

You can get this information in large print. Call
1-877-623-6765 from Monday to Friday, 8:00 a.m. to
6:00 p.m. **TTY: 1-877-623-7773**



[Recipient Name]
[Organization Name]
[Address Line 1]
[Address Line 2]
[City], [State] [Zip]

Date : [Notice Date] Notice Name : [Notice Name]
Notice ID : [Notice ID]
Member ID : [Member ID]

Attn: [ARD Name] Re: Notice sent to [Primary Recipient Name]

Dear [PrimaryRecipientName],

Thank you for applying for health insurance coverage through the Massachusetts Health Connector. We were unable to verify that you qualify to purchase a Health Connector Plan. This could be because some of the information from your application was either missing or not able to be proven. We need more information by [Deadline Date] to confirm that the people listed below qualify for coverage. If we do not get the information by [Deadline Date], the people below may lose eligibility. If they are already enrolled in a plan, they may lose coverage at the end of [Deadline Month]

- [Household Member Name] Member ID: [Member ID]
 - [Verification Item]
 - [Verification Item]
- [Household Member Name] Member ID: [Member ID]
 - [Verification Item]
 - [Verification Item]

Σ
Comment [NR1]: 90 days after PD date.
Comment [NR2]: 90 days after PD date.

Comment [NR3]: Dynamic – Display based on the number of members

Please send the proof that we need for the household member(s) listed above. To find out what types of documents you can send us for proof, see the List of Acceptable Documents at the end of this letter. Please include a copy of this letter with your proof and write your name and Member ID number on all documents that you send.

How you can send us proof

You can send us proof documents in the following ways:

1. **Fax:** (617) 887-8770
2. **Mail:** Health Insurance Processing Center
P.O. Box 4405

Taunton, MA 02780

Remember to include a copy of this letter with your documents and write your name and Member ID number on all documents that you send.

If you have questions

Call us at 1-877-MA ENROLL (1-877-623-6765) or TTY: 1-877-623-7773, Monday through Friday, 8:00 a.m. to 6:00 p.m.

Thank you,

Massachusetts Health Connector

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List of Acceptable Documents

Send one type of proof from the list of acceptable documents that applies to you. NOTE: All financial information and Social Security Numbers can be hidden.

Proof of Residency

Acceptable proof of Massachusetts residency includes the following:

- Copy of deed and record of most recent mortgage payment (if mortgage is paid in full, provide a copy of property tax bill from the most recent year)
- Copy of lease and record of most recent rent payment
- Mortgage deed showing primary residence
- Nursery school or daycare records (if school is private, additional documentation may be requested)
- Current utility bill or work order dated within the past 60 days
- Statement from a homeless shelter
- School records (if school is private, additional documentation may be requested)
- Section 8 agreement
- Homeowner's insurance agreement
- Proof of enrollment of custodial dependent in public school
- Notarized affidavit supporting residency

Comment [BVJ4]: Dynamic Fragment: Only include if residency inconsistency.

Proof of Incarceration

Fill out the Proof of Incarceration Status form that came with this letter and then send the completed form back to the Health Insurance Processing Center. You can also call to provide this information.

Comment [BVJ5]: Dynamic Fragment: Only include if incarceration inconsistency.

Proof of Social Security Number (SSN)

Acceptable proof of Social Security Number includes the following:

- SSN Card
- Benefit or income statement from Social Security containing your SSN
- Pending application for an SSN
- Tax form(s)

Proof of Citizenship

Acceptable proof of U.S. Citizenship includes the following:

- U.S. passport, including a U.S. Passport Card issued by the Department of State, without regard to any expiration date as long as such passport or card was issued without limitation;
- Certificate of Naturalization (DHS Form N-550 or N-570);
- Certificate of U.S. Citizenship (DHS Form N-560 or N-561);
- A document issued by a federally recognized American Indian tribe showing membership or enrollment in, or affiliation with, such tribe. Certification of Report of Birth, issued to U.S. citizens who were born outside the U.S.;
- A U.S. public record of birth (including the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam (on or after April 10, 1899), the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island, or the Northern Mariana Islands (after November 4, 1986). The individual may also be collectively naturalized under federal regulations. The birth record must have been recorded within 5 years of birth. A Report of Birth Abroad of a U.S. Citizen (Form FS-545, Form FS-240, or Form DS-1350);
- A U.S. Citizen I.D. card (INS Form I-197 or I-179);

