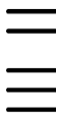


Health Insurance Processing Center  
P.O. Box 4405  
Taunton, MA 02780-0419



You can get this information large print and braille. Call 1-800-841-2900 from Monday to Friday, 8:00 A.M. to 5:00 P.M. TTY: 1-800-497-4648



John Q. Public  
100 Main Street  
Boston, MA 02118

Date: [Month DD,YYYY of Notice creation]  
Notice ID: [PA determination ID]/  
[Member MEC Number]/[Template ID]-[Timestamp of PA determination date in DDMMYY format]  
Member ID: [MMIS ID]  
SSN: [xxx-xx- last four digit]

Dear John Q. Public

**MassHealth has determined that you have health insurance available through a job in your family. This insurance meets MassHealth rules for Premium Assistance. The people listed below must enroll in this insurance by [60 Day Deadline].**

- Name: [FirstName MiddleName LastName Suffix], Member ID: [Member ID], Date of Birth: [DOB]

Once you enroll in this insurance, we will help to pay all or part of the premiums. While you enroll, you will continue to get medical services under MassHealth for up to 60 days starting on [Start Date]. **If the people listed on this letter do not enroll in a health insurance plan by [60 Day Deadline], their MassHealth benefits may end.**

**Do you have to continue paying your MassHealth premium?**

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Questions? Visit [www.mahealthconnector.org](http://www.mahealthconnector.org) or call 1-800-841-2900 (TTY: 1-800-497-4648)

Yes, if you are required to pay one. Until you enroll in the private health insurance, you must continue paying the monthly MassHealth premium (fee). You will continue to get a bill for \$[**MassHealth Premium Amount**] every month.

**What do you need to do?**

1. **Enroll:** Contact a **Health Benefits Coordinator** at **1-800-862-4840** (TTY: 1-617-886-8102 for people who are deaf, hard of hearing, or speech disabled) to find out which health insurance plan is available and meets MassHealth rules for Premium Assistance. Then enroll in a health insurance plan through the job.
2. **Send proof:** To avoid a gap in your benefits, please send proof of enrollment to:  
Premium Assistance Unit  
PO Box 9212  
Chelsea, MA 02150  
or  
**Fax:** 1-617-451-1332

**What happens next?**

Once insurance coverage begins through the job, the MassHealth Premium Assistance Program will pay for all or part of your family's health insurance premium for the people listed on this letter. We will send the policy holder a check in the mail each month. The policy holder will get another letter with the amount of the monthly check.

**What if you do not agree with our decision?**

You can ask for a fair hearing if you do not agree with our decision. Read ***How to Ask for a Fair Hearing*** that came with this letter.

**What if you have questions?**

If you have questions or need more information, go to [www.mass.gov/masshealth](http://www.mass.gov/masshealth) or call MassHealth Customer Service at **1-800-841-2900** (TTY: 1-800-497-4648 for people who are deaf, hard of hearing or speech disabled).

Thank you,

MassHealth Premium Assistance Unit