

# Communications toolkit for health plans

## Preparing members for renewals Phase 2: Renew my coverage messaging toolkit

### After DHS sends pre-renewal notice to monthly cohort

#### ****Text message****

**English**

Hi, this is <insert plan]. We want you to keep your health insurance. Watch for a packet in the mail soon about how to renew your Medical Assistance\*. Connect with us for help at <insert calls to action>.

**Vietnamese**

Xin chào, đây là < >. Chúng tôi muốn quý vị giữ bảo hiểm sức khỏe của quý vị. Hãy để ý nhận một tập hồ sơ gửi qua bưu điện trong đó có thông tin hướng dẫn quý vị cách gia hạn Trợ cấp y tế\*. Kết nối với chúng tôi để được giúp đỡ tại < >.

**Hmong**

Nyob zoo, nov yog < >. Peb xav kom koj ua koj qhov kev tuav pov kev noj qab haus huv. Saib pob ntawv hauv kev xa ntawv sai-sai no txog tias yuav rov ntxiv hnub nyoog dua tshiab koj qhov Kev Pab Cuam Kho Mob li cas\*. Sib txuas nrog peb txhawm rau kev pab ntawm < >.

**Russian**

Здравствуйте, это < >. Мы бы хотели предложить вам продлить вашу медицинскую страховку. В ближайшее время вы получите по почте пакет документов с информацией о том, как продлить ваше участие в программе Medical Assistance\*. Обращайтесь к нам за помощью: < >.

**Somali**

Salaam, kani/tani waa <>. Waxaan rabnaa inaad  sii haysato caymiskaaga caafimaadka. Dhawaan waxaa boostada kugu soo gaari doono baakidh sida macluumaadka  sida loo cusboonaysiiyo Medical Assistance\*. Nagala soo xiriir si aad u hesho caawimaad barta <>.

**Spanish**

Hola, soy < >.  Queremos que mantenga su seguro médico. Espere pronto un paquete en el correo sobre cómo renovar su Asistencia Médica\*.  Póngase en contacto con nosotros para obtener ayuda en < >.

\* For January 2024 cohort, add the following text in the appropriate language

English: “or MinnesotaCare”

Hmong: “los yog MinnesotaCare”

Russian: “или MinnesotaCare”

Somali: “ama MinnesotaCare”

Spanish: “o MinnesotaCare”

Vietnamese: “hoặc MinnesotaCare”

#### ****Email, web portal message or copy for supplementary mailed letter****

**English**

Subject line: It’s time to renew your health insurance

It’s time to renew your Medical Assistance\* eligibility. You’ll soon get a packet in the mail from the Minnesota Department of Human Services about how to renew your health insurance. We want to help you avoid losing your health insurance and possible disruptions in seeing your doctor or filling a prescription.

We can help you:

* Update your address to ensure you get your packet
* Get a new packet mailed to you if you need one
* Answer questions about your insurance

Connect with us at <insert calls to action> or visit [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/) to learn more.

**Vietnamese**

Đã đến lúc quý vị gia hạn bảo hiểm sức khỏe

Đã đến lúc quý vị gia hạn Trợ cấp y tế\*. Quý vị sắp sửa nhận được một tập hồ sơ qua bưu điện từ Sở Dịch vụ Nhân sinh Minnesota chỉ dẫn quý vị cách gia hạn bảo hiểm y tế. Chúng tôi muốn giúp quý vị tránh bị mất bảo hiểm y tế của quý vị và có thể bị gián đoạn việc gặp bác sĩ hoặc mua thuốc theo toa.

Chúng tôi có thể giúp quý vị:

* Cập nhật địa chỉ của quý vị để đảm bảo quý vị nhận được tập hồ sơ
* Nhận tập hồ sơ mới gửi qua bưu điện nếu quý vị cần
* Trả lời các thắc mắc về bảo hiểm của quý vị

Kết nối với chúng tôi tại <> hoặc vào trang mạng [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/vietnamese/index.jsp) để tìm hiểu thêm.