Comment [BVJ6]: Dynamic Fragment: Only include if citizenship inconsistency

- An American Indian Card (I-872 with the classification code KIC) issued by the Department of Homeland Security (DHS) to identify U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border
- Northern Mariana Identification Card, issued to a collectively naturalized citizen who was born in CNMI before November 4, 1986;
- Final adoption decree showing the child's name and U.S. place of birth, or, if the adoption is not final, a statement from state-approved adoption agency that shows the child's name and U.S. place of birth;
- Evidence of U.S. civil service employment prior to June 1, 1976;
- An official military record showing a U.S. place of birth;
- Documentary evidence under the Child Citizenship Act for adopted children born outside the U.S. Extract of U.S. hospital record of birth on hospital letterhead established at the time of the person's birth that was created 5 years before the initial application date and that indicates a U.S. place of birth. For children under age 16, the hospital record must have been created near the time of birth or 5 years before the application date. A souvenir birth certificate is not acceptable; Life, health, or other insurance records that indicate a U.S. place of birth that was created at least 5 years before the initial application date that indicates a U.S. place of birth. For children under age 16, the document must have been created near the time of birth or 5 years before the application date;
- An official religious record recorded with the religious organization in the U.S. within 3 months of birth showing the birth occurred in the U.S. and showing either the date of birth or the individual's age at the time the record was made. Entries in a family bible are not considered religious records;
- An early school record showing the child's name, U.S. place of birth, date of admission, and date of birth;
- Birth records recorded after the person turned age 5;
- Federal or state census records showing U.S. citizenship or a U.S. place of birth and person's age;
- Admission papers from a nursing home, skilled-care facility, or other institution that were created at least 5 years before the initial application date and that indicate a U.S. place of birth;
- Medical (clinic, doctor, or hospital) record indicating a U.S. place of birth that was created at least 5 years before the initial application date. For children under age 16, the medical record must have been created near the time of birth or 5 years before the application date;
- Other documents that show a U.S. place of birth that were created at least 5 years before the application for MassHealth (For children under age 16, the document must have been created near the time of birth or 5 years before the application date.): Seneca or Navajo Indian tribal census records, U.S. State Vital Statistics official notification of birth registration, an amended U.S. public birth record that was amended more than 5 years after the person's birth, a statement from a physician/midwife who was in attendance at the birth, or the Bureau of Indian Affairs Roll of Alaska Natives;
- If an individual does not have one of the documents listed above, he or she may submit an affidavit signed by another individual, under penalty of perjury, who can reasonably attest to the individual's citizenship, and that contains the individual's name, date of birth, and place of U.S. birth. The affidavit does not have to be notarized.

Proof of Immigration Status

If you are a not a U.S. citizen and we asked you to prove your immigration status, you must send one of the following documents as proof, with a copy of both sides of all immigration cards or other documents that show your status.

Comment [BVJ7]: Dynamic fragment: Only include if immigration inconsistency

- Permanent Resident Card, “Green Card” (I-551)
- Reentry Permit (I-327)
- Refugee Travel Document (I-571)
- Machine Readable Immigrant Visa (with temporary I-551 language)
- Temporary I-551 Stamp (on Passport or I-94/I-94A)
- Foreign passport
- Arrival/Departure Record (I-94/I-94A)
- Arrival/Departure Record in foreign passport (I-94)
- Certificate of Eligibility for Nonimmigrant Student Status (I-20)
- Certificate of Eligibility for Exchange Visitor Status (DS-2019)
- Employment Authorization Card (I-766)
- Notice of Action (I-797)
- Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)
- Document indicating withholding of removal (or withholding of deportation)
- Administrative order staying removal issued by the Department of Homeland Security
- Document indicating a member of a federally-recognized Indian tribe or American Indian born in Canada
- Office of Refugee Resettlement (ORR) eligibility letter (if under 18)

Proof of American Indian/Alaska Native Status Acceptable proof of American Indian/Alaska Native status includes the following:

- Tribal Card
- Document issued by BIA recognizing an individual as American Indian/Alaska Native
- Authentic document from a tribe declaring membership for an individual
- Certificate of Degree of Indian Blood
- Certificate of Indian Status card
- I-872 American Indian Card
- Document issued by IHS indicating individual is/was eligible for IHS services as an American Indian/Alaska Native
- U.S. American Indian/Alaska Native tribal enrollment documentation
- Document that shows a relationship to an individual listed on an Indian Census Roll

Comment [BVJ8]: Dynamic Fragment: Only include if AI/AN inconsistency

Proof of Income

Proof of Job Income

- Your most recent Form 1040 (U.S. Individual Income Tax Return) with all attachments including W2s
- Recent pay stubs
- A signed earnings statement from your employer
- If you are seasonally employed, any of the proofs above including information about the duration of your employment
- Self-employment ledger
- 1099-MISC and your most recent Form 1040 (U.S. Individual Income Tax Return) with all attachments
- Military Leave and Earnings statement
- Agricultural income certificate
- 1040 SE with Schedule C, F, or SE (for self-employment income)
- Bookkeeping records
- Signed and dated most recent quarterly or year-to-date profit and loss statement
- Proof of residuals

Comment [BVJ9]: Dynamic Fragment: Only include if income inconsistency.

