

SELF-ATTESTATION FORM



For Hurricane Evacuees Applying for MassHealth

Complete this form if

- You have relocated to Massachusetts due to the recent hurricane devastation from Hurricanes Harvey, Irma, or Maria,
- You are applying for MassHealth, and
- You do not have documentation because of a natural disaster.

Important! We will try to verify citizenship or immigration status through data matching. We will only ask for verification if we cannot verify through data matching. We may still need proof of citizenship or immigration status. See the Member Booklet for information on how to verify.

Please print clearly and fill out all sections.

SECTION A: Head of Household/Member Information

.....
Last name First name MI

.....
SSN (if any) Date of Birth

.....
MassHealth Member ID number (if known)

Home Address (where you are living in Massachusetts)

.....
Street City State ZIP

No home address. Note: if you check this box, you must provide a mailing address.

Mailing Address (if different from home address)

.....
Street City State ZIP

.....
State or U.S. territory evacuated from

Important Information Regarding MassHealth Eligibility

You must be a Massachusetts resident to qualify for MassHealth. You cannot maintain residency in two states. You cannot be on Medicaid in more than one state or territory. We will let other states or territories know that you have enrolled in MassHealth.

When you completed a MassHealth application, you gave us information about income, assets, employment, health insurance, household composition, tax filing, residency, and incarceration status, among other things. By signing this form you are telling us that you are not able to provide verification documents (except with respect to citizenship and immigration status) due to a natural disaster and that the information you provided on your MassHealth application is correct and complete.

If you need to report changes or update your application, you must contact us within 10 days of the change.

SECTION B: This affidavit applies to the following individual(s):

If you have more than six people in your household who require verification, except citizenship or immigration status, make a copy of blank information pages for Section B and fill in the required information.

.....
Full Name of household member asked to submit verifications (please print)

.....
Full Name of household member asked to submit verifications (please print)

.....
Full Name of household member asked to submit verifications (please print)

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Full Name of household member asked to submit verifications (please print)

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Full Name of household member asked to submit verifications (please print)

.....
Full Name of household member asked to submit verifications (please print)

SECTION C: Signature

I certify, under penalty of perjury, that the information on my application and on this form is correct and complete to the best of my knowledge

.....
Signature of applicant or authorized representative

.....
Print name

.....
Date

If you are filling out this form for someone else, you need to complete an Authorized Representative Designation (ARD) form and send it back with this form. If you need an ARD form, call MassHealth Customer Service or go to www.mass.gov/eohhs/consumer/insurance/masshealth-member-library/member-forms.html to download a form.

Check here if you are an Authorized Representative

**Send to: Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780**

Or

Fax to: 617-857-323-8300

MassHealth Customer Service has dedicated a special phone line for hurricane evacuees applying for MassHealth: 1-844-478-3928 (TTY: 1-800-497-4648 for individuals who are deaf, hard of hearing, or speech disabled).