# **Mass Health and Health Connector logos**

# **Acceptable Verifications List**

## Required Proofs

MassHealth and the Health Connector may require proof of certain information during the application and renewal process for health coverage. **Please note:** This list is not meant to include all verifications. Instead, this list should be used as a tool to help make this process easier for applicants, members, and those helping them. Showing proof can speed up the benefit decision process. Sometimes, one document may be used for more than one information request.

Here is a list of common acceptable documents:

### Documents received from MassHealth

* Renewal form (if you have it). It may have arrived in a blue envelope.
* Copy of Request for Information (RFI) notice
* MassHealth ID card

### Proof of address

* Copy of lease or Section 8 agreement showing rental agreement dates, signatures, and copy of most recent rent payment
* Deed or most recent mortgage statement
* Proof of childcare, public school, or private school enrollment showing current residential address
* Utility bill (electric, gas, sewer, and water) dated within 60 days. (We do not accept cable, phone, credit card, general mail, or trash collection bills as proof of address.)
* Statement from homeless shelter, if applicable
* A signed and dated [Affidavit of Massachusetts Residency](https://www.mass.gov/lists/masshealth-member-forms#affidavit-to-verify-massachusetts-residency-[aff-mr-(10/19)]-)

### Social security numbers (SSNs)

* Social Security card or proof of pending application for an SSN
* Benefit statement from Social Security (must have full SSN listed on the statement)
* Letter from Social Security
* Tax forms

### Income for all household members

* Two most recent paystubs dated within 60 days
* A signed statement of earnings from an employer, detailing hours worked and gross pay (with employer contact information, date within 60 days, and employer signature)
* Agricultural income certificate
* Federal Form 1040 tax return, including all schedules, W2s, 1099s, and attachments
  + Proof of pension or annuity
  + Proof of capital gains
  + Proof of interest and/or dividends
* Profit and loss statement for self-employment detailing dates, costs, gross, and net income, or [Verification of Self Employment Income](https://www.mahealthconnector.org/wp-content/uploads/Income-Verification-Form-ENG.pdf) form
* Proof of Rental income, such as a tax return or lease agreement with applicable supporting documents
* Proof of unemployment income such as a DUA statement showing gross weekly amount awarded or 1099 tax form
* Proof of Social Security income
* [Affidavit to Verify Zero Income](https://www.mass.gov/doc/affidavit-to-verify-zero-income/download?_gl=1*j8shvv*_ga*MjczOTY2Njk3LjE3MDA1NzMxNTE.*_ga_MCLPEGW7WM*MTcwNTA3MjM0NC4xMzcuMS4xNzA1MDczNDAzLjAuMC4w&_ga=2.131495688.625686185.1704893272-273966697.1700573151)
* [Proof of other income that cannot otherwise be verified](https://www.mahealthconnector.org/wp-content/uploads/Attestation-Form-to-Verify-Income-ENG.pdf)

### Most recent proof of immigration or citizenship status

* U.S. passport or Certificate of Naturalization
* Foreign passport (may not satisfy request for immigration status)
* Temporary I-551 stamp (on passport or I-94/I-94A)
* Arrival/Departure Record (I-94/I-94A)
* Arrival/Departure Record in foreign passport (I-94)
* Permanent Resident Card, “Green Card” (I-551)
* Reentry permit (I-327)
* Refugee travel document (I-571)
* Machine-readable immigrant visa (with temporary I-551 language)
* Certificate of Eligibility for Nonimmigrant Students (I-20)
* Certificate of Eligibility for Exchange Visitor (J-1) Status (DS-2019)
* Employment Authorization Document (I-766)
* Notice of Action (I-797)
* Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
* Document indicating withholding of removal (or withholding of deportation)
* Administrative order staying removal issued by the Department of Homeland Security
* Document indicating you are a member of a [federally recognized American Indian tribe](https://www.bia.gov/faqs/what-federally-recognized-tribe) or an American Indian born in Canada
* Office of Refugee Resettlement (ORR) eligibility letter (if under 18) or document with a future court date
* Affidavit from immigration attorney confirming submission of immigration application
* Resident of American Samoa card
* Expired immigration documents (e.g., work permit or visa)

**Please Note:** If you are undocumented, have an expired document, or have another document not listed under [Most recent proof of immigration or citizenship status](#_Most_recent_proof), you are encouraged to apply and submit the proof you currently have. Eligibility staff will review all submitted documents to determine the best benefit available to you.

### Also bring (if applicable):

* Other health coverage cards (Medicare or private health insurance)
  + If you have health coverage through your job, know the name of your plan, your policy number, and the cost of your monthly premium.
* Information that may be new or might have changed about a [noncustodial parent](https://www.mass.gov/doc/noncustodial-parent-form-0/download), such as Department of Children and Families (DCF) or court change of custody form (temporary or permanent).
* Any other document, not listed above, that you think could be used to prove the information you provided on your renewal or application.

## For MassHealth members 65 and older

Along with the documents listed for [address](#_Proof_of_address), [income](#_Income_for_all), and [citizenship or immigration status](#_Most_recent_proof), please include:

### Current Proof of Assets

* Bank statements, passbook, or prepaid debit card activity and balances dated within the last 45 days.
* Vehicle registration or title.
* Proof of all current gross income dated within 45 days, including retirement, pensions, interest and dividends, annuities, rental income, pay stubs, etc.
* Life insurance policy statement dated within 45 days showing cash and face value. Term life will need a statement specifying term or group policy.
* Deeds and most recent mortgage statement or real estate tax bill (if applicable) for all owned or partially owned real estate.
* Mobile home bill of sale, registration, or title.
* Prepaid funeral contracts, goods and services breakdown, plot deed, and proof of payment.
* All trusts in full, including Schedule A or list of assets currently held in trust and value (signed and dated within 45 days).

### Other Health Insurance

* Insurance cards and premium bills for all other health, dental, and vision insurance.

**Please Note:** Unless there is a change in circumstance, citizenship and primary owned residence should need to be verified only once.