MNsure℠
Where you choose health coverage

Small Business Health Options Program (SHOP)

Health coverage application for employers

The SHOP Health Insurance Marketplace offers a new way for small businesses to offer health insurance to employees. The SHOP is open to all small business owners.

THINGS TO KNOW

Who can use this application?

- Employers who cannot apply online.
- Employers not working with a broker.

Is my business eligible for the SHOP?

Your business or organization must:

- Have a primary business address within Minnesota where you are buying coverage,
- Have at least two employees or be a Sole Proprietor with at least one employee,
- Have 50 or fewer full-time equivalent (FTE) employees,* and
- Offer coverage through the SHOP to all full-time employees

Apply faster online

- Visit **www.mnsure.org** to apply for SHOP online.
- Your coverage start date will be the first of the month at least 2 full months from the date the application is mailed. If you need coverage sooner, apply online.

Get help

- **Online: www.mnsure.org**
- **Phone:** Call our Contact Center at **1-855-366-7873**.
- **Contact a broker:** Visit **HealthCare.gov** or call **1-800-706-7893**

What happens next?

Send this form and your employees' completed, signed applications to the address on page 3. You will hear back from us within 1–2 weeks. We will let you know if you are eligible to buy insurance for your small business and give you the information you need to compare cost and coverage options, select a plan, and complete the enrollment process.

*Starting in 2016, all businesses and organizations with 100 or fewer FTEs may be eligible for the SHOP.

Your information is private or nonpublic.

- We will keep your information private as required by law. Read Attachment A, Notice of Privacy Practices and Terms of Use for more details.
- In order to verify your eligibility to participate in MNsure and purchase a qualified health plan for your employees, MNsure collects private and nonpublic data and verifies this information against state and federal sources. MNsure is required to collect this information to confirm that your business is located in Minnesota and that you have 50 or less employees, and are a sole proprietor with at least one employee. If you choose not to answer the questions, you will be unable to proceed with your purchase.

1-855-366-7873

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

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

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

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.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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

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.

LB3-0017 (3-13)

ADA2 (12-12)

This information is available in accessible formats for individuals with disabilities by calling our Contact Center at 1-855-366-7873 or by using your preferred relay service. For other information on disability rights and protections, contact the agency’s ADA coordinator.

Clear Form

STEP 1 Tell us about yourself.

NOTE: If you are using a broker to apply, you must apply online.

1. EMPLOYER NAME	2. FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)
3. DOING BUSINESS AS	
4. EMPLOYER TYPE ◯ Private sector (profit & non-profit) ◯ Church/church affiliated ◯ State/local government ◯ Foreign government ◯ Tribal government and tribally-owned or sponsored organizations and businesses	
5. PRIMARY BUSINESS ADDRESS	

6. CITY	7. STATE	8. ZIP CODE	9. COUNTY

10. HOW MANY FULL-TIME EQUIVALENT EMPLOYEES?	11. ☐ Yes, I am offering health coverage to all full-time employees.

STEP 2 Tell us who to contact about this application

Primary contact

1. FIRST NAME, MIDDLE NAME, LAST NAME, & SUFFIX	
2. TITLE	
3. MAILING ADDRESS (if different from primary business address above)	

4. CITY	5. STATE	6. ZIP CODE	7. COUNTY

8. PHONE NUMBER ◯ Work ◯ Home ◯ Cell	9. OTHER PHONE NUMBER ◯ Work ◯ Home ◯ Cell

10. FAX NUMBER	11. EMAIL ADDRESS

12. Notices and monthly invoices will be sent electronically. This person must visit www.mnsure.org and create an online account to receive electronic notices and invoices. ☐ Check here if this person also wants to get paper notices by mail.

13. PREFERRED SPOKEN OR WRITTEN LANGUAGE (if not English)

NEED HELP WITH YOUR APPLICATION?
Contact a broker with questions, visit **www.mnsure.org**, or call us at 1-855-366-7873.

Secondary contact (optional)

1. FIRST NAME, MIDDLE NAME, LAST NAME, & SUFFIX			
2. TITLE			
3. MAILING ADDRESS (if different from business address)			
4. CITY	5. STATE	6. ZIP CODE	7. COUNTY
8. PHONE NUMBER ◯ Work ◯ Home ◯ Cell	9. OTHER PHONE NUMBER ◯ Work ◯ Home ◯ Cell		
10. FAX NUMBER	11. EMAIL ADDRESS		
12. Notices and monthly invoices will be sent electronically. This person must visit www.mnsure.org and create an online account to receive electronic notices and invoices. ☐ Check here if this person also wants to get paper notices by mail.			
13. PREFERRED SPOKEN OR WRITTEN LANGUAGE (if not English)			

STEP 3 OPTIONAL: List all employees receiving an offer of coverage even if they may not enroll.

