# Affidavit to Verify Zero Income

When you send us this form, please include a copy of the letter that we sent you asking for proof of your income. 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 do not receive any income at this time.

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)

## 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