



2024 Transmittal for Substitute Form Approval

Date Sent: _____ Provider ID: _____ Contact Name: _____ Contact Phone: _____ Name of Company: _____ Product Name: _____ FEIN: _____ ETIN: _____ Fax: _____ Email Address: _____	Email forms and transmittal for approval to: Efile.FormApproval@state.mn.us Note: You must resubmit your substitute forms and voucher until they are approved.
Check One: ☐ Original ☐ Resubmit	

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