 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

45 Spruce Street, Chelsea, MA 02150

100 Hancock Street, 6th 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

The Schrafft Center, 529 Main Street, Floor M, 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.

AFF-ZI (10/19)