



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.

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