



Affidavit to Verify Zero Income

When you send us this form, please include a copy of the letter that we sent you asking for proof of your income. 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.

I do not receive any income at this time.

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.

Applicant, member, or authorized representative signature

Date
(MM/DD/YYYY) / /

STEP 3

Return this signed form in one of these 3 ways.

1. FAX: (857) 323-8300

2. Mail: Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780

3. 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.