# MassHealth Logo

# Third Party Liability Indicator Form (TPL-I)

## INSTRUCTIONS

1. Complete Step 1: Head of Household Information.

2. Complete Step 2: Third Party Liability Information Updates.

3. Return the form to the MassHealth Third Party Liability Unit by email, fax, or mail.

## STEP 1: Head of Household Information (You must complete this section)

Head of Household Name:

Head of Household MassHealth ID No. or Social Security Number (SSN):

Head of Household Telephone Number:

## STEP 2: Third Party Liability Updates (Complete the Section that you need MassHealth to update)

Section I: Commercial Health Insurance Information(Complete only if you need MassHealth to update commercial health insurance information)

 Add Policy  Change Policy  Terminate/Close Policy

Policyholder’s Name:

Policyholder’s Date of Birth (MM/DD/YYYY):

Policyholder’s SSN: Policy Number:

Insurance Company Name: Group Number.:

Policy Start Date:

Policy End Date:

Insurance Address: Insurance Telephone Number:

Family Members Covered:

| Name | Date of Birth (MM/DD/YYYY) | MassHealth ID Number or SSN |
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Section II: Medicare Information (Complete only if you need MassHealth to update Medicare insurance information)

Name: Medicare Beneficiary Identifier (MBI) Number:

Part A:

 Add Policy Start Date: End Date:

 Close Policy Start Date: End Date:

Part B:

 Add Policy Start Date: End Date:

 Close Policy Start Date: End Date:

Part C:

Note: Part C plans are commonly known as Medicare Advantage plans

 Add Policy Start Date: End Date:

Insurance Carrier: Plan Name:

 Close Policy Start Date: End Date:

Insurance Carrier: Plan Name:

Part D:

 Add Policy Start Date: End Date:

Insurance Carrier: Plan Name:

 Close Policy Start Date: End Date:

Insurance Carrier: Plan Name:

**STEP 3: Return the completed form to the MassHealth Third Party Liability Unit in one of these three ways:**

1. Email: [MassHealthTPL@accenture.com](mailto:MassHealthTPL@accenture.com)
2. Fax: (617) 357-7604
3. Mail: MassHealth Third Party Liability Unit, 519 Somerville Avenue #372, Somerville, MA 02143

**Questions? Call MassHealth Third Party Liability Unit**   
at (888) 628-7526 or TTY (617) 886-8102