**Hmong**

Nws yog lub sij hawm los ntxiv hnub nyoog dua tshiab rau koj qhov kev tuav pov hwm kev noj qab haus huv

Nws yog lub sij hawm los ntxiv hnub nyoog dua tshiab rau koj qhov kev muaj cai tau txais Kev Pab Cuam Them Nqi Kho Mob (Medical Assistance)\*. Tsis ntev los no koj yuav tau txais ib pob ntawv hauv kev xa ntawv los ntawm Minnesota Tuam Tsev Pab Pej Xeem hais txog tias yuav ntxiv hnub nyoog dua tshiab rau koj qhov kev tuav pov hwm kev noj qab haus huv li cas. Peb xav pab koj txog kev zam kev poob koj qhov kev tuav pov hwm kev noj qab haus huv thiab kev tsim uas muaj feem cuam tshuam rau hauv kev mus ntsib koj tus kws kho mob los sis sau daim ntawv yuav tshuaj.

Peb tuaj yeem pab tau koj:

* Hloov kho koj qhov chaw nyob kom paub tseeb tias koj tau txais koj pob ntawv
* Tau txais ib pob ntawv tshiab xa tuaj rau koj yog tias koj xav tau
* Teb cov lus nug txog koj qhov kev tuav pov hwm

Sib txuas nrog peb ntawm < > los sis mus saib [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/hmong/index.jsp) yog xav paub ntau ntxiv.

**Russian**

Пришло время продлить вашу медицинскую страховку

Пришло время продлить ваше участие в программе Medical Assistance\*. Скоро вы получите по почте пакет документов от Департамента социального обеспечения штата Миннесота с информацией о том, как продлить вашу медицинскую страховку. Мы хотим помочь вам избежать потери медицинской страховки и возможных проблем с посещением врача или получением рецептов.

Мы можем помочь вам:

* обновить свой адрес, чтобы гарантированно получить пакет документов;
* при необходимости получить по почте новый пакет документов;
* ответить на вопросы по вашей страховке.

Для получения дополнительных сведений свяжитесь с нами: < > или зайдите на сайт [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/russian/index.jsp).

**Somali**

Waa markii aad cusboonaysiin lahayd caymiskaaga caafimaadka

Waa markii aad cusboonaysiin lahayd u-qalmitaankaaga Medical Assistance\*. Dhawaan waxay Waaxda Adeegyada Dadweynaha ee Minnesota kuugu soo diri doontaa boostada baakidh sida macluumaad ku saabsan sida loo cusboonaysiiyo caymiskaaga. Waxaan rabnaa inaan kaa caawinno inaad iska ilaaliso inaad lumiso caymiskaaga caafimaadka iyo abuurista carqalado suurtagal ah ee inaad la kulanto dhakhtarkaaga ama qaadashada dawooyinka dhakhtar kuu qoro.

Waxaan kaa caawin karnaa:

* Inaad cusbooneysiiso cinwaankaaga si aad u hubiso inaad hesho baakaddaada
* Inaad hesho baakidh cusub oo boosta laguugu soo diro haddii aad mid u baahan tahay
* In lagaaga jawaabo su'aalaha ku saabsan caymiskaaga

Nagala soo xiriir barta < > ama booqo [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/somali/index.jsp) si aad wax badan u ogaato.

**Spanish**

Es el momento de renovar su seguro medico

Es hora de renovar su elegibilidad para Asistencia Médica\*. Pronto recibirá por correo un paquete del Departamento de Servicios Humanos de Minnesota sobre cómo renovar su seguro médico. Queremos ayudarle a evitar que pierda su seguro médico y a posibles interrupciones para ver a su médico o para obtener una receta.

Podemos ayudarle a:

* Actualizar su dirección para asegurarse de que recibe su paquete
* Obtener un nuevo paquete por correo si lo necesita
* Responder preguntas sobre su seguro

Póngase en contacto con nosotros en < > o visite [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/spanish/index.jsp) para obtener más información.

\* For January 2024 cohort, add the following text in the appropriate language

English: “or MinnesotaCare”

Hmong: “los yog MinnesotaCare”

Russian: “или MinnesotaCare”

Somali: “ama MinnesotaCare”

Spanish: “o MinnesotaCare”

Vietnamese: “hoặc MinnesotaCare”

#### ****Automated call/robo call/voicemail message script****

Hello, this is < insert health plan> calling with an important message. We want to let you know that you will soon receive a renewal packet from the Minnesota Department of Human Services about how to renew your health insurance. You’ll need to complete the packet to avoid losing your Medical Assistance\* and creating possible disruptions in seeing your doctor or filling a prescription.

