

SIMPLEQUOTE

MNsure life-event changes

When to report a change and how to update your MNsure application



Report a change

Accurate information helps MNsure determine the correct benefits and coverage.

If you do not report changes, you could:

- Miss out on financial help or pay higher costs.
- Miss an opportunity to change plans.
- Have to repay financial assistance when you file taxes if your income was higher than estimated.
- Lose access to your current plan if you move to a county where it is not available.

What changes should be reported

Report changes at home and changes to household income.

Changes at home

- Marriage, a new baby, or another family member joins the household.
- A household member moves out or you move.
- Someone starts other health insurance.
- Divorce or legal separation.

Income changes

- Starting a new job.
- A raise, a reduction in income, or another income change.
- Any other income sources reported on your taxes.

SIMPLEQUOTE

Changes at home

Log in to your MNsure account to begin reporting a household change



View your application before editing

Review what MNSure currently has on file.

1

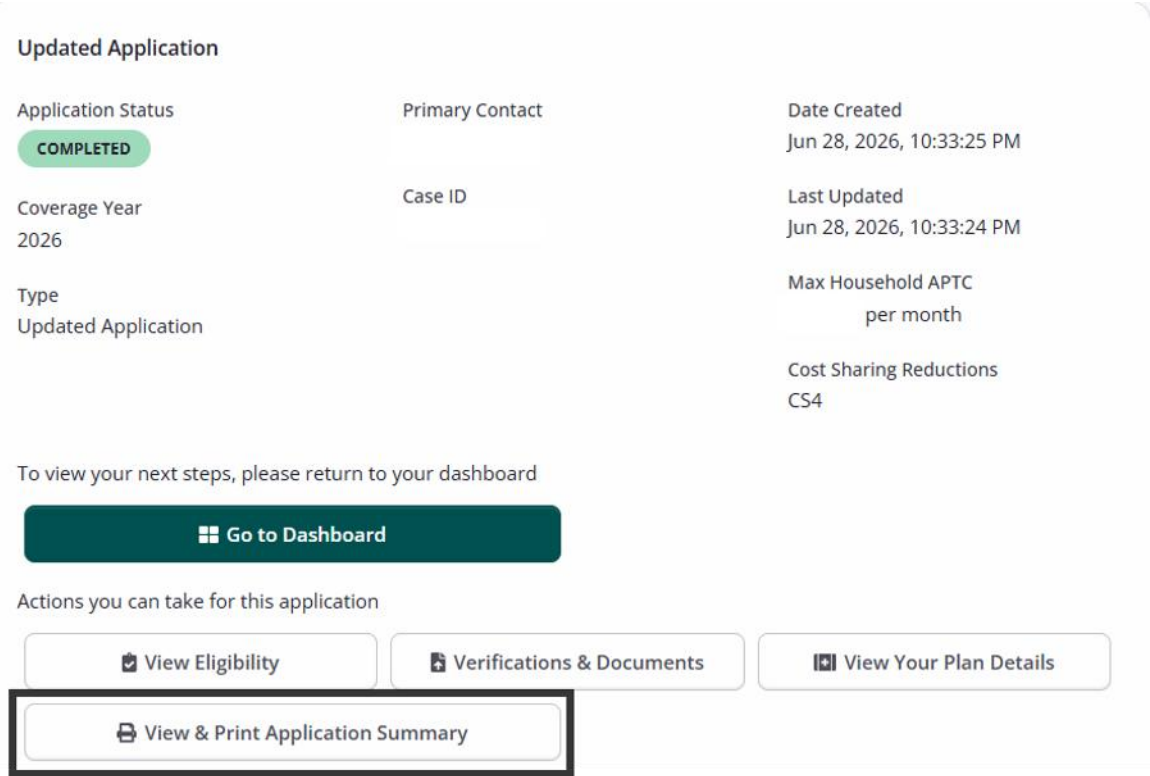
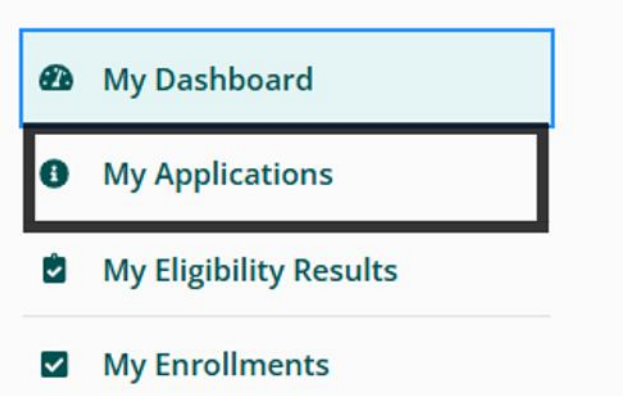
Open “My Applications”

Select My Applications from the left side of your MNSure dashboard.

