# 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.

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

## 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

45 Spruce Street  
Chelsea, MA 02150

100 Hancock Street, 1st Floor  
Quincy, MA 02171

88 Industry Avenue, Suite D  
Springfield, MA 01104

21 Spring Street, Suite 4  
Taunton, MA 02780

367 East Street  
Tewksbury, MA 01876

50 SW Cutoff, Suite 1A

Worcester, MA 01604

## Questions?

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

TDD/TTY: 711