It is important to make sure we have the correct address so you get your renewal packet in the mail. If you need help updating your contact information or have questions about the renewal packet, you can call us at <insert phone number>. Learn more about renewing your health insurance at [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/).

Thank you for being a part of < insert health plan>.

#### ****Proactive phone script****

Hi, this is <insert health plan>. We’re calling to let you know that you will soon receive a packet in the mail from the Minnesota Department of Human Services about how to renew your Medical Assistance\*. We want to help you avoid losing your health insurance and creating possible disruptions in seeing your doctor or filling a prescription.

Can I verify we have your correct address on file to ensure you get your packet in the mail? <Read address>.

[[ IF INCORRECT ADDRESS: Gather the updated information and complete the MCO Change in Member Address form once available. In the meantime, help enrollees identify whom to call to update their information:

* If they have Medical Assistance, they need to contact their county to update their information or their tribe if they belong to Red Lake Nation or White Earth Nation. Please use the appropriate list to find the correct county or tribal contact information for enrollees to connect with to update their address.
* If they have MinnesotaCare, please tell enrollees to call Health Care Consumer Support at 800-657-3672.]]

[IF CORRECT ADDRESS]]

I can help you:

* Prepare so you’re ready when you receive your packet
* Answer questions about your insurance.

There are several documents that will help to get ready now to prepare for your renewal packet:

* You’ll need to show proof of income for you and your family members to send in with your completed renewal form.
	+ If you filed a federal tax return in the last three years, you can send in your most recently filed federal tax return including all forms and schedules. Cross out any income on the tax form that you do not expect to have next year.
	+ If you expect income that is not listed on your return or you did not file taxes in the last three years, send your most recent proof of expected income. Examples include:
		- Current pay stubs or earnings statements
		- Statement from your employer
		- Business financial records
		- Pension statement from a government or private source
		- Unemployment compensation statement
		- Interest or dividend statement
		- Receipt or statement of rent you receive
		- Social Security award letter
		- Proof of asset sale ([capital gain or loss](https://www.irs.gov/newsroom/capital-gains-and-losses-10-helpful-facts-to-know-0))
		- Proof of one-time income
		- Proof of alimony paid
	+ You should also provide proof of allowable IRS income adjustments. These include:
		- Proof of [educator expenses](https://www.irs.gov/credits-deductions/individuals/deducting-teachers-educational-expenses-at-a-glance)
		- Student loan interest statements
		- Proof of [health savings account deductions](https://www.irs.gov/publications/p969#en_US_2017_publink1000204023)
		- Proof of self-employment
		- Proof of [Simplified Employee Pension Plan](https://www.irs.gov/retirement-plans/plan-sponsor/simplified-employee-pension-plan-sep), [SIMPLE IRA plan](https://www.irs.gov/retirement-plans/plan-sponsor/simple-ira-plan) or [other qualified plans](https://www.irs.gov/retirement-plans/retirement-plans-for-self-employed-people)
		- Proof of [IRA deductions](https://www.irs.gov/retirement-plans/individual-retirement-arrangements-iras)
		- Proof of [deductible part of self-employment tax](https://www.irs.gov/businesses/small-businesses-self-employed/self-employment-tax-social-security-and-medicare-taxes)
		- Proof of certain business expenses for reservists, performing artists and fee-based government officials.
* If you’re 65 or older, blind or get your coverage through a disability status and don’t have children, you’ll also need to provide account statements from your banks or other financial institutions and award letters for Supplemental Security Income or Retirement Survivors Disability Insurance.
* If your immigration status has changed since you applied for your insurance or last renewed it, you’ll also need to provide a copy of documentation showing your immigration status change.

### After DHS mails renewal packets

#### ****Text****

**English**

Keep your health insurance. You should have received a packet in the mail recently about how to renew your Medical Assistance\*. Connect with us for help at <insert calls to action>.

**Vietnamese**

Giữ bảo hiểm sức khỏe của quý vị. Chắc là quý vị đã nhận được tập hồ sơ gửi qua bưu điện trong đó có thông tin hướng dẫn quý vị cách gia hạn Trợ cấp y tế\*. Kết nối với chúng tôi để được giúp đỡ tại < >.

