



Enrollment Report Request: FY 2024

To request enrollment reports for state fiscal year 2024, your agency's **data privacy contact** must complete, sign, and submit this form to the Assister Resource Center.

Certification

Our agency certifies that the data privacy and security information provided on our Agency Management Program (AMP) is correct and reliable for purposes of requesting an enrollment report. Our agency understands that the submission of inaccurate or misleading information may be grounds for immediate termination of any resulting contract or agreements, as well as other remedies available by law. The agency has a continuing responsibility to update MNsure through AMP immediately of changes.

Our agency will be requesting "private information" as defined in Minnesota state law in an enrollment report and we are aware of and agree to comply with our duties related to protection of information as detailed in Attachment B of our contract.

Our agency is requesting enrollment reports for the four quarters of state fiscal year 2024. We understand that enrollment reports will be sent via secure email to our designated payment coordinator in AMP after payments for the quarter have been finalized.

Name of agency: _____

Name of information privacy and security responsible party: _____

Title at agency: _____

Email: _____

Signature: _____ Date: _____

This form must be completed and signed by the data privacy contact currently on record with MNsure.

In order for MNsure to process this request, the data privacy contact and payment coordinator must be current for the agency in the Agency Management Program (AMP). Authorized administrators can update this information in AMP at any time. Instructions are available on Assister Central under [Essential Tools](#).

This completed and signed questionnaire must be submitted to the Assister Resource Center:

- Fax: 651-431-7572
- Email: navigators@mnsure.org