MNsure Operations PO Box 64253 St. Paul, MN 55164-0253 MNSUR[®] Where you choose health coverage

Date:

Case Number:

the envelope.

Primary Enrollee Name Address 1 Address 2 City, State Zip

Authorization to Obtain Income Information

In order to receive financial help in 2019, you must provide MNsure authorization to get information from your tax returns. This authorization will be used to verify and renew your eligibility for financial help. If you do not provide authorization, you will not receive financial help for your health coverage in 2019.

You can allow MNsure to check your income information for up to five more years. Your eligibility for financial help will be updated each year for which you provide authorization.

Authorization Statement:

- Each year, MNsure matches data to verify and renew eligibility for help paying for health coverage. MNsure needs my consent to use information from my tax returns to verify and renew my financial help. MNsure will update my account with this authorization, let me make any changes to the authorization, and I can opt out at any time. If I do not give consent to use this data, my financial help cannot be verified and I will not receive financial help for 2019.
- I understand that my eligibility for any financial help is based on income and other information that I provide. I understand that if I submit information that is not truthful, my private health plan coverage may be terminated and I may have to repay any payments that I am not entitled to, including any advance payment of premium tax credits.
- Yes, I agree to the use of income data to verify and renew my eligibility automatically for (check one of the following):

5 years 4 years 3	years 2 years 1 year		
Printed Name	Signature	Date	
How to submit this form:			
Fax it to 651-431-7770			
OR			
Mail it to the MNsure Operations ad	dress above. Write "FTI" in the low	wer left corner of	MNsure FTI-2019