You must include all full-time employees (30+ hours)

Choose from the following selection:

*Employment status: Active, Inactive, Former, Disabled, Retired, COBRA, Union, others

**Effective date of status defined as Active=Hire Date, Inactive/Former/COBRA=Termination Date, Others=Event Date

Employee first name, middle name, last name and suffix	Date of birth (mm/dd/yyyy)	Social Security number/Tax ID number	Employment status*	Date of hire (mm/dd/yyyy)	Effective date of status** (mm/dd/yyyy)
1.					
2.					
3.					
4.					

NEED HELP WITH YOUR APPLICATION?
Contact a broker with questions, visit **www.mnsure.org**, or call us at 1-855-366-7873.

Employee first name, middle name, last name and suffix	Date of birth (mm/dd/yyyy)	Social Security number/Tax ID number	Employment status*	Date of hire (mm/dd/yyyy)	Effective date of status** (mm/dd/yyyy)
5.					
6.					
7.					
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NEED HELP WITH YOUR APPLICATION?
Contact a broker with questions, visit **www.mnsure.org**, or call us at 1-855-366-7873.

Employee first name, middle name, last name and suffix	Date of birth (mm/dd/yyyy)	Social Security number/Tax ID number	Employment status*	Date of hire (mm/dd/yyyy)	Effective date of status** (mm/dd/yyyy)
21.					
22.					
23.					
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NEED HELP WITH YOUR APPLICATION?
Contact a broker with questions, visit **www.mnsure.org**, or call us at 1-855-366-7873.

Employee first name, middle name, last name and suffix	Date of birth (mm/dd/yyyy)	Social Security number/Tax ID number	Employment status*	Date of hire (mm/dd/yyyy)	Effective date of status** (mm/dd/yyyy)
37.					
38.					
39.					
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Attach more sheets as necessary

STEP 4 Read and sign this application

☐ I attest to the fact that my business location is in the state of Minnesota.

☐ I attest that I employed an average of at least one, not including a sole proprietor, but not more than 50 current employees on business days during the preceding calendar year and employ at least one current employee, not including a sole proprietor, on the first day of the plan year.

According to the Affordable Care Act, one of the eligibility requirements for a small employer to participate in an exchange is to provide coverage to all full-time employees. By checking the check box below, you are attesting that you are providing coverage to all your full-time employees.

I am signing this application under penalty of perjury, which means I have provided true answers to all of the questions to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information.

☐ I attest to the fact that I have provided health coverage to all my full-time employees.

☐ I agree to the following:

- I know that my information on this form will only be used to determine eligibility for health coverage and will be kept private as required by law. If my business or organization is eligible, this information will be used to facilitate enrollment.
- I know that I must tell the SHOP if anything changes (and is different than) what I wrote on this application. I can visit www.mnsure.org or call 1-855-366-7873 to report changes.
- I have permission from everyone I have listed on the application to include their personally identifiable information, like dates of birth, Social Security numbers, addresses, and phone numbers.
- I know that under federal law, discrimination is not permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.
- I have read and agreed to the terms of use on Attachment A.

SIGNATURE	DATE (mm/dd/yyyy)

STEP 5 Mail the completed application and your employee applications

Mail your completed application, **including all employee applications** to:

MNsure SHOP
P.O. Box 64246
St. Paul, MN 55164

We will let you know if you are eligible to buy coverage for your small business, and provide you with the information you need to compare cost and coverage options, select a plan, and complete the enrollment process.

If you want to register to vote in Minnesota, you can complete a voter registration form at **sos.state.mn.us**.

Attachment A
Notice of Privacy Practices and Terms of Use

Effective Date: January 2014

This notice tells how private or nonpublic information about you and your business may be used and disclosed and how you can get this information. Please review it carefully.

Terms of Use

The MNsure system is the property of the State of Minnesota and is subject to the Minnesota Government Data Practices Act.

In order to purchase insurance through the MNsure system, an applicant will have to create an online account. This account access is granted subject to compliance with law and the terms and conditions for use. Users are responsible for maintaining confidentiality of their personal account information. By using the MNsure system, applicants certify that the information provided is true and accurate. MNsure applicants and account holders have a duty to ensure the accuracy, relevance, timeliness, and completeness of personally identifiable information, as is reasonably necessary, to assure fairness in making determinations about an individual. MNsure applicants and account holders may not knowingly or willingly conceal, remove, mutilate, obliterate, falsify, or destroy information.

Providing false information or using information obtained through the MNsure system for unauthorized purposes is a violation of law and may subject you to criminal and/or civil penalties. Fraud, waste, abuse, and any attempt to breach the security of the system are strictly prohibited, and any suspected misuse, fraud, waste, or abuse should be reported to mnsurecompliancehotline@mnsure.org.

MNsure Applicants or individuals who provide and view information on behalf of 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 personally identifiable information for the purpose of completing the proper application or as otherwise allowed by state or federal law and to safeguard the data from unauthorized access, use, modification, destruction, theft, or disclosure.

Employees who fill out a SHOP employee application must review the privacy notice before providing private data about themselves.

Privacy Notice for SHOP Employees

What is the purpose and intended use of collecting the requested data?