2

View the application summary

Select View & Print Application Summary to review the information currently reported.



Editing your application

Understand the commitment before you select Edit.

1

Select Edit only when you are ready

Selecting Edit starts the application update process.

2

Complete and electronically sign

You must complete the entire process and electronically sign the application.

2025

2026

Next Steps

If you would like to report a change in income, household members, or something else please click the 'EDIT APPLICATION' button below. You will have the option to enroll in a plan if the change reported by you is a qualifying life event.

Edit Application

Before you begin

Review and accept the privacy warning.

1

Read the privacy warning

Review the rights and responsibilities described in the warning.

2

Agree to continue

Confirm that you agree before moving through the application.

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 1312(f)(3). 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 use¹⁷. 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 Medicare and Medicaid 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.¹⁸

Save & Exit

Save & Continue

Choose the type of change

Select the section of the application that needs to be updated.

1

Choose a section from the edit page

Use the menu on the left to select the information you need to change.

2

Use the full application review if needed

The steps that follow show where common household and income changes appear.

Update only accurate, current information.

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

Income Information

Additional Information

Review and Sign

Review the application summary

Start with the information about the household and contact details.

1

Confirm contact information

Review names, email addresses, phone numbers, dates of birth, and addresses.

2

Identify information that needs to change

Make note of any outdated or incomplete information before continuing.

Continue through the application to update each applicable section.

Application Summary

Household and Demographic Information

Email

Primary Phone Number

Date of Birth

Safe at Home participant

Home Address

Minnesota residency reasons

Did you move to Minnesota in the last three months?

Mailing Address

MOBILE

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

No

Preferred Spoken Language

Preferred Written Language

Preferred Method of Communication

Preferred Method of Notification

Is anyone helping you with this application?

Authorized Representative

Authorized Representative Home Address

Do you want to find out if you can get help paying for health coverage?

English

English

Postal Mail

Email

I am filling out this application for myself and/or my family

Yes

Confirm or update the address

Keep the household address information current.

1

Review the current address

Confirm the street address, city, state, and ZIP code.

2

Update the address if needed

Enter the new address and continue through the residency questions.

An address change may affect plan availability and eligibility.

Primary Contact Information

Changing the Primary Contact here may affect case processing and delay your coverage or benefits. If the Primary Contact needs to be updated, please contact the Misure Contact Center for assistance at 651-539-2099 (855-366-7873 outside the Twin Cities).

Primary Contact Name

First Name*

Middle Name

Last Name*

Suffix

Suffix

Month

Day

Year

Date of Birth*

Email Address

☒ Send me important alerts to this email address.

Primary Contact Home Address

☐ I do not have a home address [Learn more](#)

☐ I am a Safe At Home participant

By checking the above box, you are indicating that you are participating in the Safe at Home program and have registered through the Secretary of State's Office and have your assigned Lot Number available. This means that your information, including your application, enrollment, and account details, will be restricted and will only be accessible by you and secured caseworkers. Please make sure that while you are participating in the program, you utilize the PO BOX and lot number provided to you by the State of Minnesota.

IMPORTANT: If you uncheck the box above, you are telling us that you are no longer a participant in the Safe at Home program, and the added security measures will be lifted.

Address 1*

Address 2

City*

Zip*

State*

Minnesota

County*

Primary Contact Mailing Address

If you do not have a mailing address, you can have your postal notices and other coverage information sent through USPS General Delivery. [Learn more about General Delivery](#)

☒ Check if same as Primary Contact Home Address

Primary Contact Phone

Mobile Phone Number

Home Phone Number

(xxx) xxx-xxxx

Phone Extension

Ext.

With the paperless option, notifications will always be delivered to your secure mailbox. You will get a text message or email informing you of the availability of the notice. With the postal mail option, you will also get a paper copy of the notice at your mailing address.

Back

Save & Exit

Save & Continue

Review help paying for coverage

Confirm whether the household needs financial assistance.

