



MASHEALTH HEALTH PLAN ENROLLMENT FORM

Commonwealth of Massachusetts | Executive Office of Health and Human Services | www.mass.gov/mashealth

Enroll in a Health Plan

Use this form if you are a MassHealth member under the age of 65 and you need to pick a health plan. You can also use this form if you are currently enrolled in a health plan and you need to change your health plan. This is **NOT** a MassHealth application. If you need to apply for MassHealth, please visit MAhealthconnector.org.

You can use this form to pick a health plan if you or a family member have been approved for one of these MassHealth coverage types.

- **MassHealth Standard**
- **MassHealth CommonHealth**
- **MassHealth Family Assistance**
- **MassHealth CarePlus**

As a MassHealth member, you may be required to pick a health plan. Not all health plans may be available where you live. If you're not sure which plans are available in your area, please visit Enroll in a Health Plan at: www.mass.gov/eohhs/consumer/insurance/enroll-in-a-health-plan/enroll-in-a-health-plan.html

How Do I Enroll?

To enroll, just pick a health plan for each eligible member. You may also select a primary care provider (PCP). Your PCP will help you coordinate your health care. Your PCP can also refer you to a specialist when you need one.

If you do not select a PCP, your health plan will choose one for you. You can change your PCP at any time. **If you are enrolling in the PCC Plan, you must select a PCP.**

Your plan may not accept all doctors. If you don't know if your doctor is accepted by your health plan, please contact your plan.

You can enroll in a health plan as soon as you've been approved for one of the MassHealth coverage types listed above. **If you do not pick a plan, MassHealth will pick a plan for you.** To enroll, fill out this enrollment form and mail the form to:

MassHealth Program
P.O. Box 120045
Boston, MA 02112-9912

Member Information	First Name		Last Name	
	MassHealth ID		Last 4 digits of SSN	
Address				
City		State	Zip	Phone
Plan Information	Health Plan			
Doctor or Health Center			Address	
City		State	Zip	Doctor Phone
Health Insurance Other Than MassHealth	Health Insurance			
Policy ID		Policy Holder		
Check applicable box: <input type="checkbox"/> New Enrollment				
<input type="checkbox"/> Change Enrollment/Transfer.				
Transfer reason _____				

Questions?

Please visit our website at www.mass.gov/mashealth or call a MassHealth Customer Service representative at **1-800-841-2900**. For persons who are deaf, hard of hearing, or speech disabled, please call TTY at **1-800-497-4648**.