



Affidavit to Verify Incarceration Status

When you send us this form, please include a copy of the letter that we sent you asking for proof of your incarceration status. The letter is called a “Request for Information.”

STEP 1

Tell us about yourself. Please print.

First name

Middle initial

Last name

Date of birth (MM/DD/YYYY)

/ /

Ref ID
(optional)

Social Security number

MassHealth ID
(optional)

STEP 2

Read and sign this form.

For people on your application who need to provide proof of incarceration status, please circle the correct option below, sign, and date. Then return this form to us.

- Person named above is not incarcerated.
- Person named above was recently released from prison. Date released / /
- Person named above is incarcerated.

Is person named above awaiting trial? ☐ Yes ☐ No

By signing below, I swear under the pains and penalties of perjury that everything on this form is true and complete to the best of my knowledge. I know that if I lie on this form, my health coverage might end and I might have to repay Massachusetts for any tax credits or health benefits I got.

Signature of applicant, member, or authorized representative signature

/ /
Date (MM/DD/YYYY)

STEP 3

Return this signed form in one of these 3 ways.

1. FAX: (857) 323-8300

2. Mail: Health Insurance Processing Center, P.O. Box 4405, Taunton, MA 02780

3. In person:

MassHealth Enrollment Centers

529 Main Street
Charlestown, MA 02129

88 Industry Avenue, Suite D
Springfield, MA 01104

367 East Street
Tewksbury, MA 01876

45 Spruce Street
Chelsea, MA 02150

21 Spring Street, Suite 4
Taunton, MA 02780

50 SW Cutoff, Suite 1A
Worcester, MA 01604

100 Hancock Street, 1st Floor
Quincy, MA 02171

Questions?

Call the **Health Connector** at (877) 623-6765,
or **MassHealth** at (800) 841-2900.

TDD/TTY: 711