



Commonwealth of Massachusetts  
Executive Office of Health and Human Services



[HEAD OF HOUSEHOLD NAME]

[STREET ADDRESS]

[CITY], [STATE] [ZIPCODE]

Date: [DATE]

Notice ID: [NOTICE ID]

Member ID: [XXXXXXXXXXXX]

Dear [HEAD OF HOUSEHOLD NAME],

**IMPORTANT! You need to act now to find out if you can still get health care through MassHealth, the Children’s Medical Security Plan (CMSP), or Health Safety Net (HSN).**

You need to fill out a new application for health benefits so we can decide if you and your family still qualify for MassHealth, CMSP, or HSN. We must get your application by **[45 day deadline]**, or your health coverage will end.

**What do I need to do?**

- You need to fill out a new application to find out if you can keep getting MassHealth, CMSP, or HSN for you and members of your family.
- Send it to us using the directions below.
- You will get another letter from us to let you know if you still qualify for health coverage.

You must fill out a new application by **[45 day deadline]** or you and your family will lose your MassHealth, CMSP, or HSN health coverage.

**You can submit an application online at [MAhealthconnector.org](http://MAhealthconnector.org).**

**What if I already submitted a new application or started a new application?**

You do not need to fill out another application if

- you completed an application online after November 15, 2014, or
- you completed a paper application after October 15, 2014.

If you started filling out an application and did not finish it, complete it and send it to us by **[45 day deadline]**.

## How do I submit the new application?

Submit a new application for yourself and your family. You can do this four different ways:

- **Fill out an application online.** The fastest way to reapply for coverage is online through our website at [MAhealthconnector.org](http://MAhealthconnector.org). You must create a new account if you do not have one already. Then you can complete the application online. Applying online is the only way to get a real-time, automatic decision to see if you qualify.

**OR**

- **Fill out a paper application** (called the *Massachusetts Renewal Application for Health and Dental Coverage and Help Paying Costs*), included with this letter.

And send it to

Commonwealth of Massachusetts  
Health Insurance Processing Center  
P.O. Box 4405  
Taunton, MA 02780

Or fax it to

1-857-323-8300

**OR**

- **Call us at 1-800-841-2900** (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled). We can help you complete your application over the phone.

**OR**

- **Apply in person:** Call us at 1-800-841-2900 (TTY: 1-800-497-4648) to find a MassHealth Enrollment Center (MEC) near you or look in the *Member Booklet* for a list of MEC addresses.

## How do I get help?

You can get help online at [www.MAhealthconnector.org/help-center](http://www.MAhealthconnector.org/help-center) or by calling MassHealth at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

You can also get free in-person help from a Navigator or a Certified Application Counselor. These people have been trained and certified to answer your questions and to help you complete your application. For a full list of Navigators and Certified Application Counselors, go to [www.MAhealthconnector.org/help-center](http://www.MAhealthconnector.org/help-center).

## What happens next?

When we get your application, we will check the information you give us with federal and state governmental agencies. We will keep the information provided to us private. We will only use and disclose it according to the law. If we need more information, we will contact you.

You will still have health coverage until we review your application or until **[45 day deadline]**. You will get another letter from us to let you know if you still qualify for health coverage.

**If you do not submit a new application  
by [45 day deadline],  
people in your household will lose their health coverage.**

## What else do I need to know?

Your **Member Booklet** has a lot of information about MassHealth and its benefits. To get a copy, go to **MAhealthconnector.org** or call 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

## Would you or a member of your household like to register to vote?

The form to register to vote and additional information regarding your rights are included with this application. You can also find them online at **www.sec.state.ma.us**. If you have any questions about how to register to vote, or if you need help filling out the form, please visit a local MassHealth Enrollment Center or call the MassHealth Customer Service Center.

Sincerely,

MassHealth

**You can get this information in large print or braille.** Call **1-800-841-2900** from Monday through Friday, 8:00 a.m. to 5:00 p.m. (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).