**Hmong**

Khaws koj li kev tuav pov hwm kev noj qab haus huv cia. Koj yuav tsum tau txais pob ntawv hauv kev xa ntawv tsis ntev los no txog tias yuav rov ntxiv hnub nyoog dua tshiab koj qhov Kev Pab Cuam Them Nqi Kho Mob (Medical Assistance) li cas\*. Sib txuas nrog peb txhawm rau kev pab ntawm < >.

**Russian**

Позаботьтесь о своей медицинской страховке. Недавно вы должны были получить по почте пакет документов с информацией о том, как продлить ваше участие в программе Medical Assistance\*. Обращайтесь к нам за помощью: < >.

**Somali**

Ilaalso caymiskaaga caafimaadka. Waxaa dhawaan boostada kugu soo gaaray baakidh sida macluumaadka sida loo cusboonaysiiyo Medical Assistance\*. Nagala soo xiriir si aad u hesho caawimaad barta <>.

**Spanish**

Mantenga su seguro medico. Debería haber recibido un paquete en el correo recientemente sobre cómo renovar su Asistencia Médica\*. Póngase en contacto con nosotros para obtener ayuda en < >.

\* For January 2024 cohort, add the following text in the appropriate language

English: “or MinnesotaCare”

Hmong: “los yog MinnesotaCare”

Russian: “или MinnesotaCare”

Somali: “ama MinnesotaCare”

Spanish: “o MinnesotaCare”

Vietnamese: “hoặc MinnesotaCare”

#### ****Email, web portal message or copy for supplementary mailed letter****

**English**

Subject line: Avoid gaps in your health insurance

We want to help you avoid losing your health insurance and creating possible disruptions in seeing your doctor or filling a prescription. You should have received a packet in the mail recently from the Minnesota Department of Human Services about how to renew your Medical Assistance\*. Return the requested materials by the deadline to prevent losing your health care with us.

We’re here to help. If you didn’t receive your packet in the mail from the Minnesota Department of Human Services, contact us to:

* Help you update your address
* Help you get mailed a new packet
* Answer questions about your coverage

Need help completing the paperwork? <insert calls to action/MNSure Navigators>

Connect with us at <insert calls to action> or visit [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/) to learn more.

**Vietnamese**

Tránh bị gián đoạn bảo hiểm sức khỏe của quý vị

Chúng tôi muốn giúp quý vị tránh bị mất bảo hiểm y tế của quý vị và có thể bị gián đoạn việc gặp bác sĩ hoặc mua thuốc theo toa. Chắc là quý vị đã nhận được một tập hồ sơ gửi qua bưu điện từ Sở Dịch vụ Nhân sinh Minnesota chỉ dẫn quý vị cách gia hạn Trợ cấp y tế\*. Gửi trở lại các tài liệu được yêu cầu trước thời hạn để tránh bị mất dịch vụ chăm sóc sức khỏe với chúng tôi.

Chúng tôi luôn sẵn sàng giúp đỡ quý vị. Nếu quý vị không nhận được tập hồ sơ gửi qua bưu điện từ Sở Dịch vụ Nhân sinh Minnesota, vui lòng liên lạc với chúng tôi để:

* Giúp quý vị cập nhật địa chỉ của quý vị
* Giúp quý vị nhận được tập hồ sơ mới qua bưu điện
* Trả lời các thắc mắc về bảo hiểm của quý vị.

Quý vị cần giúp điền giấy tờ? <insert calls to action/MNSure Navigators>

Kết nối với chúng tôi tại <> hoặc vào trang mạng [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/vietnamese/index.jsp) để tìm hiểu thêm.

**Hmong**

Zam tsis pub muaj qhov khoob hauv koj qhov kev tuav pov hwm kev noj qab haus huv

Peb xav pab koj txog kev zam kev poob koj qhov kev tuav pov hwm kev noj qab haus huv thiab kev tsim uas muaj feem cuam tshuam rau hauv kev mus ntsib koj tus kws kho mob los sis sau daim ntawv yuav tshuaj. Koj yuav tsum tau txais ib pob ntawv hauv kev xa ntawv tsis ntev los no los ntawm Minnesota Tuam Tsev Pab Pej Xeem hais txog tias yuav ntxiv hnub nyoog dua tshiab rau koj qhov Kev Pab Cuam Them Nqi Kho Mob (Medical Assistance) li cas\*.

