



# Affidavit to Verify Incarceration Status

When you send us this form, please include a copy of the letter that we sent you asking for proof of your incarceration 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 number	MassHealth ID (optional)	

## STEP 2 Read and sign this form.

Please circle the correct option below, sign, and date. Then return this form to us.

- I am not incarcerated.
- I was recently released from prison. Date released    /    /
- I am incarcerated.
  - Are you awaiting trial?    Yes     No

By signing below, I swear under the pains and penalties of perjury that everything on this form is true and complete to the best of my knowledge. I know that if I lie on this form, my health coverage might end and I might have to repay Massachusetts for any tax credits or health benefits I got.

Signature of applicant, member, or authorized representative signature	Date    /    /
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## STEP 3 Return this signed form in one of these 3 ways.

- FAX:** (857) 323-8300
- Mail:** Health Insurance Processing Center, P.O. Box 4405, Taunton, MA 02780
- In person:**

### MassHealth Enrollment Centers

45 Spruce Street  
Chelsea, MA 02150

100 Hancock Street, 6th Floor  
Quincy, MA 02171

88 Industry Avenue, Suite D  
Springfield, MA 01104

21 Spring Street, Suite 4  
Taunton, MA 02780

367 East Street  
Tewksbury, MA 01876

The Schrafft Center  
529 Main Street, Floor M  
Charlestown, MA 02129

### Health Connector Walk-in Centers

133 Portland Street  
Boston, MA 02114

63 Main Street  
Brockton, MA 02301

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.