



Notification of Pregnancy

Please make sure this form is complete, including the expected number of children, expected due date, and member signature.

STEP 1

Tell us about yourself. Please print.

| | | |
|------------------------|--------------------------|-----------|
| First name | Middle initial | Last name |
| Date of birth | Ref ID (optional) | |
| Social Security number | MassHealth ID (optional) | |
| Mailing address | | |

STEP 2

Read and sign this form.

Has the pregnancy ended in the last three months? ☐ Yes ☐ No

If yes, when?

If no, how many children are you currently expecting?

What is your expected due date?

Do you have any medical bills from the last three months? ☐ Yes ☐ No

If so, MassHealth may be able to help you cover some of those bills.

To report a newborn, please call MassHealth Customer Service at (800) 841-2900, TDD/TTY: 711.

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 understand that the head of my household (if that is not me), and any designated authorized representative/s, will have access to the information provided on this form.**

I know that if I provide incorrect information on this form, my health coverage might end.

| | |
|---|------|
| Applicant, member, or authorized representative signature | Date |
|---|------|

STEP 3

Return this signed form in one of these three 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

529 Main Street
Charlestown, MA 02129

88 Industry Avenue, Suite D
Springfield, MA 01104

367 East Street
Tewksbury, MA 01876

45 Spruce Street
Chelsea, MA 02150

21 Spring Street, Suite 4
Taunton, MA 02780

50 SW Cutoff, Suite 1A
Worcester, MA 01604

100 Hancock Street, 1st Floor
Quincy, MA 02171

Questions?

Call the **Health Connector** at (877) 623-6765,
or **MassHealth** at (800) 841-2900.

TDD/TTY: 711