

Agency Authorized Contacts

THIS FORM CANNOT BE PROCESSED UNLESS ALL FIELDS ARE COMPLETED.

Name of Organization:	
	g obligation to notify MNsure of any changes to our authorized the following role(s) be updated for our organization:
location address changes, activating	Contact (Responsible for the administration of organizational data, including g or inactivating individual assisters, coordination and communication is, ensuring individual assister data is current and accurate.)
Name	Title
Phone Number	Email
to ensure the duties and obligations	entract Manager (Delegated authority within organization to be responsible of the contract are met. Works with MNsure's authorized representative to ess contract questions or concerns.)
Name	Title
Phone Number	Email
including following-up with staff who	rity Responsible Party (Responsible for agency data privacy and security, o have received a warning for non-compliance with data privacy. Also ensure on data privacy requirements and that staff continue to comply.)
Name	Title
Phone Number	Email
remittance statements and enrollme	d for navigator organizations only) (Responsible for receiving payment ent reports and ensuring information is available to financial staff within the ontacting MNsure regarding any enrollment payment issues.)
Name	Title
Phone Number	Email
Signature Authority (Has deleg- disclose any possible conflicts of in	ated authority from the organization to enter into legal agreements. Please terest.)
Name	Title
Phone Number	Email
Submit form electronically to	navigators@mnsure.org (subject line "Update Authorized Contacts").