



# 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 ..... City ..... State ..... ZIP .....

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

Street ..... 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.

Applicant, member, or authorized representative signature 	Date (MM/DD/YYYY) / /
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## STEP 3 Return this signed form in one of these 3 ways.

- FAX:** (857) 323-8300
- Mail:** Health Insurance Processing Center, P.O. Box 4405, Taunton, MA 02780
- In person:**

### MassHealth Enrollment Centers

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|--|--|
| 45 Spruce Street<br>Chelsea, MA 02150                | 21 Spring Street, Suite 4<br>Taunton, MA 02780                           |
| 100 Hancock Street, 6th Floor<br>Quincy, MA 02171    | 367 East Street<br>Tewksbury, MA 01876                                   |
| 88 Industry Avenue, Suite D<br>Springfield, MA 01104 | The Schrafft Center<br>529 Main Street, Floor M<br>Charlestown, MA 02129 |

### Health Connector Walk-in Centers

- 133 Portland Street  
Boston, MA 02114
- 63 Main Street  
Brockton, MA 02301
- 146 Main Street  
Worcester, MA 01608

**Questions?** Call the Health Connector at (877) MA ENROLL, (877) 623-6765 or TTY: (877) 623-7773. Or call MassHealth at (800) 841-2900 or TTY: (800) 497-4648.