



Commonwealth of Massachusetts
Executive Office of Health and Human Services



[HEAD OF HOUSEHOLD NAME]

[STREET ADDRESS]

[CITY], [STATE] [ZIPCODE]

Date: [DATE]

Notice ID: [NOTICE ID]

Member ID: [XXXXXXXXXX]

Dear [HEAD OF HOUSEHOLD NAME],

IMPORTANT! As of the date of this letter, our records show that you or someone in your household has missed the due date for sending us a renewal application. Your benefits depend on you submitting a renewal application.

We sent you a letter in August to renew your benefits. We have extended the due date in that letter to **October 16, 2015** for you to send in the renewal application to find out if you can still get health care through MassHealth, the Children's Medical Security Plan (CMSP), or Health Safety Net (HSN)!

If you do not submit your renewal application by **October 16, 2015** you and your family members will lose MassHealth benefits.

What do I need to do?

- You need to fill out a renewal application to find out if you can keep getting MassHealth, CMSP, or HSN for you and members of your family
- Send it to us using the directions below
- You will get another letter from us to let you know if you still qualify for health benefits.

How do I submit the renewal application?

You can do this four different ways:

- **Fill out an application online.** The fastest way to submit a renewal application is online through our website at MAhealthconnector.org. You must create a new account if you do not have one already. Then you can complete the application online. Applying online is the only way to get a real-time, automatic decision to see if you qualify.

OR

Call us at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled). Once connected press “1” for member, then press “8” to renew, and then press “1” to speak with a representative. We can help you complete your application over the phone.

OR

- **Apply in person:** Visit a MassHealth Enrollment Center (MEC) near you at
[Address]
[City], [State] [ZIP]

OR

- **Fill out a paper application** called the *Massachusetts Renewal Application for Health and Dental Coverage and Help Paying Costs*. (We sent you a paper renewal application with our August letter.)

And send it to

Commonwealth of Massachusetts
Health Insurance Processing Center
P.O. Box 4405
Taunton, MA 02780

Or fax it to

1-857-323-8300

What if I already submitted a renewal application?

If you already submitted a renewal application after the date on this letter, you do not need to submit another application. Once your application is processed, MassHealth or the Health Connector will send you another letter to let you know the decision. Read that letter carefully for any next steps you need to take.

How do I get help?

You can get help online at www.MAhealthconnector.org/help-center or by calling MassHealth at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).

You can also get free in-person help from a Navigator or a Certified Application Counselor. These people have been trained and certified to answer your questions and to help you complete your application. For a full list of Navigators and Certified Application Counselors, go to www.MAhealthconnector.org/help-center.

Sincerely,
MassHealth