MNsure collects private data to confirm your identity and to verify that you are an employee of the designated employer. MNsure eligibility data for employees is obtained by verifying identity data against Department of Employment and Economic Development data. MNsure may also use the data for conducting audits, investigating fraud, and to evaluate our programs. MNsure does not collect, maintain or use genetic information. Participants in the Safe at Home address confidentiality program should not disclose home, work, or other addresses that may reveal his or her physical location. Rather, a secure P.O. Box address may be used.

Why do we ask you for your taxpayer identification numbers and Social Security numbers?

We use your taxpayer identification numbers to identify you and your employer and to prevent duplication. The SSN is optional for employees and dependents and you do not have to give us the SSN for persons who are not applying for coverage or for those individuals who do not have a SSN.

Am I legally required to provide the information requested?

You are not legally required to provide this data, and you may refuse to provide the data. However, we may not be able to process your enrollment in an employer-sponsored plan if you do not provide it.

What are the known consequences for supplying or refusing to provide the data?

If you provide the data, you are doing so in accordance with our Privacy Policy and Rules of Behavior. Our Privacy Policy requires that if you are the providing information on behalf of another individual in your household, you must have consent to provide and view information on all the people who you have listed on the application and agree to safeguard their information. If you knowingly provide false information, you may be subject to investigation and possibly face criminal or civil penalties. Refusal to provide data or answers in response to questions means we may be unable to make an eligibility determination or process enrollment.

Who is authorized by state or federal law to receive the data?

Designated employees within MNsure may use this data to provide customer service or SHOP eligibility and enrollment functions. Designated employees within MNsure may also access this data to conduct quality and technical assurance and to investigate fraud. Others who may have access include your designated health and dental insurance carrier, representatives of the Legislative Auditor, MN.IT information technology staff, enforcement agencies with statutory authority, and persons authorized by court order.

How long will you keep my records?

MNsure follows the general records retention schedules for state agencies and for the Department of Human Services, and maintains data in accordance with state and federal law. Information provided in an application for coverage through MNsure is subject to the False Claims Act and may be retained for up to ten years, and electronic transaction data is retained for seven years per the DHS retention schedule. MNsure's complete record retention schedule is available on the Terms and Privacy page. After the appropriate time period, MNsure will destroy the data in in a manner that prevents their contents from being determined, including the shredding of paper files and permanently removing electronic data so as to prevent the possibility of recovery.

What are MNsure's responsibilities?

We must protect the privacy of your private information according to the terms of this notice. We may not use your information for reasons other than the reason's listed on this form or share your information with individuals and agencies other than those listed on this form unless you tell us in writing that we can. We will not sell any data collected, created, or maintained as part of this application. We must follow the terms of this notice, but we may change our privacy policy because privacy laws change. We will put changes to our privacy rules on our website at: www.mnsure.org

What are your rights regarding the information we have about you?

You and people you have given permission to may see and copy private information we have about you. You may have to pay for the copies. You may question if the information we have about you is correct. Send your concerns in writing. Tell us why the information is wrong or not complete. Send your own explanation of the information you do not agree with. We will attach your explanation any time information is shared with another agency. You have the right to ask us to limit or restrict the way that we use or disclose your information, but we are not required to agree to this request.

You have the right to get a record of some of the people or organizations with whom we have shared your information.

What if you believe your privacy rights have been violated?

You may complain if you believe your privacy rights have been violated. You cannot be denied service or treated badly because you have made a complaint. If you think that MNsure has violated your privacy rights, you may send a written complaint to:

U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, IL 60601
312-886-2359 (Voice)
800-368-1019 (Toll Free)
800-537-7697 (TTY)
312-886-1807 (Fax)

MNsure Privacy and Security Manager
81 7th Street East, Suite 300
St. Paul, MN 55101-2211

What if you believe your benefits are wrong or your application has not been processed correctly?

You have the right to ask for an appeal hearing. In requesting an appeal hearing, you are requesting a fair review of your benefits decision. Specific appeal instructions can be found on all notices that you receive. You can learn more by going to the MNsure appeals website. You can ask for a hearing by telling your consumer assistant or by logging into your MNsure account.

What if you believe you have been discriminated against?

Discrimination is against the law. The U.S. Department of Health and Human Services' Office for Civil Rights prohibits discrimination in its programs because of race, color, national origin, age, disability, and sex, including sex stereotypes and gender identity. If you believe you have been discriminated against, you have the right to file a complaint directly with the federal Office for Civil Rights.

U.S. Department of Health and Human Services
Office for Civil Rights, Region V
233 North Michigan Avenue, Suite 240
Chicago, IL 60601
312-886-2359 (Voice)
800-368-1019 (Toll Free)
800-537-7697 (TTY)

In Minnesota, if you believe you have been discriminated against because of race, color, national origin, religion, creed, sex, sexual orientation, public assistance status, or disability, you have the right to file a complaint with:

MNsure Equal Opportunity and Accessibility
81 7th Street East, Suite 300
St. Paul, MN 55101-2211

Attachment A – Keep this page for your records.