1

Answer application-help questions

Review whether anyone helped complete the application.

2

Review tax-credit eligibility

MNsure uses household and income information to determine whether you qualify for tax credits.

Report changes accurately so financial assistance is calculated correctly.

Help Applying for Coverage

Who is helping you?

Is anyone helping you with this application? *

- ☒ I am filling out this application for myself and/or my family
- ☐ I am being assisted by a certified professional (broker or navigator)
- ☐ I am being helped by a friend, family member or someone else.

Back

Save & Exit

Save & Continue

Help Paying for Coverage

You may be eligible for free or low-cost coverage, or financial help that will lower your monthly premiums.

Do you want to find out if you can get help paying for health coverage? *

- ☒ Yes. (You will have to provide income information to see what you may qualify for.)
- ☐ No. (You will pay full cost for health coverage.)

Back

Save & Exit

Save & Continue

Update household members

Review who is included in the application.

1

Confirm each person's information

Review spelling, dates of birth, and other personal details.

2

Add or remove a household member

Use the application options to report a new household member or a household member who has passed away.

Repeat the review for everyone in the household.

About Your Household

[Learn more about who to include](#)

Add person

Remove Member

Seeking coverage? ☐ Yes ☒ No

First Name *

Middle Name

Enter Middle Name

Last Name *

Suffix

Suffix

Month Day Year

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.

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

Confirm household relationships

Make sure each person is connected to the household correctly.

1

Review how everyone is related

Confirm the relationship listed for each household member.

2

Repeat as needed

Update the relationship information for each person included in the application.

Household Relationship

Household Relationship Details

Here are the 2 members in your household. Please answer the following questions to help us establish everyone's relationship to each other.

- 1.
- 2.

1. How is related to the other household members? [Learn more](#)

is the of

Back

Save & Exit

Save & Continue

Accurate relationships help MNsure determine household size and eligibility.

Confirm residency and additional addresses

Review where household members live.

1

Add a secondary address if applicable

Include another address when a household member has a separate mailing or residential address.

2

Confirm Minnesota residency

Review and answer the residency questions for the household.

Update all applicable addresses before continuing.

Household Addresses

Where Household Members Live

Do any of the people below live at an address other than ? (check all that apply)*

Where you live determines the health plans available to you. You must reside in Minnesota to enroll in coverage through MNsure. If you have a child who splits their time between two parents who do not live together, enter the address where they spend most of their time.

☐

☒ None of the Above

Do any of the people below have a mailing address other than ? (check all who apply)*

☐

☒ None of the Above

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

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

☐ Yes

☒ No

Review the household summary

This is another opportunity to confirm household information.

1

Review the full household summary

Confirm names, dates of birth, contact information, addresses, and household members.

2

Make any final household corrections

Use the edit options if information is missing or inaccurate.

Summary

Household and Demographic Information

Edit

Email

Primary Phone Number

MOBILE

Date of Birth

Safe at Home participant

No

Home Address

Minnesota residency reasons

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

Did you move to Minnesota in the last three months?

No

Mailing Address

Preferred Spoken Language

English

Preferred Written Language

English

Preferred Method of Communication

Postal Mail

Preferred Method of Notification

Email

Is anyone helping you with this application?

I am filling out this application for myself and/or my family

Authorized Representative

Authorized Representative Home Address

Do you want to find out if you can get help paying for health coverage?

Yes

Household Members

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

Household members addresses

Primary Contact

Edit

Safe at Home participant

Home Address

Minnesota residency reasons

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

Did you move to Minnesota in the last three months?

No

Mailing Address

Same as home address

Edit

Mailing Address

Back

Continue

Update personal information

Review personal details for each household member.

1

Confirm personal information

Review names, dates of birth, Social Security information, and other requested details.

2

Update information as needed

Correct any changes and continue to the next household section.

Use information that matches official records.

Get Ready

In this section, we will ask for more detailed information about everyone in your household. If you step away from this application at any time, please be sure to save your progress. You can save your application at any time by clicking the "Save & Exit" or "Save & Continue" button.

All fields on this Family & Household section marked with an asterisk (*) are required.

For anyone you want to insure, you will need:

- Social Security Number
- Document numbers for anyone with eligible Immigration status

Back

Continue

sex assigned at birth*

☐ Male

☒ Female

Enter Social Security Number.*

You must provide 's Social Security Number (SSN) if they have one. If does not have a Social Security Number, please check the box above or visit www.ssa.gov/ssnumber to apply.

