the updated enrollment record for your records.