



[HEAD OF HOUSEHOLD NAME]

[STREET ADDRESS]

[CITY], [STATE] [ZIPCODE]

Date: [DATE]

Notice ID: [NOTICE ID]

Member ID: [XXXXXXXXXXXX]

Dear [HEAD OF HOUSEHOLD NAME],

**IMPORTANT! It is time to review your household's coverage under MassHealth, the Children's Medical Security Plan (CMSP), or Health Safety Net (HSN).**

You must submit a new application for health benefits so we can decide if you and your household still qualify for MassHealth, CMSP, or HSN. We must get a completed application by **[45 day deadline]**, or coverage for you and your household members will end.

**Why do I need to submit a new application?**

MassHealth is required by law to review your eligibility every year. Due to systems issues you may not have received a review form since 2013 or 2014 or earlier. We need updated information about your household and income by **[45 day deadline]** to review your coverage. MassHealth has a new, better, and faster website this year. We will use this new website to update your coverage.

<p><b>[45 day deadline] is the final deadline.</b></p> <p>You can submit an application online at: <a href="http://MAhealthconnector.org">MAhealthconnector.org</a></p>
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**What do I need to do?**

You must submit a new application to keep MassHealth, CMSP, or HSN for yourself and for any members of your household. Once you submit a completed application, we will send a new letter to let you know if you still qualify for health coverage.

- The fastest way to reapply for coverage is online through our new and improved website at **MAhealthconnector.org**. You must create a new account if you do not have one already and then you can complete the application online.
- You can also submit a paper application. Enclosed is the **Massachusetts Application for Health and Dental Coverage and Help Paying Costs**. Read the instructions carefully. It contains questions that we have not asked you in the past. You must answer all of the questions and sign the form.

You must submit a completed application by [45 day deadline] or MassHealth, CMSP, or HSN coverage for some or all household members will end.

**What if I already submitted a new application or started a new application?**

If you already submitted a new online application after 11/15/2014, or a paper application after 10/15/2014, you do not need to submit another application. Once your application is processed, MassHealth or the Health Connector will send you another letter to let you know the decision.

Read that letter carefully for any next steps you need to take. If you started an application and did not finish it, please complete and submit it by **[45 day deadline]**.

### How do I send my completed application?

You can send us your completed application in the following ways.

1. **Online:** Go to [MAhealthconnector.org](https://MAhealthconnector.org). Set up a new account, even if you created one before.
2. **Fax:** 1-857-323-8300
3. **Mail:** Commonwealth of Massachusetts  
Health Insurance Processing Center  
P.O. Box 4405  
Taunton, MA 02780
4. **Call:** 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled). You can complete your application over the phone with a customer service representative.
5. **In Person:** Visit a MassHealth Enrollment Center (MEC) to apply in person. See the *Member Booklet* for a list of MEC addresses.

### What happens next?

We will continue your household's current coverage until we process your completed application, or until **[45 day deadline]**. Once we process your completed application, we will send you another letter to let you know if you qualify for health coverage through MassHealth, CMSP, the HSN, or the Health Connector.

We will check the information you give us with computer data sources such as the Internal Revenue Service (IRS), the Social Security Administration (SSA), and the Department of Homeland Security (DHS). We will keep the information provided to us private, and will only use and disclose it in accordance with applicable law. If we need further proof, we will contact you.

**If you do not complete a new application  
by [45 day deadline],  
coverage for your household will end.**

### What else do I need to know?

The *Member Booklet* explains income and household rules, premiums, copays, and covered services for MassHealth and the Health Connector. It also explains many of your rights and responsibilities. To get a copy, go to [MAhealthconnector.org](https://MAhealthconnector.org) or call 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

### Where can I get help? What if I have questions?

If you need help or have questions about applying or your current benefits, you can find it:

1. **Online:** Go to [MAhealthconnector.org](https://MAhealthconnector.org).
2. **By phone:** Call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).
3. **In person:** You can get free in-person help from a Navigator or a Certified Application Counselor. These people have been trained and certified to answer your questions and to help you complete your application. For a full list of Navigators and Certified Application Counselors, go to [www.MAhealthconnector.org/help-center](https://www.MAhealthconnector.org/help-center).

**Would you or a member of your household like to register to vote?**

The form to register to vote and additional information regarding your rights are included with this application or can be found at [www.sec.state.ma.us](http://www.sec.state.ma.us). If you have any questions about the voter registration process, or if you need help filling out the form, please visit a local MassHealth Enrollment Center or call the MassHealth Customer Service Center.

Sincerely,

MassHealth

SAMPLE

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**You can get this information in large print or Braille.** Call **1-800-841-2900** from Monday through Friday, 8:00 a.m. to 5:00 p.m. (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).