If an SSN exists but is not provided now, will be required to provide SSN documentation at a later time. Failure to provide the SSN could result in a loss of coverage. Providing a Social Security Number now can help verify your eligibility to enroll in health coverage.

Social Security Number

☐ Check if does not have a Social Security Number.

Is the name you provided the same on your Social Security Card?*

☒ Yes

☐ No

Back

Save & Exit

Save & Continue

Continue through the application

MNsure may ask additional questions about household members.

1

Answer the requested questions

Complete the sections that apply to each person in the household.

2

Save and continue

Review each page before moving to the next section.

Continue until every applicable household section is complete.

Citizenship or Immigration Status

Is a U.S. citizen or U.S. national? *

☒ Yes

☐ No

Is a naturalized or derived citizen? *

☐ Yes

☒ No

Ethnicity and Race

Optional: These questions are optional, and you do not need to answer them to apply for insurance. If you choose to answer them, MNsure will use this information to get a better understanding of the demographics and health needs of Minnesotans. This information may be shared with state and federal departments of health and human services.

Is of Hispanic, Latino, or Spanish origin?

☐ Yes

☒ No

☐ Prefer Not To Answer

Race (select the ones that apply, up to 10)

☐ American Indian or Alaska Native

☐ Asian Indian

☐ Black or African American

☐ Chinese

☐ Filipino

☐ Guamanian or Chamorro

☐ Japanese

☐ Korean

☐ Native Hawaiian

☐ Other Asian

☐ Other Pacific Islander

☐ Samoan

☐ Vietnamese

☐ White or Caucasian

☐ Other

Repeat the process for each household member

Complete the required information for everyone in the application.

1

Select the next household member

Review the next person listed in the application.

2

Confirm their information

Repeat the personal-information questions and update anything that has changed.

Do not skip a household member who is included in the application.

Review tax-filing & military-service information

Answer the questions that apply to your household.

1

Add military service information if applicable

Complete the military-service questions when they apply to a household member.

2

Confirm tax-filing information

If married, confirm whether you file jointly as required by the application.

Military Service

Have any of these people returned from a tour of active military duty in the last 24 months? *

- ☐ [Redacted]
- ☒ None of the Above

Household information

Based on information provided so far, below are all the household members and their living arrangement:

- [Redacted] Lives with their Spouse and lists no dependents on this application.
- [Redacted] Lives with their Spouse and lists no dependents on this application.

It is important that everyone living with you is entered into the application, even if they are not applying for health coverage

Do you want to make any changes, including the addition of any household members not listed above? *

- ☐ Yes
- ☒ No

Who plans to file a federal income tax return for 2026? (check all that apply) *

- ☒ [Redacted]
- ☒ [Redacted]
- ☐ None of the Above

You don't have to file taxes to apply for coverage, but you will need to file next year if you want to get a premium tax credit to help pay for coverage now.

Do [Redacted] and [Redacted] plan to file a joint federal income tax return for 2026? *

- ☒ Yes
- ☐ No

Please select which of the tax filers below should be considered the primary applicant for this application (if filing a joint return, this would be the Primary Tax Filer). Tax dependents can file taxes but can not be the primary tax filer for this application. *

- ☒ [Redacted]
- ☐ [Redacted]

Review additional eligibility questions

MNsure may ask questions about household circumstances.

1

Confirm American Indian or Alaska Native status

Answer the question if it applies to anyone in the household.

2

Review Medical Assistance or pregnancy questions

Answer whether anyone was denied Medical Assistance or MinnesotaCare, or was recently pregnant.

Complete every question that applies to the household.

American Indian/Alaska Native

Are any of the people below American Indian/Alaska Native? * [Learn more](#)

☐ [Redacted]

☐ [Redacted]

☒ None of the Above

Medical Assistance/MinnesotaCare Denial Information

In the past 90 days, were any of these people found not eligible for Medical Assistance? * [Learn more](#)

☐ [Redacted]

☒ None of the Above

In the past 90 days, were any of these people found not eligible for MinnesotaCare (Basic Health Program)? * [Learn more](#)

☒

When did [Redacted] lose their MinnesotaCare (Basic Health Program) eligibility? * [Learn more](#)

Month

Day

Year

☐ None of the Above

Pregnancy Information

Are any of these people pregnant or were pregnant in the last 90 days? *

☐ [Redacted]

☒ None of the Above

Back

Save & Exit

Save & Continue

Review disability information

Confirm whether anyone in the household may qualify based on a disability.

