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

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