Health Plan Enrollment or Change Form

COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services

# Is this form for you?

Certain members in the MassHealth program will need to enroll in a health plan. Use this form if you

* Are under 65
* Do not have other insurance (including Medicare)
* Live in the community (for example, not in a nursing facility), and
* Are in MassHealth Standard, CommonHealth, CarePlus, or Family Assistance.

# Enroll or change health plans

To enroll or change health plans, choose a plan available where you live. You must choose a primary care provider (PCP). Please note: If you do not choose a health plan, MassHealth will pick a plan for you. If you pick a health plan, but not a PCP, the plan will assign a PCP to you.

**Learn** about health plans available in your area at www.MassHealthChoices.com

**Compare** health plans, check for your PCP, or find a PCP at www.MassHealthChoices.com

**Enroll** in a health plan or change health plans at www.MassHealthChoices.com

## Enrollment

This is NOT an application to apply for MassHealth. If you need to apply for MassHealth, go to www.MAhealthconnector.org.

\_\_New Health Plan Enrollment

\_\_Change Health Plan

## Member Info (Please fill out one form for each family member.)

First Name

Last Name

MassHealth ID

Last 4 digits of SSN

Address

Apt No.

City

State

Zip

Phone

Email

**Health Plan Selection**

## Primary Care Provider (PCP) Info

PCP Name

Address

City

State

Zip

Phone

## If You Have Health Insurance Other than MassHealth

Health Insurance

Policy Holder

Policy ID

Mail completed form to

Health Insurance Processing Center

ATTN: Enrollment

PO Box 4405

Taunton, MA 02780

Fax: 617-988-8903

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