1

Answer the disability question

Review whether anyone in the household qualifies or may qualify due to a disability.

2

Continue to the income section

After this page, MNsure will provide a final summary before household income is entered.

Review the summary carefully before adding or updating income.

Disability Information

Do any of these people below have a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs? * [Learn more](#)

☐

☒ None of the Above

Do any of these people need help with activities of daily living (like bathing, dressing, and using the bathroom), or live in a nursing home, or other medical facility? *

☐

☒ None of the Above

Back

Save & Exit

Save & Continue

Summary

Review and Confirm

Here is the information you provided about everyone who is part of your household. Please take a moment to review and double-check the information. If you see any mistakes, please edit them now

SIMPLEQUOTE

Household income

Confirm, update, or add income for each household member



Update household income

Report current income for each household member.

1

Confirm existing income sources

Review the income sources currently listed for each person.

2

Add, update, or remove income

Make changes when a job, amount, or other income source has changed.

Repeat the income review for every household member.

Income Sources

Income of

People can earn income in many ways. After you tell us about your current income we will help you estimate income for all of 2026 so you can tell us if you expect changes.

- Alimony
- Canceled Debt
- Cash Support
- Court Award
- Farming or Fishing
- Investment
- Job
- Jury Duty
- Rental or Royalty
- Retirement or Pension
- Scholarship
- Self Employment
- Social Security
- Unemployment
- Unspecified
- Winnings

Add another type of income or continue to review a summary of your current income. Do you need to edit or remove any of your income? [Learn more](#)

Income Type	Amount	Frequency	Start Date	End Date	
Job		Monthly	--NA--	--NA--	

Add Income Source

Add tax deductions

Report deductions that may affect the household income calculation.

1

Review the deductions section

If you claim deductions on your income taxes, review the available options.

2

Add applicable deductions

Enter only deductions that accurately apply to your household.

Use current tax information when reporting deductions.

Deduction Sources

Deductions for

Tell us about the things that can be deducted on an income tax return that could lower the cost of your health insurance.

You can only deduct certain expenses from your income on this application. Select [Learn More](#) for more information about these deductions. See the IRS Instructions for Form 1040 and Schedule 1 for more information about these deductions and the allowable deduction amounts.

Does have deductions that could lower the cost of their health insurance? * [Learn more](#)

☐ Yes

☒ No

Add Deduction Source

Back

Save & Exit

Save & Continue

Confirm annual income

Review income for each household member.

1

Confirm the annual amount

Review the expected annual income shown for each person.

2

Repeat for each household member

Update the amount or job information when needed.

Use your best estimate of current annual household income.

Expected Income

Based on what you told us, [redacted] income will be about [redacted] after deductions. Is this your projected income for **2026**? *

Click the Learn More link if you had a net income loss for Self Employment or another income type. [Learn more](#)

☐ Yes

☒ No

Based on what you know today, how much do you think [redacted] will make in **2026** after deductions? *

Total yearly amount

☐ I don't know

Summary

[redacted] income summary

Edit

Annual income in 2026

Current monthly income for September

Current income

Below is a breakdown of the income and deductions you have provided

Income Source	How much	How often	Start Date	End Date
job [redacted]	[redacted]	Monthly	--NA--	--NA--

[Learn more about how your income is used](#)

Back

Continue

Repeat for spouse or household-member income

Complete the income review for the remaining people in the household.

1

Review the next person's income

Confirm the job, income source, and expected amount.

2

Update the information

Make corrections and continue until each household member is complete.

Do not leave income information incomplete.

Review the income summary

Confirm the final income information before moving on.

1

Review all household income

Check each income source and amount shown in the summary.

2

Make final corrections

Use the edit options to update any missing or inaccurate information.

This is the last opportunity to verify income before submission.

Income Summary

Review and Confirm

Here is the information you provided about everyone who is part of your household. Please take a moment to review and double-check the information. If you see any mistakes, please edit them now.

Income Information

Edit

Projected income for 2026

Current income

Below is a breakdown of the income and deductions you have provided

Income Source	How much	How often	Start Date	End Date
Job		Monthly	--NA--	--NA--

Edit

Projected income for 2026

Current income

Below is a breakdown of the income and deductions you have provided

Back

Continue

Complete additional information

Review other coverage and tax-credit questions.

