MNsure
PO Box 64253
St. Paul, MN 55164-0253

Date: October 29, 2026

Re: Claim your new MNsure account
Household ID: [redacted]

Dear [redacted],

Hello from MNsure! We've moved to a new technology system.

If you or anyone in your household is eligible for a private plan, you'll need a new MNsure account.

Follow these steps to claim your MNsure account today:

1. Go to https://enroll.mnsure.org/hix/accessCode
2. Enter your unique Access Code: [redacted].
3. Answer the security questions to confirm your identity.
4. Set up a username and password for your MNsure account.

If anyone in your household is eligible for Medical Assistance or MinnesotaCare: the Department of Human Services, your county or your tribal agency will continue to manage their coverage.

Thank you,
MNsure

Your Civil Rights

Discrimination is against the law. MNsure does not discriminate on the basis of any of the following: race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability, sex (including sex stereotypes and gender identity).

Free Services

Auxiliary aids: If you have a disability and need aids and services to have an equal opportunity to participate in our health care programs, MNsure will provide them timely and free of charge. These aids and services include qualified interpreters and information in accessible formats.

Language assistance: If you have difficulty understanding English and need language help to access information and services, MNsure will provide language assistance services timely and free of charge. These services include translated documents and interpreting spoken language.

To request these free services from MNsure, contact the MNsure Accessibility and Equal Opportunity (AEO) Office at AEO@MNsure.org or 651-539-2099 or 855-366-7873 (toll free).

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by a human services agency.

You may contact any of the following three agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have a right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following: race, color, national origin, age, disability, or sex (including stereotypes and gender identity).

Contact the **OCR** directly to file a complaint:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F
HHH Building Washington, DC 20201
800-368-1019 (voice), 800-537-7697 (TDD)
OCRComplaint@hhs.gov (email)
https://ocrportal.hhs.gov

Minnesota Department of Human Rights (MDHR)

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

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Ave North, Suite 201
St. Paul, MN 55104
651-539-1100 (voice) or 800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay), 651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

MNsure

You have a right to file a complaint with MNsure if you believe you have been discriminated against in our health care programs because of any of the following: race, color, national origin, creed, religion, sexual orientation, public assistance status, marital status, age, disability, sex (including sex stereotypes and gender identity).

Complaints must be in writing and filed within one year of the date you discovered the alleged discrimination.

The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

MNsure will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have MNsure review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative remedies.

Contact **MNsure** directly to file a discrimination complaint:

MNsure Accessibility and Equal Opportunity (AEO) Office
PO Box 64253
St.Paul, MN 55164-0253
651-539-2099 or 855-366-7873 (voice) or use your preferred relay service
AEO@MNsure.org (email)

651-539-2099 / 855-366-7873

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

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

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

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.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီလၢတၢ်ကကျိးထံဝဲဒဉ်လ်ာ် တီလ်ာ်မိတခါအံၤန္ဉ်,ကိးဘဉ်လီတဲစိနိၣ်ဂ်ၢ်လၢထးအံၤန္ဉ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

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.

LB2 (8-16)

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