



Affidavit to Verify **Massachusetts Residency**

When you send us this form, please include a copy of the letter that we sent you asking for proof of your Massachusetts residency status. The letter is called a "Request for Information."

STEP 1	Tell us about yourself. Please print.					
First name Middle initial Last name						
Date of birth (MM,	/DD/YYYY) /	/	Ref ID (optional)			
Social Security humber				MassHea (optional)		
CTED 0	Read and sign t	nie form				
STEP 2	Reau allu sigii ti	115 101111.				
☐ I live at the fol Residential ad	owing address and int dress:	end to reside in Ma	ssachusetts.			
Street	·		City		State	ZIP
☐ I do not have a	home address but int	end to reside in Ma	ssachusetts.	Mailing add	dress:	
Street City					State	ZIP
I am not visitir	g Massachusetts for p	ersonal pleasure o	r to receive m	nedical care	in a setting other than a nu	ırsing home.
to the best of		that if I lie on this fo	orm, my healt	-	g on this form is true and co might end and I might have	-
Applicant, member, or authorized representative signature					Date (MM/DD/YYYY) /	/
STEP 3	Return this sign	ed form in one o	of these 3	ways.		
1. FAX: (857) 323 2. Mail: Health Ins 3. In person:	-8300 urance Processing Cer	nter, P.O. Box 4405	, Taunton, MA	A 02780		
MassHealth Enrollment Centers				_	Health Connector Wa	alk-in Centers
45 Spruce Street Chelsea, MA 02150		21 Spring Street, Suite 4 Taunton, MA 02780			133 Portland Street Boston, MA 02114	
100 Hancock Street, 6th Floor Quincy, MA 02171		367 East Street Tewksbury, MA 01876			63 Main Street Brockton, MA 02301	
Springfield, MA 01104 529		The Schrafft Ce 529 Main Stree Charlestown M	t, Floor M		146 Main Street Worcester, MA 01608	

Questions?

Call the Health Connector at (877) MA ENROLL, (877) 623-6765 or TTY: (877) 623-7773. Or call MassHealth at (800) 841-2900 or TTY: (800) 497-4648.