

Servicing Agency Name  
Address



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Date & Time  
Case Number:

Applicant Name  
Address

<p><b>Action Needed</b></p> <p><b>You Have More Time to Give Us Requested Information</b></p>
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IMPORTANT: ACTION NEEDED AFFECTING ELIGIBILITY. READ ENTIRE NOTICE.

You asked for more time to give us the information we need to verify your eligibility for Medical Assistance or MinnesotaCare. You now have until the date shown below. If you do not give us the needed information by the new due date, either

- your application for health care coverage and help paying costs will be denied or
- your health care coverage will end.

Send this information or proof to the address at the top left of this notice.

If you have questions, call the agency shown at the top left of this notice. If you do not know the phone number, call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672 for help. Or see the agency directory at [mn.gov/dhs/health-care/county-tribal-offices/](http://mn.gov/dhs/health-care/county-tribal-offices/).

**You must give us more information**

We need more information from:

**Name:**                      **MNsure ID Number:**

Due Date	Needed Information	Acceptable Documents
Date	Projected Annual Income (PAI)	<p>If you filed a federal tax return in the last 3 years, provide a full copy of the most recent return (must include all related forms and schedules). If the return does not reflect your PAI because of a change, provide proof of the change, including any of the documents listed below. If you did not file a federal tax return in the last 3 years, provide proof that reflects your PAI, including any of the documents listed below.</p> <ul style="list-style-type: none"><li>• Pay stubs or earnings statement</li><li>• Written statement from your employer</li><li>• Copy of a check (payment for work or service)</li><li>• Business financial records</li><li>• Bank statement showing payment</li><li>• Interest or dividend statement</li><li>• Award letter</li><li>• Proof of alimony</li><li>• Receipt or statement of rent you received</li><li>• Proof of asset sale (capital gain or loss)</li><li>• Proof or record of other taxable income</li><li>• Proof of one-time income</li></ul>

## What if I have questions about this notice?

Call us if you have questions.

- For questions about Medical Assistance, call your county or tribal agency.
- For questions about MinnesotaCare or general questions about Medical Assistance, call DHS Health Care Consumer Support at 651-297-3862 or 800-657-3672.

You can get free help from a Navigator. To find a Navigator in your area who speaks your preferred language, go to <https://www.mnsure.org> and click "Assister Directory" under Find Free Help.

If you have hearing or speech disabilities, contact us using your preferred telecommunications relay service.



For accessible formats of this information or assistance with additional equal access to human services, write to [DHS.info@state.mn.us](mailto:DHS.info@state.mn.us), call 651-297-3862 / 800-657-3672 or use your preferred relay service. ADA1 (2-18)