Peb nyob no los pab koj. Yog tias koj tsis tau txais koj daim ntawv xa tuaj ntawm Minnesota Tuam Tsev Pab Pej Xeem, hu rau peb:

* Pab koj hloov kho koj qhov chaw nyob
* Pab koj kom tau txais ib pob ntawv tshiab
* Teb cov lus nug txog koj qhov kev duav roos

Puas xav tau kev pab los ua kom tiav cov ntaub ntawv? <insert calls to action/MNSure Navigators>

Sib txuas nrog peb ntawm < > los sis mus saib [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/hmong/index.jsp) yog xav paub ntau ntxiv.

**Russian**

Не допускайте прерываний своей страховки

Мы хотим помочь вам избежать потери медицинской страховки и возможных проблем с посещением врача или получением рецептов. Недавно вы должны были получить по почте пакет документов от Департамента социального обеспечения штата Миннесота с информацией о том, как продлить ваше участие в программе Medical Assistance\*. Предоставьте запрошенные материалы в установленный срок, чтобы не потерять возможность получать у нас медицинскую помощь.

Мы всегда готовы помочь. Если вы не получили по почте пакет документов от Департамента социального обеспечения штата Миннесота, свяжитесь с нами, чтобы мы могли:

* помочь вам обновить свой адрес;
* помочь вам получить по почте новый пакет документов;
* ответить на вопросы по вашей страховке.

Нужна помощь в заполнении документов? <insert calls to action/MNSure Navigators>

Для получения дополнительных сведений свяжитесь с нами: < > или зайдите на сайт [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/russian/index.jsp).

**Somali**

Ka fogow daldaloolada caymiskaaga caafimaadka

Waxaan rabnaa inaan kaa caawinno inaad iska ilaaliso inaad lumiso caymiskaaga caafimaadka iyo abuurista carqalado suurtagal ah ee inaad la kulanto dhakhtarkaaga ama qaadashada dawooyinka dhakhtar kuu qoro. Waxaa dhawaan boostada kugu soo gaaray baakidh ka socdo Waaxda Adeegyada Dadweynaha ee Minnesota oo sida macluumaad ku saabsan sida loo cusboonaysiiyo Medical Assistance\*. Soo celi agabka la codsaday ugu dambayn taariikhda kama dambaysta si looga hortago luminta daryeelkaaga caafimaad ee aad nala leedahay.

Waxaan halkan u joognaa inaan ku caawinno. Haddii Waaxda Adeegyada Dadweynaha ee Minnesota aadan boostada kaga helin baakaddaada, nala soo xidhiidh si:

* Aan kaaga caawinno inaad cusboonaysiiso ciwaankaga
* Aan kaaga caawinno in laguu soo diro baakidh cusub
* Lagaaga jawaabo su'aalaha ku saabsan caymiskaaga.

Ma u baahan tahay in lagaa caawiyo buuxinta waraaqaha? <insert calls to action/MNSure Navigators>

Nagala soo xiriir barta < > ama booqo [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/somali/index.jsp) si aad wax badan u ogaato.

**Spanish**

Evite interrupciones en su seguro medico

Queremos ayudarle a evitar que pierda su seguro médico y a posibles interrupciones para ver a su médico o para obtener una receta. Debería haber recibido recientemente por correo un paquete del Departamento de Servicios Humanos de Minnesota sobre cómo renovar su Asistencia Médica\*. Devuelva los materiales solicitados antes de la fecha límite para evitar perder su seguro médico con nosotros.

Estamos aquí para ayudar. Si no ha recibido su paquete por correo del Departamento de Servicios Humanos de Minnesota, póngase en contacto con nosotros para:

* Ayudarle a actualizar su dirección
* Ayudarle a que le envíen un nuevo paquete por correo
* Responder preguntas sobre su cobertura.

¿Necesita ayuda para completar los documentos? <insert calls to action/MNSure Navigators>

Póngase en contacto con nosotros en < > o visite [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/spanish/index.jsp) para obtener más información.

\* For January 2024 cohort, add the following text in the appropriate language

English: “or MinnesotaCare”

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Russian: “или MinnesotaCare”

Somali: “ama MinnesotaCare”

Spanish: “o MinnesotaCare”

Vietnamese: “hoặc MinnesotaCare”

#### ****Automated call/robo call/voicemail message script****

Hello, this is < insert health plan> calling with an important message. We’re calling to let you know that you should have received a packet in the mail recently from the Minnesota Department of Human Services about how to renew your health insurance. You’ll need to complete the packet to avoid losing your Medical Assistance\* and creating possible disruptions in seeing your doctor or filling a prescription.

