



# Account Request Form

This form is used to verify your identity so that you can create an online account on MNSure.org. Please only use this form if you are not able to create an account online. **Do not send your original documents.**

Required fields are marked with an asterisk (\*)

## Person Requesting a MNSure Account

First Name*	Middle Name	Last Name*
Street Address*		Apt. Number
City*	State*	ZIP Code*
Date of Birth*	Phone Number	

I authorize my account credentials to be sent to:\* (select one):

My postal mailing address I entered above.

My email address at:

The email address of the MNSure assister I am working with:

## Option 1: Submit One Document

Select the **one** document you are submitting with this form. See Option 2 if you don't have any of these.

Current US driver's license issued by state or territory	US military card or draft record
Government-issued identification card or passport	US Coast Guard Merchant Mariner card
Military dependent's identification card	Voter registration card
Native American tribal document	Order of Supervision (ICE Form I-220B)
	Permanent Resident Card
	I don't have any of these (see option 2 below)

## Option 2: Submit Two Documents

If you don't have any of the documents in Option 1, select the **two** documents you are submitting with this form.

Birth certificate	Social Security card
Divorce decree	School identification card (with photograph and name)
Employer identification card	Arrival / Departure Record (Form I-94 / I-94A)
High school or college diploma (including high school equivalency diploma)	Notice to Report (Form I-385)
Marriage certificate	Notice to Appear (Form I-862)
Property deed or title	Record of Deportable and Inadmissible Alien (Form I-213)

## Signature and Date

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\*

Mail this form and selected document(s) to:

MNsure Account Creation  
355 Randolph Ave, Suite 100  
St. Paul, MN 55102

## Privacy Policy

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 <https://www.mnsure.org/resources/terms-conditions.jsp>.

**651-539-2099 / 855-366-7873**

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

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

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមលេចមកសួរស្តីតាមលេខខាងលើ ។

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.

ໄປຮອດຊາບ. ຖ້າທາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໂປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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

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.



For accessible formats of this publication or assistance with additional equal access to human services, write to [AEO@MNsure.org](mailto:AEO@MNsure.org), call 855-366-7873 (MNsure Contact Center) or use your preferred relay service.