

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: January 1, 2018
Notice ID: 4795/550/TERMINATION-010118
Member ID: 123456789012
SSN: XXX-XX-1234

Dear [Primary Recipient Name],

We have determined that the person listed below does not qualify for MassHealth, Health Safety Net, or Children's Medical Security Plan.

Why doesn't the person on this letter qualify for MassHealth, Health Safety Net, and Children's Medical Security Plan?

The person listed below does not qualify because:

- **Name:** John Q. Public, **Member ID:** 123456789012, **Date of Birth:** July 12, 1962
 - The person has other health insurance.130 CMR 505.002 (M)(N) or 505.005 (D) or 522.004 (C)

This coverage is ending on **[Effective Termination Date]**

What else do you need to know?

The **Member Booklet** explains income rules, premiums, and covered services for MassHealth. To get a copy, go to mass.gov/masshealth and click **Applications and Member Forms** or call MassHealth

Questions? Visit www.mahealthconnector.org or call **1-800-841-2900** TTY: 1-800-497-4648

Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

How can you report changes?

You can report any changes in your information to MassHealth at any time. This includes any change to your income, address, phone number, family size, job, or health insurance.

You can submit information in the following ways.

1. **Online (Recommended):** The fastest way to update your information for your household is online through our website at MAhealthconnector.org.
 - Your username is **[HOH username]**. Use it to log into your account.
 - Go to **[invitation code link]** where you will be able to create an account and see your information.
2. **Fax: 1-857-323-8300**
3. **Mail:** Commonwealth of Massachusetts
Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780-0419
4. **Call: 1-800-841-2900** (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

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 MAhealthconnector.org 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