Department of Human Svcs
540 Cedar Street
St. Paul, MN 55155-1234

_____
_____

JOHN Q PUBLIC
444 LAFAYETTE
ST. PAUL, MN 55155-9999

06/12/14

CASE NUMBER: A12345678

REFERRAL TO MNSURE LETTER

IMPORTANT INFORMATION -YOU MUST ACT NOW- DO NOT THROW THIS LETTER AWAY!

You must renew your health care coverage in MNsure. MNsure is the online health care exchange where you apply for or renew your health care coverage. Renew or request health care coverage for **everyone,** including yourself, your children and other family members. Include these people on your application, even if they are already getting health care benefits. Complete the application in MNsure as soon as possible to renew your coverage.

You can apply in one of two ways:

- Go to www.mnsure.org to complete the application. Create an account using the user name and temporary password given below. **You must add your birth month and birth day (MMDD) to the end of the temporary password. Do not add spaces.** For example: If your date of birth is June 23, use 0623 as the last four digits in your password.

  If you already have a MNsure account, use your existing user name and password, not the one listed below. Call MNsure at 855-366-7873 if you are not able to access your account.

  If you already have a MNsure account and you need to add more household members, call your local county human services agency.

MNsure account information:

user name: 1234567890123456789012345678 90 temporary password: JJJJJ%$#@

You will need the user name and temporary password on this letter to log in and create your account so you can renew your coverage. Follow the instructions to change your password after you log in.

- Complete a paper application. If you want to apply using a paper application, call your local county human services agency to ask for one. You may also call the DHS Minnesota Health Care Programs (MHCP) Member Help Desk at 651-431-2670 or 800-657-3739.

IMPORTANT

If you do not complete the online application or ask for and complete a paper application, your health care coverage will end.

You may also get renewal forms for other programs (cash, SNAP, etc.). You will need to complete these forms separately. Complete and return all forms you get if you want your coverage to continue.

This information is available in other forms to people with disabilities by contacting us at 651-431-2670 (voice), toll free at 800-657-3739, or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.

Department of Human Svcs
540 Cedar Street
St. Paul, MN 55155-1234

_____
_____

JANE Q PUBLIC
444 LAFAYETTE
ST. PAUL, MN 55155-9999

06/12/14

CASE NUMBER: A98732165

REFERRAL TO MNSURE LETTER

IMPORTANT INFORMATION -YOU MUST ACT NOW- DO NOT THROW THIS LETTER AWAY!

You must renew your health care coverage in MNsure. MNsure is the online health care exchange where you apply for or renew your health care coverage. Renew or request health care coverage for **everyone,** including yourself, your children and other family members. Include these people on your application, even if they are already getting health care benefits. Complete the application in MNsure as soon as possible to renew your coverage.

You can apply in one of two ways:

- Go to www.mnsure.org to complete the application. Create your own MNsure account with your user name and password if you do not already have a MNsure account.

  If you already have a MNsure account, use your existing user name and password. Call MNsure at 855-366-7873 if you are not able to access your account. Call your local county human services agency if you need to add more household members.

- Complete a paper application. If you want to apply using a paper application, call your local county human services agency to ask for one. You may also call the DHS Minnesota Health Care Programs (MHCP) Member Help Desk at 651-431-2670 or 800-657-3739.

IMPORTANT

If you do not complete the online application or ask for and complete a paper application, your health care coverage will end.

You may also get renewal forms for other programs (cash, SNAP, etc.). You will need to complete these forms separately. Complete and return all forms you get if you want your coverage to continue.

This information is available in other forms to people with disabilities by contacting us at 651-431-2670 (voice), toll free at 800-657-3739, or by using your preferred relay service. For other information on disability rights and protections, contact the agency's ADA coordinator.