1

Confirm other insurance

Confirm that household members do not have other coverage that should be reported.

2

Review tax-credit reconciliation

Confirm the information about reconciling tax credits.

3

Review employer coverage

Confirm whether anyone is offered health insurance through an employer.

Other Non-Employer Health Coverage

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

☐ Yes

☒ No

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

☐ Yes

☒ No

Back

Save & Exit

Save & Continue

Reconciliation of advance premium tax credits (APTC)

In previous years, have you received advance premium tax credits (APTC) to help reduce your monthly payment for coverage through the health insurance marketplace, including MNsure? *

☒ Yes

☐ No

In the years that you received advance premium tax credits (APTC), did you file a federal income tax return and reconcile any APTC you used? **NOTE: To reconcile any APTC received during the previous year, you would have received a 1095-A form from the marketplace and used that to submit Internal Revenue Service (IRS) Form-8962 along with your federal income tax return. ***

☒ Yes

☐ No

☐ No, because I only received APTC in 2020 when reconciliation was not required.

Back

Save & Exit

Save & Continue

Employer Coverage Detail

Will [redacted] be offered health coverage through a job (including another person's job, like a spouse or someone else within the same tax household)? Tell us about coverage offers that apply to [redacted] starting October 01, 2026. *

☐ Yes

☒ No

Back

Save & Exit

Save & Continue

Finish the additional questions

Complete the remaining questions for each person seeking coverage.

1

Answer the HRA question

Confirm whether anyone has a health reimbursement arrangement.

2

Review recent medical-bill questions

Answer whether anyone needs help paying medical bills from the last three months.

3

Repeat for each person

Complete the summary questions for everyone seeking insurance.

Health Reimbursement Arrangement Detail

Has [redacted] been offered a Health Reimbursement Arrangement (HRA) through their job, or through a family member like a spouse or parent? Only tell us about offers with a start date between July 13, 2026 and November 10, 2026.*

- ☐ Yes
☐ No

Additional Information

Summary

Review and Confirm

Here is the information you provided about everyone who is part of your household. Please take a moment to review and double-check the information. If you see any mistakes, please edit them now

Additional Information

[redacted]

(Primary Contact)

Edit

Are you currently enrolled in Medicare, or will be enrolled in the next 3 months?	No
Do you currently have health coverage?	No
Did [redacted] reconcile premium tax credits on their tax return for past years?	Yes
Offered Employer Coverage	No
Offered an HRA	No
Would you like help paying for medical bills from the last 3 months?	No

Back

Continue

Review and sign your application

Complete the final review before submitting.

1

Review the application

MNsure will show a final, complete review of the information entered.

2

Look for missing information

Return to any section that needs correction before signing.

Review and Sign

Now it's time to review and sign your health insurance application.
Please review all the detailed application information about every household member who is applying for health insurance. In a moment, you will finalize your application and provide your eSignature.

Back

Continue

Final Review

☐ Show updated fields

Household and Demographic Information

Download

Print

Review the application carefully before moving to Sign and Submit.

Sign and submit

Complete the required agreements and electronic signature.

1

Confirm tax-credit reconciliation

Review and confirm the information about reconciling tax credits.

2

Review the privacy notice

Read the privacy notice and check the required agreement box.

3

Provide your electronic signature

Complete the additional agreements and electronically sign the application.

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).

Renewing Coverage

Each year, MNsure matches data to verify and renew eligibility for help paying for health coverage. MNsure needs your consent to use information from tax returns to verify and renew your financial assistance for coverage. If you do not give consent to use this data, your financial assistance cannot be verified during the year and renewed. You can change authorization at any time.

I agree to the use of tax return information to verify and renew my eligibility for help paying for health coverage for: *

- ☐ 5 years (the maximum number of years allowed)
- ☐ 4 years
- ☐ 3 years
- ☒ 2 years
- ☐ 1 year
- ☐ Do not use information from tax returns to renew my eligibility for help paying for health coverage.

