

HIPC  
P.O. BOX 4405  
TAUNTON MA 02780-0968

Commonwealth of Massachusetts  
Executive Office of Health  
and Human Services  
Office of Medicaid  
[www.mass.gov/masshealth](http://www.mass.gov/masshealth)

Tel: (800) 841-2900  
TTY: (800) 497-4648  
Fax: (857) 323-8300

Reference: [Reference number]

510/T  
[Head of Household]  
[Mailing Address]  
[City, MA, Zip code]

Date: [Date]                      Notice: [Notice number]                      SSN: XXX-XX-XXXX

Dear [Head of Household],

Thank you for submitting your renewal **Massachusetts Application for Health and Dental Coverage and Help Paying Costs**. We have received your application and will process it as soon as possible. Due to the high volume of applications we are receiving, it may take some time until we are able to process your application.

**You will keep your current health benefits until we process your application.** Once we process your application, we will send a new letter to let you know if you still qualify for MassHealth or other health coverage.

You do not need to take any further action at this time.

Thank you,

MassHealth