



Health Coverage Mail/Fax Cover Sheet



Last four digits of Head of Household's Social Security Number: ___ ___ ___ ___ OR

Head of Household initials: ___ and DOB (MM/DD/YYYY): ___/___/_____

**Important
Message**

Do NOT photocopy the cover sheet containing the barcode. For barcodes to work, the sheet with the barcode must be an original, not a copy. Use a separate two-page cover sheet for each household. Do NOT use the same two-page cover sheet to send items for more than one household.

Always mail or fax verifications to the address or fax on the letter requesting the verifications. If you are not sure where to fax or mail documents, contact the MassHealth Customer Services Center at 1-800-841-2900.

**Fax or Mail
Information
for Health
Connector
or MassHealth**

Type of Document	Where to Send
All new paper applications for subsidized (assistance with paying) health coverage, including Health Connector (ConnectorCare plans and those seeking premium tax credits), MassHealth, or HSN coverage	Subsidized applications should be sent to: Health Insurance Processing Center P.O. Box 4405 Taunton, MA 02780 Fax: 617-887-8770
All new paper applications for unsubsidized (no assistance with paying) health insurance through the Health Connector	Unsubsidized applications should be sent to: Massachusetts Health Connector 133 Portland Street, 1st Floor Boston, MA 02114-1707 Fax: 877-623-2155
MassHealth long-term-care applications and Supplement A + Buy-In applications	These applications should be sent to: Central Processing Unit P.O. Box 290794 Charlestown, MA 02129 Fax: 617-887-8799

Please allow time for the Health Connector or MassHealth to receive your documents and process them. If your benefits have ended and you need medical services, call the MEC at 1-888-665-9993 (TTY: 1-888-665-9997 for people who are deaf, hard of hearing, or speech disabled).

This facsimile transmittal may contain information that is privileged, confidential, or exempt from disclosure under applicable law. It is intended for the use of only the individual or department to whom it is addressed. If you are not the recipient or the employee or the agent responsible for the delivery of this transmittal to the intended recipient, please notify the sender by telephone at the above number and destroy the attached documents. Anyone other than the intended recipient is hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

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Applicant/Member Information

Please print clearly. Use this cover sheet, **plus the first page containing the barcode**, when mailing or faxing documents to the Health Connector or MassHealth.

Head of Household Information

Name: _____

Soc. Sec. No: _____

Date of birth: _____

MassHealth ID No. (*if applicable*):

Sender

Name: _____

Phone No: _____

Name of Facility (*if applicable*):

Applicant/Member:

Number of pages (including **both** cover sheets): _____

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