



## Case Histories

This form is to be used when acting in your capacity as a navigator and collecting information regarding a consumer's experience using MNSure. Do not collect any information from any individuals unless they have consented to release their information by signing the form titled "MNSure and the Minnesota Department of Human Services Request to Release Private Information for Public Purposes."

Once this form is complete, it should be sent to MNSure via secure email. Therefore, please send an email to [communications@mnsure.org](mailto:communications@mnsure.org) to request a secure email from MNSure. Staff will follow up with a secure email form that you must use to send us your case history and release form. Do not retain any copies of these forms once they have been sent to MNSure and do not otherwise use or disclose any of the information collected on these forms.

If you have any questions, please email them to [communications@mnsure.org](mailto:communications@mnsure.org).

Date:

Enrollee's Name:

Phone or email contact information:

Number of people insured in household:

Reason for enrolling through MNSure:

Perceived benefits of enrolling through MNSure:

Organization providing enrollment assistance:

Contact information for assistor: