

# Application for Waiver or Reduction of MassHealth Premium

**For office use only**

Log no.: \_\_\_\_\_

Customer account #: \_\_\_\_\_

Date received: \_\_\_\_\_

Please provide information below about the event or circumstance that led to your extreme financial hardship, and return this form by \_\_\_\_\_ to \_\_\_\_\_  
 return date

**MassHealth Customer Service, Attn: Premium Billing, P.O. Box 120049, Boston, MA 02112.**

If your income has changed, please call a MassHealth Enrollment Center at 1-888-665-9993 (TTY: 1-888-665-9997 for people with partial or total hearing loss).

This form should have a unique log number and a pre-filled return date. If it does not, please call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people with partial or total hearing loss).

## Applicant information

Last name		First name		Middle initial
Social security no.			Phone no.	
Street address				
City		State	Zip	

## Details of hardship

Please check any and all of the boxes below that relate to your or your family's extreme financial hardship.

- I am homeless, or am more than 30 days behind in rent or mortgage payments, or have received an eviction or foreclosure notice.
- I have a shut-off notice from my utility company (gas, electric, oil, water, or telephone), or one or more of my utilities has been shut off, or one or more of my utility companies is refusing to deliver services because I cannot pay. (If you have a large or long overdue utility bill, but you are protected from shutoff because you are disabled or because it is winter, check this section.)
- I have high medical and/or dental bills that MassHealth or another insurance does not pay for. These bills may be for me or for someone else in my immediate family (such as a child or a spouse).
- I have had a large unexpected increase in expenses within the last six months.