By Signing Below:

- ☒ I received and reviewed the [Notice of Rights and Responsibilities](#) and [Notice of Privacy Practices](#). *
- ☒ I know that I must report changes to the information listed on this application *
- ☒ I declare under the penalties of perjury that this application has been examined by me and to the best of my knowledge is a true and correct statement of every material point. I understand that a person convicted of perjury may be sentenced to imprisonment of not more than five years or to payment of a fine of not more than \$10,000, or both. I understand that there may be other penalties for not telling the truth. *

Additional Agreements For Medical Assistance and MinnesotaCare

☒ Check this box if you have read and understand all the statements below:

If anyone on this application is eligible for Medical Assistance or MinnesotaCare, I consent to the release of medical records as described in the [Consent for Sharing of My](#) Information section of the Notice of Rights and Responsibilities.

If anyone on this application is eligible for Medical Assistance, I give the Medical Assistance agency [our rights to pursue and get any money](#) from other health insurance, legal settlements, or other third parties.

If anyone on this application is eligible for Medical Assistance, I have read and understand that the state may claim repayment for the cost of medical care, or the cost of the premiums paid for care, from [my estate or my spouse's estate](#).

If anyone on this application is eligible for Medical Assistance or MinnesotaCare, I understand that my information, and information about me shared from third parties, will be shared for fraud prevention investigations as stated in the Notice of Privacy Practices and the Notice of Rights and Responsibilities.

If I am a parent that is eligible for Medical Assistance, I know I will be asked to cooperate with the agency that collects [medical support](#) from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the agency, and I may not have to cooperate. I give to the Medical Assistance agency the rights to medical support paid for my children. *

☒ 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](#)

Review the updated tax credit

After submission, any change to your tax credit will appear on your dashboard.

1

Return to your MNsure dashboard

Open your account after the application processes.

2

Review the updated amount

Confirm whether your monthly financial assistance or tax credit changed.

Overview

Your Application Status (Your Case ID is)

2026 Application
For 2 members

Complete

[View Application](#)

[Tobacco Status](#)

Your Household Eligibility

Advanced Premium Tax Credit

per month

[View Details](#)

Not seeking coverage

Not eligible for Cost-Sharing Reductions
Not eligible to enroll in a plan on the exchange

[Edit Application](#)

Upload documents when requested

MNsure may ask for documents to confirm income or other changes.

1

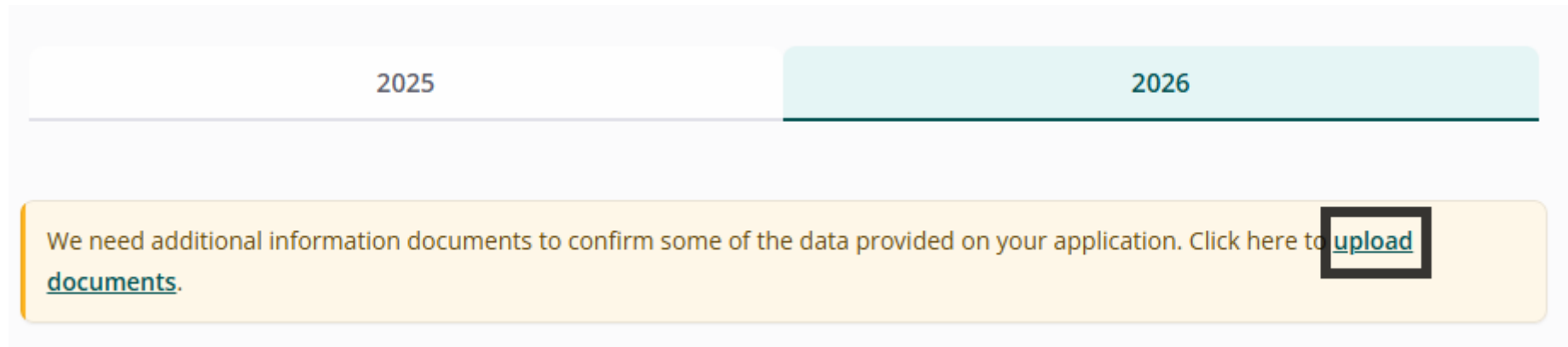
Check your dashboard

Look for an Upload Documents request after submitting your application.

2

Upload documents securely

Use the secure dashboard request to send information to MNsure.



The screenshot shows a web interface with two tabs: '2025' and '2026'. The '2026' tab is active and highlighted in light blue. Below the tabs, there is a yellow notification box with the text: 'We need additional information documents to confirm some of the data provided on your application. Click here to [upload documents](#).' The word 'upload' in the link is highlighted with a black rectangular box.

Thank you for completing the MNsure life-event change guide.