What is Good Cause?
“Good cause” means events beyond your control that cause you to be unable to pay your Medical Assistance for Employed Persons with Disabilities (MA-EPD) premium. If you think you will have a change that is out of your control and will affect your ability to pay your premium, you can submit a good cause request to see whether you qualify to have your premium waived for one or more months. Note: Depending on your situation, premiums that are past due may not be waived.

Examples of Good Cause:
- Your income changed unexpectedly.
- You had an unexpected serious physical or mental illness that affected your earnings.

Examples of what is NOT Good Cause:
- You were late on your payment of an initial premium.
- You paid other household expenses instead of your MA-EPD premium.

Do I qualify to have my premium waived?
DHS will look at your specific situation to determine whether you qualify to have your premium waived.

How do I request a premium waiver for good cause?
1. Fill in the MA-EPD Good Cause Request Form ([http://edocs.dhs.state.mn.us/lfserver/Public/DHS-6939-ENG](http://edocs.dhs.state.mn.us/lfserver/Public/DHS-6939-ENG))
2. Submit the form one of three ways:
   a. Click the Submit button at the end of the form or
   b. Print the form and send it by fax to 651-431-7563 or
   c. Print the form and mail it to DHS MA-EPD Good Cause, P.O. Box 64967, St. Paul, MN 55164-0967
3. If you need help filling out the form, you can call Disability Hub MN at 866-333-2466.

What happens next?
1. DHS will mail you a response to let you know if you qualify for a premium waiver. We will mail it within 30 days of receiving your Good Cause Request form.
2. If you qualify, DHS will waive your MA-EPD premiums for the duration of your Good Cause term.

What if I can’t afford to pay my premiums?
Disability Hub MN, at 866-333-2466, will help you explore resources and strategies to:
- Increase your income
- Reduce your expenses and debt
- Manage your money or
- Explore other health care options.

Premium payments should be sent to this address:
MA-EPD
PO Box 64835
St. Paul, MN 55164-0835
Attention. If you need free help interpreting this document, call the above number.

651-431-4300 or 866-267-7655

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

Attention. 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.