



Account Creation and Assister Authorization

This form gives a MNsure-certified assister the authority to create an account on MNsure.org in your name and submit an application on your behalf. It is ONLY for individuals who cannot access a computer to create an account and cannot meet in person with an assister. Please read and complete this form carefully.

Consumer's Information:

First and last name: _____

Date of birth: _____

Email address (optional): _____

Address: _____

City/town: _____ State: _____ Zip code: _____

Privacy Warning

We are asking for this information about you so we can contact you if needed and to confirm your identity. The information you provide is private. You are not legally required to provide this information and there are no negative consequences if you do not complete this form, though your assister will be unable to create an account and apply for health coverage on your behalf. MNsure staff will have access to this information, as well as others with legal authority. MNsure will keep it for up to ten years. This privacy notice does not include the MNsure.org Terms of Use and Privacy Notice if you provide MNsure with additional information to create an account or apply for health coverage. For more information about MNsure's Terms of Use and Privacy Warnings for MNsure participants, go to www.mnsure.org/resources/terms-conditions.jsp.

Account Creation

By completing and signing this form, you are authorizing your assister to create an account for you on MNsure.org because you do not have access to a computer and cannot meet in person with an assister. Creating an account is the first step to determine your eligibility for benefits and enrolling in health coverage. To create a new account, MNsure must collect enough information to verify your identity. Your assister will ask for this information from you to enter when he or she is creating the account. Your information is private and he or she must safeguard it. When your assister is creating your account, he or she must provide a privacy warning from MNsure about the information being requested and ask if you agree to the MNsure terms and conditions. By asking an assister to create an account for you, you agree to use the system for authorized purposes only, in compliance with state and federal law, and agree to the MNsure Terms and Conditions. A copy of the privacy warning and the terms and conditions are available at www.mnsure.org/resources/terms-conditions.jsp. Your assister cannot create your account if you do not agree.

Assister Association

By completing and signing this form, you are giving permission for your assister to enter your account and associate your account with your assister’s account. After your account is associated with your assister, he or she is authorized to act on your behalf and on behalf of any others on your application for the following actions:

- Access your data to provide customer service
- Enter information about you or your household into an application
- Submit an application for you
- Select a qualified health plan
- Select and apply advanced premium tax credit amount

You are also authorizing this assister to provide and view information on all the people on your application. MNsure applicants or assisters who provide and view information on behalf of applicant or household members, dependents, employees or others verify that they have the permission of the individual data subject, or are the legal guardian, or are otherwise authorized to access and submit the information, and must agree to safeguard it. Individuals who view or submit information on behalf of another individual also agree to only use the personally identifiable information for the purpose of completing the proper application or as otherwise allowed by state and federal law and to safeguard the data from unauthorized access, use, modification, destruction, theft or disclosure. The information on an application is private data.

By signing below, you are allowing this assister to receive information about your application and act on matters related to this application, including signing your application on your behalf and enrolling in a qualified health plan on your behalf. You also acknowledge that you are still responsible for meeting all applicable deadlines for enrolling in coverage.

Please provide the following information about the assister you wish to authorize:

Assister’s first and last name: _____

Organization: _____

Assister Portal Reference number: _____

Before agreeing, please review the [MNsure Privacy Warnings](#), which describe the purpose and intended use for collecting private data on your application and whether there are consequences for refusing to provide the data. The privacy warnings also define the individuals and organizations with whom your information may be shared and how long MNsure will keep your information. More information about your privacy rights and responsibilities is located on the [Terms and Privacy page](#) of MNsure.org.

You can end this authorization at any time through your MNsure online account or by calling the MNsure Contact Center.

Consumer’s signature

Today’s date