



# Notification of Pregnancy

Please make sure this form is complete, including the expected number of children, expected due date, and member signature.

## STEP 1

Tell us about yourself. Please print.

First name	Middle initial	Last name
Date of birth	Ref ID (optional)	
Social Security number	MassHealth ID (optional)	
Mailing address		

## STEP 2

Read and sign this form.

How many children are you currently expecting?

What is your expected due date?

Do you have any medical bills from the last three months? Yes  No

If so, MassHealth may be able to help you cover some of those bills.

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 understand that the head of my household (if that is not me), and any designated authorized representative/s, will have access to the information provided on this form.**

I know that if I provide incorrect information on this form, my health coverage might end.

Applicant, member, or authorized representative signature	Date
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## STEP 3

Return this signed form in one of these three ways.

- Fax:** (857) 323-8300
- Mail:** Health Insurance Processing Center, PO Box 4405, Taunton, MA 02780
- In person:**

### MassHealth Enrollment Centers:

45 Spruce Street  
Chelsea, MA 02150

100 Hancock Street, 6<sup>th</sup> Floor  
Quincy, MA 02171

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

21 Spring Street, Suite 4  
Taunton, MA 02780

367 East Street, Tewksbury, MA 01876

88 Industry Avenue, Suite D  
Springfield, MA 01104

50 SW Cutoff, Suite 1A  
Worcester, MA 01604

### 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, TTY: (877) 623-7773.  
Or call MassHealth at (800) 841-2900, TDD/TTY: 711.