

MNsure Operations
PO Box 64253
St. Paul, MN 55164-0253

Date: **[Mailing date]**
MNsure ID Number: **[MNsure ID Number]**



[Consumer address]

Request for Information

Why am I getting this request form?

We need more information from you because MNsure has determined that you are eligible for advanced premium tax credits (APTC).

Why does MNsure need employer contact information?

Federal law requires MNsure to provide notice to employers when its employees are determined eligible to receive APTC payments to help with the cost of health insurance premiums. When you submitted your application through MNsure, we did not receive sufficient contact information for your employer(s).

The employer contact information you provide does not impact your eligibility determination. You are not legally required to provide this information, although MNsure will be unable to properly identify your employer if you fail to provide it.

What do I need to do?

Please provide the requested employer contact information. To report this information, you can visit **www.mnsure.org/forms/rfi.jsp** and fill out an online form. This information will be obtained securely and will be used to provide required notice to your employers. MNsure will only share this data with individuals authorized by law, such as the IRS and state and federal government agencies.

If you do not have internet access, then you can call the MNsure Contact Center at 1-844-520-8695 and select option # 3, or complete page 2 of this form and mail it to :
MNsure Operations, P.O. Box 64253, St. Paul, MN, 55164-0253.

The quickest way to provide this information is to go to **www.mnsure.org/forms/rfi.jsp** and fill out a fully secure online form.

To complete the online form, you will need to provide your last name and MNsure ID Number (listed at the top of this page).

We need the information listed on the next page as soon as possible.

Date: [Mailing date]

MNsure ID Number: [MNsure ID Number]

What if I do not have an employer?

If you are self-employed or otherwise do not have an employer, please return this form after you check the following box to affirm that you are not employed.

Please provide the requested information for each of your employers:

Employee Information

EMPLOYEE NAME (First, Middle, Last)

Employer 1 Information

EMPLOYER NAME	EMPLOYER IDENTIFICATION NUMBER (EIN)	EMPLOYER PHONE NUMBER	
EMPLOYER ADDRESS -STREET	CITY	STATE	ZIP CODE

Employer 2 Information

EMPLOYER NAME	EMPLOYER IDENTIFICATION NUMBER (EIN)	EMPLOYER PHONE NUMBER	
EMPLOYER ADDRESS -STREET	CITY	STATE	ZIP CODE

Employer 3 Information

EMPLOYER NAME	EMPLOYER IDENTIFICATION NUMBER (EIN)	EMPLOYER PHONE NUMBER	
EMPLOYER ADDRESS -STREET	CITY	STATE	ZIP CODE

Date: [Mailing date]

MNsure ID Number: [MNsure ID Number]

1-855-366-7873

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

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

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.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

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.

LB3-0017(3-13)

ADA ADVISORY

MNsure's Accessibility & Equal Opportunity (AEO) office can provide this information in accessible formats for individuals with disabilities. Additionally, the AEO office can provide information on disability rights and protections to access MNsure programs. The AEO office can be reached via 1-855-3MNSURE (1-855-366-7873) or AEO@MNsure.org.