

# Gender Identity Information Form

UCare is dedicated to minimizing errors and delays due to differences between gender identity and sex assigned at birth. Standard health plan procedures can result in errors and delays in processing claims for individuals who are trans or are gender non-binary, especially if their gender identity differs from their sex assigned at birth\*.

For our members who prefer to make UCare aware of how they gender identify, please use the Gender Identity Information form to provide the information requested below, so that UCare can be sure to manage your health coverage in a respectful, accurate and timely manner.

Because some of our systems are not able to “talk” to each other, not all employees may have access to the information you provide below. When talking with anyone at UCare, please feel free to let them know how you would like to be addressed.

## Name

What name would you like us to use? \_\_\_\_\_

If this name differs from the name on your current UCare record, what is the name on the UCare record? \_\_\_\_\_

What are your pronouns (e.g., he/him, she/her, they/them)\*? \_\_\_\_\_

## Gender Identity

How do you identify yourself?

- Male
- Female
- Trans
- Non-binary\*
- Different identity (please state) \_\_\_\_\_

## Assigned Sex at Birth

Does your current gender identity differ from the sex assigned to you at birth?

- Yes
- No

If yes, what sex were you assigned at birth (on your *original* birth certificate)?

- Male
- Female

**To make any changes to gender identity information,  
please do one of the following:**

Complete this form and mail to:

**UCare  
Attention: Support Services/Scanning  
PO Box 52  
Minneapolis, MN 55440**

Bring the completed form in person to the UCare offices located at:

**500 Stinson Blvd NE  
Minneapolis, MN 55413**

Fax the completed form to **612-884-2000**

Completion of this form is voluntary. All information will be kept strictly confidential. UCare will make every effort to ensure that your health care claims are administered in accordance with your medical needs and gender identity. If you have any difficulty, please contact UCare Customer Service at the number on your health plan card.

\* Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records,  
National LGBT Health Education Center, A Program of the Fenway Institute

**Toll Free 1-800-203-7225, TTY 1-800-688-2534**

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

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጉምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ما أذلاحة: إرتد مسادة مجانية لتجرمة هه الوثيقة، ال 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 ntauv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တိလံာ်မိတခါအံၤန့ၣ်, ကိးဘဉ်လိတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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.

## **Civil Rights Notice**

**Discrimination is against the law.** UCare does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

**Auxiliary Aids and Services.** UCare provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner, to ensure an equal opportunity to participate in our health care programs. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

**Language Assistance Services.** UCare provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact** UCare at 612-676-3200 (voice) or 1-800-203-7225 (voice), 612-676-6810 (TTY), or 1-800-688-2534 (TTY).

## **Civil Rights Complaints**

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by UCare. You may contact any of the following four agencies directly to file a discrimination complaint.

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

You have the 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
- sex

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

Director  
U.S. Department of Health and Human Services' Office for Civil Rights  
200 Independence Avenue SW  
Room 509F  
HHH Building  
Washington, DC 20201  
800-368-1019 (Voice)  
800-537-7697 (TDD)  
Complaint Portal – <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

### **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
- disability

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

Minnesota Department of Human Rights  
Freeman Building, 625 North Robert Street  
St. Paul, MN 55155  
651-539-1100 (voice)  
800-657-3704 (toll free)  
711 or 800-627-3529 (MN Relay)  
651-296-9042 (Fax)  
Info.MDHR@state.mn.us (Email)

### **Minnesota Department of Human Services (DHS)**

You have the right to file a complaint with DHS 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
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days 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.

DHS 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 DHS 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 actions.

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

Civil Rights Coordinator  
Minnesota Department of Human Services  
Equal Opportunity and Access Division  
P.O. Box 64997  
St. Paul, MN 55164-0997  
651-431-3040 (voice) or use your preferred relay service

### **UCare Complaint Notice**

You have the right to file a complaint with UCare if you believe you have been discriminated against in our health care programs because of any of the following:

- medical condition
- health status
- receipt of health care Services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

### **UCare**

Attn: Appeals and Grievances  
PO Box 52  
Minneapolis, MN 55440-0052  
Toll free: 1-800-203-7225  
TTY: 1-800-688-2534  
Fax: 612-884-2021  
Email: [cag@ucare.org](mailto:cag@ucare.org)