# NOTIFICATION OF PREGNANCY

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

## **Step 1Tell 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 2Read and sign this form.**

Has the pregnancy ended in the last three months? Yes No
If yes, when?

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 3Return this signed form in one of these three ways.**

1. **Fax:** (857) 323-8300
2. **Mail:** Health Insurance Processing Center
 PO Box 4405, Taunton, MA 02780
3. **In person:**

**MassHealth Enrollment Centers:**

529 Main Street, Charlestown, MA 02129

45 Spruce Street, Chelsea, MA 02150
100 Hancock Street, 1st Floor, Quincy, MA 02171
21 Spring Street, Suite 4, Taunton, MA 02780
367 East Street, Tewksbury, MA 01876
88 Industry Avenue, Suite D, Springfield, MA 01104
50 SW Cutoff, Suite 1A, Worcester, MA 01604

## **Questions?**

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

TDD/TTY: 711