Proof of Other Income

Please send us one of the following to prove your other income (income not earned from your job):

- Cost of living adjustment letter and other benefit verification notices
- Lease agreement
- Bank or investment fund statement
- Document or letter from Social Security Administration (SSA)
- Form SSA 1099 Social Security benefits statement
- Recent court records for alimony and records of agency through which alimony is paid
- Recent legal documents that establish amount and frequency of alimony
- Letter from government agency for unemployment benefits
- Proof of tribal income
- 1099-G and your most recent Form 1040 (U.S. Individual Income Tax Return) with all attachments
- Military Leave and Earnings statement
- Proof of gambling winnings
- Annuity statement
- Statement of pension distribution from any government or private source
- Recent prizes, settlements, and awards, including court-ordered awards letter
- Proof of gifts and contributions
- Proof of inheritances in cash or property
- Proof of strike pay and other benefits from unions
- Sales receipts or other proof of money received from the sale, exchange or replacement of things you own
- Interests and dividends income statement
- Loan statement showing loan proceeds
- Royalty income statement or 1099-MISC and most recent Form 1040 (U.S. Individual Income Tax Return) with all attachments
- Proof of bonus/incentive payments
- Proof of severance pay
- Pay stub indicating sick pay
- Letter, deposit, or other proof of deferred compensation payments
- Pay stub indicating substitute/assistant pay
- Pay stub indicating vacation pay
- Proof of residuals
- Letter, deposit, or other proof of travel/business reimbursement pay

Proof of Incarceration Status

We could not verify whether or not one of the people who applied for health insurance coverage is incarcerated (serving a prison sentence).

Please check the correct box below to let us know which status applies for each person who needs to send proof of incarceration status. Then mail or fax this letter back. **You can also call to provide incarceration information.**

Member name: [HouseholdMember_Name] **Member ID:** [Member_ID]

- Is not incarcerated
- Was recently released from prison
- Is incarcerated

Member Signature: _____
(Or parent or guardian signature if Member is under 18)

Comment [NR10]: Repeated for each member who has proof of incarceration

You can send us this form in the following ways:

1. **Fax:** (617) 887-8770
2. **Mail:** Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780

Remember to include a copy of the letter that came with this form and fill out your name and Member ID information.

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Important! This has important information about your health insurance. If you want the information translated into your own language, call **1-877-623-6765**.

¡Importante! Esto tiene información importante sobre su seguro de salud. Si usted quiere la información traducida a su propio idioma, llame al **1-877-623-6765**.

Spanish

សំខាន់! ក្នុងនេះមានព័ត៌មានសំខាន់អំពី ធានារ៉ាប់រងសុខភាពរបស់អ្នក។ ប្រសិនបើអ្នក ចង់បានព័ត៌មាននេះបកប្រែជាភាសារបស់ អ្នក សូមទូរស័ព្ទមកលេខ **1-877-623-6765**។

Cambodian

重要提示：該文件載有關於您的醫療保險的重要資訊。如果您想要將相關資訊翻譯為您的母語，請致電 **1-877-623-6765**。

Traditional Chinese (Cantonese)

重要提示：该文件载有关于您的医疗保险的重要信息。如果您想要将相关信息翻译为您的母语，请致电 **1-877-623-6765**。

Simplified Chinese (Mandarin)

Enpòtan! Sa a gen enfòmasyon enpòtan ou asirans sante ou. Si w vle nou tradwi enfòmasyon an nan pwòp lang ou rele **1-877-623-6765**.

Haitian Creole

ສິ່ງສຳຄັນ! ນີ້ມີຂໍ້ມູນສຳຄັນກ່ຽວກັບການປະກັນໄພສຸຂະພາບຂອງທ່ານ. ຖ້າຫາກທ່ານຕ້ອງການຂໍ້ມູນຂ່າວສານເຂົ້າໃນການແປພາສາໂທທາ **1-877-623-6765** ຂອງຕົນເອງຂອງທ່ານ.

Laotian

Importante! Neste pacote há informações importantes sobre o seu seguro-saúde. Se quiser que as informações sejam traduzidas para o seu idioma, ligue para **1-877-623-6765**.

Brazilian Portuguese

Importante! Contém informações importantes sobre o seu seguro de saúde. Se desejar a tradução das informações para a sua língua, contacte-nos pelo telefone **1-877-623-6765**.

European Portuguese

Важная информация! Здесь содержится важная информация о Вашем медицинском страховании. Если Вы хотите, чтобы информация была переведена на Ваш родной язык, позвоните по номеру: **1-877-623-6765**.

Russian

Lưu ý quan trọng! Đây là thông tin quan trọng về bảo hiểm y tế của quý vị. Nếu quý vị muốn có bản dịch thông tin này bằng ngôn ngữ của quý vị, hãy gọi số **1-877-623-6765**.

Vietnamese