



Account Request Form

In order to create an online account, MNSure needs to verify your identity to an appropriate assurance level. If you were not able to answer the remote identity proofing questions in the online account creation process, you may submit identity documents by mail. Send copies only. **Do not send your original documents.**

Person requesting a MNSure account:

First Name: _____ Middle Name: _____

Last Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

☐ I am working with a MNSure Community Assistance Partner and authorize my credentials to be shared with _____ at the following email address: _____.

To verify your identity, please select the **one** document that you are attaching to this form (do not submit originals):

- | | |
|---|---|
| <input type="checkbox"/> Current driver's license issued by state or territory | <input type="checkbox"/> Military dependent's identification card |
| <input type="checkbox"/> School identification card (with photograph and name) | <input type="checkbox"/> Native American Tribal document |
| <input type="checkbox"/> U.S. military card or draft record | <input type="checkbox"/> U.S. Coast Guard Merchant Mariner card |
| <input type="checkbox"/> Identification card issued by U.S. federal, state or local government, including a U.S. passport | <input type="checkbox"/> Voter registration card |

Alternatively, if you are unable to submit a copy of the documents referenced above, you may submit **two** of the following documents:

- | | |
|---|---|
| <input type="checkbox"/> Birth certificate | <input type="checkbox"/> Employer identification card |
| <input type="checkbox"/> Social Security card | <input type="checkbox"/> High school or college diploma (including high school equivalency diploma) |
| <input type="checkbox"/> Marriage certificate | <input type="checkbox"/> Property deed or title |
| <input type="checkbox"/> Divorce decree | |

I certify that all of the information and documents provided are true and accurate to the best of my knowledge. I understand providing false information may subject me to penalties under the Minnesota False Claims Act, the Federal False Claims Act or other applicable laws.

Signature

Date

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Mail this form and attached identity documents to:

MNsure Account Creation
81 Seventh Street East, Suite 300
St. Paul, MN 55101-2444

Privacy Policy

In order to create an online account through submission of identity documents, MNsure collects information contained on the above documents to verify your identity. You are not legally required to provide this information, but it is not possible to create a MNsure account without it. Providing false information is a violation of law and may subject you to criminal or civil penalties. This data will be used within MNsure by staff whose job assignments reasonably require access, and it will only be shared with individuals authorized by state or federal law. These may include law enforcement and federal and state auditing agencies. If you have questions regarding MNsure privacy practices and terms of use, please visit www.mnsure.org/resources/terms-conditions.jsp.