

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