Affidavit to Verify Massachusetts Residency

When you send us this form, please include a copy of the letter that we sent you asking for proof of your Massachusetts residency 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.

☐ I live at the following address and intend to reside in Massachusetts.

Residential address:

Street ..... Apartment or unit number ..... City ..... State ..... ZIP .....

☐ I do not have a home address but intend to reside in Massachusetts.

Mailing address:

Street ..... Apartment or unit number ..... City ..... State ..... ZIP .....

I am not visiting Massachusetts for personal pleasure or to receive medical care in a setting other than a nursing home.

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

45 Spruce Street
Chelsea, MA 02150

1 Enterprise Drive, 3rd Floor
Quincy, MA 02171

243 Cottage Street
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 **MassHealth** at (800) 841-2900. **TDD/TTY: 711**