**MassHealth CommonHealth Working Letter**

March 30, 2016

Applicant’s Full Legal Name

Applicant’s SSN [If applicable]

Applicant’s DOB

Applicant’s member ID [If applicable]

Street Address

City, State, Zip Code

Phone Number

E-mail Address [If applicable]

To Whom It May Concern,

I am writing a letter to inform you that (insert applicant’s full legal name) has been working for me since (insert start date) as a (insert applicant’s occupation) *.*

(insert applicant’s full legal name) works (insert number of hours worked) hours a week and gets paid in cash. S/he earns $ (insert cash amount) a month. S/he is requesting assistance with obtaining medical insurance through MassHealth and would greatly appreciate your help.

Thank you,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Insert Name of Employer

Insert Phone Number of Employer

Fax to 1-857-323-8300;

or

Mail to:

**Health Insurance Processing Center**

P.O. Box 4405

Taunton, MA 02780