Advisory Committee Application Form

The MNsure Board of Directors has established two Advisory Committees to provide guidance, advice and recommendations to the Board as it carries out its mission. Currently the Board is seeking applicants for the Consumer and Small Employer Advisory Committee. Committee members may be compensated at the rate of $55 a day plus expenses per Minn. Statute § 15.059, subdivision 3. Please note that any information submitted on this form is classified as public data. All committee members are appointed by the Board and will work with the Board to fulfill committee duties. Additional information about the Committees can be found on the MNsure website:

MNsure Board Policy on Advisory Committees

Consumer and Small Employer Advisory Committee Charter

Required for Submission

You must include this completed application form and a current resume, including work experience, educational background and any other experience relevant to the committee you are applying for.

Committee Appointment Desired

Please indicate which committee(s) you are interested in serving on:

☐ Consumer and Small Employer Advisory Committee

Your Contact Information

First Name | Middle Initial | Last Name

Home Address

City | State | Zip Code

Preferred Contact Phone | Email Address

Optional Information

To ensure broad representation in our committees, we would appreciate information about your gender and background. This information is optional. Under state and federal law this information may not be used to discriminate against you.

Gender: ◯ Male ◯ Female

Race/Ethnicity: ◯ African ◯ Asian/Pacific Islander

◯ African American ◯ Caucasian

◯ American Indian and Alaska Native ◯ Hispanic/Latino

◯ Multi / Other

Age:

Additional Questions for Applicants

Please indicate if you represent any of the following categories. If selected as a potential Committee member you may be asked for additional information to verify the information you've given:

☐ Racial and ethnic minorities in Minnesota

☐ Organizations that help individuals to enroll in health plans through MNsure, including insurance agents and advocates for hard-to-reach populations

Please list the organization(s):

☐ Provider

Job title:

Name of organization:

☐ Insurer

Name of insurer:

☐ Health care industry expert

Job title:

Name of organization:

☐ Small business owner (less than 50 employees)

☐ Other groups / interests (not listed above) that may be impacted by MNsure

Please list those groups / interests:

Where do you currently get your insurance?

- ○ Large employer (more than 50 employees)
- ○ Small employer (less than 50 employees)
- ○ Individual / buy on my own
- ○ Public programs (Medical Assistance or MinnesotaCare)
- ○ I do not currently have health insurance or have been without insurance in the past 12 months

Where do you live?

- ○ Twin Cities metro area
- ○ Greater Minnesota metro area (more than 50,000 people)
- ○ Rural Minnesota (less than 50,000 people)

Please describe in detail why you wish to serve on this particular committee. Please limit response to a half page or less.

Please describe in detail why your qualifications meet the requirements of the appointment. Please limit response to a half page or less.

The purpose of MNsure is to ensure that every Minnesota resident and small business, regardless of health status, can easily find, choose, and purchase a health insurance product that they value and does not consume a disproportionate share of their income.

☐ If selected as a member of a MNsure Advisory Committee I am committed to support MNsure in carrying out its purpose.

Return this 1) completed application form and 2) a current resume by 3pm on Wednesday April 16, 2014.

By electronic transmission via email to: MNsureBoard@state.mn.us

By mail: MNsure
Attn: Board Committees
81 East Seventh St., Suite 300
St. Paul, MN 55101-2211

save for your records and / or to attach to email

print for your records and / or to send by mail