It’s important to return the packet by the deadline to avoid delays in accessing health care. We’re here to help. If you didn’t receive your packet in the mail or have questions about the packet, you can call us at < insert phone number>.

Learn more about renewing your health insurance at [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/).

Thank you for being a part of < insert health plan>.

#### ****Proactive phone script****

Hi, this is <insert health plan>. We’re calling to let you know that you should have received a packet in the mail recently from the Minnesota Department of Human Services about how to renew your Medical Assistance\*. We want to help you avoid losing your health insurance and creating possible disruptions in seeing your doctor or filling a prescription.

Did you receive your packet?

[[If NO:]]

Can I verify we have your correct address on file? <Read address.>

[[[ IF INCORRECT ADDRESS: Gather the updated information and complete the MCO Change in Member Address form once available. Connect enrollees with the appropriate processing entity to request a new renewal packet:

* If they have Medical Assistance, they need to contact their county to update their information or their tribe if they belong to Red Lake Nation or White Earth Nation. Please use the appropriate list to find the correct county or tribal contact information for enrollees to connect with to update their address.
* If they have MinnesotaCare, please tell enrollees to call Health Care Consumer Support at 800-657-3672.]]
* Direct the enrollee in the meantime to [mn.gov/dhs/renewmycoverage](https://mn.gov/dhs/renewmycoverage/) to find a blank renewal form and more information on completing their renewal.

[[If YES:]]

* It’s important to return the packet by the deadline to avoid delays in accessing health care.
* Do you have questions about the packet?

There are several documents you’ll need to submit with your packet:

* You’ll need to show proof of income for you and your family members to send in with your completed renewal form.
	+ If you filed a federal tax return in the last three years, you can send in your most recently filed federal tax return including all forms and schedules. Cross out any income on the tax form that you do not expect to have next year.
	+ If you expect income that is not listed on your return or you did not file taxes in the last three years, send your most recent proof of expected income. Examples include:
		- Current pay stubs or earnings statements
		- Statement from your employer
		- Business financial records
		- Pension statement from a government or private source
		- Unemployment compensation statement
		- Interest or dividend statement
		- Receipt or statement of rent you receive
		- Social Security award letter
		- Proof of asset sale ([capital gain or loss](https://www.irs.gov/newsroom/capital-gains-and-losses-10-helpful-facts-to-know-0))
		- Proof of one-time income
		- Proof of alimony paid
	+ You should also provide proof of allowable IRS income adjustments. These include:
		- Proof of [educator expenses](https://www.irs.gov/credits-deductions/individuals/deducting-teachers-educational-expenses-at-a-glance)
		- Student loan interest statements
		- Proof of [health savings account deductions](https://www.irs.gov/publications/p969#en_US_2017_publink1000204023)
		- Proof of self-employment
		- Proof of [Simplified Employee Pension Plan](https://www.irs.gov/retirement-plans/plan-sponsor/simplified-employee-pension-plan-sep), [SIMPLE IRA plan](https://www.irs.gov/retirement-plans/plan-sponsor/simple-ira-plan) or [other qualified plans](https://www.irs.gov/retirement-plans/retirement-plans-for-self-employed-people)
		- Proof of [IRA deductions](https://www.irs.gov/retirement-plans/individual-retirement-arrangements-iras)
		- Proof of [deductible part of self-employment tax](https://www.irs.gov/businesses/small-businesses-self-employed/self-employment-tax-social-security-and-medicare-taxes)
		- Proof of certain business expenses for reservists, performing artists and fee-based government officials.
* If you’re 65 or older, blind or get your coverage through a disability status and don’t have children, you’ll also need to provide account statements from your banks or other financial institutions and award letters for Supplemental Security Income or Retirement Survivors Disability Insurance.
* If your immigration status has changed since you applied for your insurance or last renewed it, you’ll also need to provide a copy of documentation showing your immigration status change.

\* For January 2024 cohort, add the following text in the appropriate language

English: “or MinnesotaCare”

Hmong: “los yog MinnesotaCare”

Russian: “или MinnesotaCare”

Somali: “ama MinnesotaCare”

Spanish: “o MinnesotaCare”

Vietnamese: “hoặc MinnesotaCare”