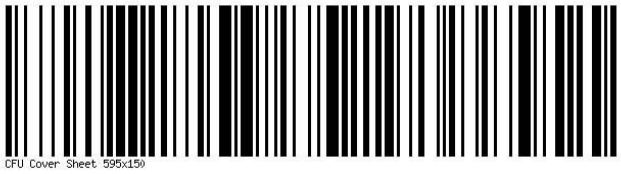

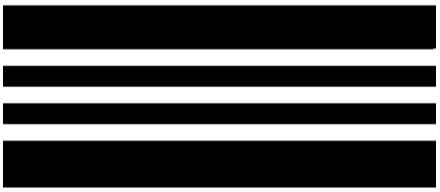

Health Coverage Mail/Fax Cover Sheet

Last four digits of Head of Household's Social Security Number: ___ ___ ___ ___ OR

Head of Household initials: __ __ and DOB (MM/DD/YYYY): ____/____/_____

Important Message

Do NOT photocopy the cover sheet containing the barcode. For barcodes to work, the sheet with the barcode must be an original, not a copy. Use a separate two-page cover sheet for each household. Do NOT use the same two-page cover sheet to send items for more than one household.

Always mail or fax verifications to the address or fax on the letter requesting the verifications. If you are not sure where to fax or mail documents, contact the MassHealth Customer Service Center at 1-800-841-2900.

Fax or Mail Information for Health Connector or MassHealth

Type of Document	Where to Send
☐ » New paper applications for **subsidized** (assistance with paying) health coverage, including Health Connector (ConnectorCare plans and those seeking premium tax credits), MassHealth, or HSN coverage » Eligibility verification documents for MassHealth and the Health Connector	**Subsidized** applications and verifications for eligibility should be sent to: **Health Insurance Processing Center** P.O. Box 4405 Taunton, MA 02780 **NEW Fax: 857-323-8300**
☐ » New paper applications for **unsubsidized** (no assistance with paying) health insurance through the Health Connector » Closed Enrollment verification for Health Connector plan	**Unsubsidized** applications and verifications for IDP and Closed Enrollment should be sent to: Massachusetts Health Connector 133 Portland Street, 1st Floor Boston, MA 02114-1707 Fax: 617-887-8745
☐ » MassHealth long-term-care applications and Supplement A + Buy-In applications	These applications should be sent to: Central Processing Unit P.O. Box 290794 Charlestown, MA 02129 Fax: 617-887-8799

Please allow time for the Health Connector or MassHealth to receive your documents and process them. If your benefits have ended and you need medical services, call the MEC at 1-888-665-9993 (TTY: 1-888-665-9997 for people who are deaf, hard of hearing, or speech disabled).

Health Coverage Mail/Fax Cover Sheet
Applicant/Member Information

Please print clearly. Use this cover sheet **plus the first page containing the barcode** when mailing or faxing documents to the Health Connector or MassHealth.

Head of Household Information

Name: _____

Soc. Sec. No: _____

Date of birth: _____

MassHealth ID No. (if applicable):

_____

Reference ID No. (if applicable):

_____

Applicant/Member:

_____

Sender

Name: _____

Phone No: _____

Name of Facility (if applicable):

_____

Number of pages (including **both** cover sheets): _____