Health Plan Enrollment or Change Form

COMMONWEALTH OF MASSACHUSETTS | Executive Office of Health and Human Services

Is this form for you?

Certain members in the MassHealth program will need to enroll in a health plan. Use this form if you

- Are under 65
- Do not have other insurance *(including Medicare)*
- Live in the community *(for example, not in a nursing facility)*, and
- Are in MassHealth Standard, CommonHealth, CarePlus, or Family Assistance.

Enroll or change health plans

To enroll or change health plans, choose a plan available where you live. You must choose a primary care provider (PCP). **Please note:** If you do not choose a health plan, MassHealth will pick a plan for you. If you pick a health plan, but not a PCP, the plan will assign a PCP to you.

Learn about health plans available in your area at www.MassHealthChoices.com

Compare health plans, check for your PCP, or find a PCP at www.MassHealthChoices.com

Enroll in a health plan or change health plans at www.MassHealthChoices.com

Enrollment

*This is **NOT** an application to apply for MassHealth. If you need to apply for MassHealth, go to www.MAhealthconnector.org.*	☐ **New** Health Plan Enrollment ☐ **Change** Health Plan

Member Info (Please fill out one form for each family member.)

First Name	Last Name	
MassHealth ID	Last 4 digits of SSN	
Address		Apt No.
City	State	Zip
Phone	Email	
Health Plan Selection		

Primary Care Provider (PCP) Info

PCP Name		
Address		
City	State	Zip
Phone		

If You Have Health Insurance Other than MassHealth

Health Insurance	
Policy Holder	Policy ID

Mail completed form to **Health Insurance Processing Center**
ATTN: Enrollment, PO Box 4405, Taunton, MA 02780
Fax: 617-988-8903