



Administered by:
MEDICA®

2009 MCHA RESIDENCY VERIFICATION FORM

MCHA Enrollee Name: _____
Street Address Line 1: _____
Street Address Line 2: _____
City, State Zip Code: _____

ID Number from MCHA ID Card: _____

Note: You are required to complete and return this form as soon as possible in the postage-paid envelope. Your MCHA coverage, and coverage for any enrolled dependent(s) will be terminated December 31, 2009, if your fully completed MCHA Residency Verification Form is not received prior to December 31, 2009.

1. I am a resident of Minnesota, having my principal residence, and permanent home within the state.
() Yes () No

If you answered "Yes", you *must* submit two (2) types of documentation proving your Minnesota residency. Please see the back of this form for instructions.

If you answered "No", do not answer the remaining questions. Please sign and date the form and return it in the enclosed postage-paid envelope.

2. I have resided in Minnesota for _____ years and _____ months.

3. I currently, physically reside in Minnesota. () Yes () No

If you answered "No", please explain _____

Answer the following question only if dependents (including spouse) are insured by MCHA:

4. My dependents (including spouse) that are insured by MCHA live with me in my residence.
() Yes () No

If you answered "No", list the name's/address's of the insured dependents who do not reside with you and the reason why. Please note that dependent resident information is required if the dependent is covered on the MCHA Plan.

Name of Dependent	Address	Reason

Please sign and date this form. Return it, including the documents providing your proof of Minnesota residency, in the enclosed postage-paid envelope. Document copies will not be returned.

I declare the foregoing statements have been answered fully and completely and to the best of my knowledge and belief:

Policyholder signature: _____ **Date:** _____

Work Telephone Number: _____ **Home Telephone Number:** _____

If you answered “Yes” to residency verification question item #1 (have principle residence, and permanent home within Minnesota), you must include documentation of your Minnesota residency.

What you must do to show proof of your residency:

- Provide two (2) types of documentation proving your Minnesota residency from the list below. Do not send originals - copies are acceptable.
- Attach documentation to this form and return the form and documentation in the postage paid envelope.

If a document includes a P.O. Box address, also handwrite your Minnesota resident street address. Documents including only a P.O. Box address *will not* be accepted.

Acceptable documents:

- Current Minnesota driver’s license
- Current Minnesota State ID with an issue date within the past 4 years
- Current (within the last six 6 months) utility bill or billing statement (credit card statement with dollar amount, and account number blanked out). Billing statement must include your address information. **If a P.O. Box address is listed on the statement, also include your resident street address.** A copy of your MCHA premium statement will *not* be accepted.
- Recent voter registration card (if registration occurred within last 6 months)
- 2008 Income Tax statement submitted during calendar year 2009 (with income amounts blanked out)
- If the policyholder or dependent is a child under age 19, MCHA will accept school records with the child or parent’s/legal guardian’s name and address or a copy of any items listed above from a parent or legal guardian.

Any of the above documents must include your name and resident street mailing address.

Unacceptable documents:

- Expired Minnesota driver’s license
- Expired Minnesota State ID or including an issue date older than 4 years
- Bank statement
- W2 Form
- Utility bill or billing statement older than 6 months
- A copy of your MCHA premium statement *will not* be accepted.

If you have questions or need assistance with completing the MCHA Residency Verification Form, please contact MCHA Customer Service at 1-866-894-8053. Hearing impaired enrollees, please call The National Relay Center at 1-800-855-2880 and ask for the MCHA Customer Service number above.

Thank you for your cooperation.

Minnesota Comprehensive Health Association
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