



Massachusetts Department of Transitional Assistance

Cash Benefits/MassHealth Repayment Obligation

Last Name _____ First _____ MI _____ Date _____

Street Address _____ Social Security Number _____

City/Town _____ State _____ ZIP _____ Telephone _____

<p>I acknowledge that I received an overpayment in the amount of \$ _____.</p> <p>This overpayment occurred from _____ to _____ because _____.</p>
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Below are the following options you have to repay this overpayment. You must make a minimum monthly payment of \$ _____ to repay this overpayment. You must select a repayment option, sign and date this form and return it to the Contracts & Recoveries Unit (CRU) by _____.

If you do not complete this form and return it to CRU by the due date, or if you do not file an appeal, the Department will begin action to recover this overpayment. Your rights and responsibilities are explained on the back side of this form.

To Repay Benefits: TAFDC \$ _____ EAEDC \$ _____ MassHealth \$ _____

Please review and select one of the following options by placing a check mark in the box.

If you are currently receiving cash (TAFDC or EAEDC) benefits, you may select any of the following options.

1. Deduct monthly payments from your assistance grant of \$ _____. This amount is subject to the Department policy explained on the back side of this form.

If you are not currently receiving food stamp benefits, you may select only options 2 through 5.

(Do not send cash)

2. Total lump sum of \$ _____, payment enclosed. Make check payable to Commonwealth of Massachusetts.
3. Partial lump sum of \$ _____ payment enclosed and monthly payments of \$ _____. You will receive a bill every month for your payment.
4. Monthly payments of \$ _____. You will receive a bill every month for your payment.
5. Wage assignment of \$ _____ to be deducted from your paycheck.

Employer Name _____

() _____
Area code-Telephone Number

Address _____

City/Town _____

ZIP _____

I have read and I understand the terms of this repayment agreement and my rights and responsibilities as explained on the reverse side of this form.

Signature _____

Date _____

I understand:

- the amount I owe must be paid in full.
- I must notify the CRU of a change in my address.
- signing this agreement waives my rights to a hearing to challenge the overpayment and the amount of the overpayment.
- I have the right to access information compiled at the time this overpayment is established and once a year thereafter.
- if the overpayment involves cash (TAFDC or EAEDC) benefits and/or food stamp benefits received because the Department believes I withheld information or made an intentional misrepresentation, a Department hearing will be held to determine whether I will be disqualified for a period of time from the appropriate program(s). This hearing will be held unless I sign a waiver of the hearings or sign an agreement in which I voluntarily agree to be disqualified from the TAFDC/EAEDC or Food Stamp Program.
- if I have chosen **option one**, the recoupment amount is based on 10% of the TAFDC Payment Standard or EAEDC Standards of Assistance.
- if I am no longer eligible for cash benefits, I must repay the amount of money I still owe. I can repay this money to the Department by either lump sum, by making monthly payments or by wage assignment.
- if I have chosen **option three** or **four** and I fail to repay as agreed, I will lose my option for this payment method. The Department will take the necessary action to recover this overpayment.
- if I become eligible for cash benefits, the Department will deduct monthly payments from my assistance grant in an amount determined by the Department. I will receive a separate notice from the Department if this action is taken.
- if I get a job, the Department will take action to recover this overpayment by wage garnishment. A wage assignment will become effective if I fail to repay as agreed. The Department will contact my employer to have a reasonable amount deducted from my paycheck. I will receive a separate notice from the Department if this action is taken. I have the right to a hearing within 15 days of my request, but only to challenge the existence of the amount of the arrears.
- if I have chosen wage assignment or if my wages are assigned in the future because I failed to repay,

I must:

1. notify the Department of the name and address of my employer;
 2. notify the Department of any change in my employment within three days of beginning employment; and
 3. notify my employer or new employer of the existence of a wage assignment.
- that the Department may recover the overpayment by intercepting my tax refund(s) in accordance with state and/or federal laws.
 - that the Department may recover the overpayment by any other method allowed under Massachusetts General Laws.
 - that failure to make payment may result in civil and/or criminal action by the Department and/or the district attorney for the county I live in.

**Contracts & Recoveries Unit
PO Box 48
Essex Station
Boston, MA 02112**

**If you have any questions please call 1-800-462-2607.
Return this completed form in the enclosed envelope to:**

Do Not Write Below This Line

Preparer (please print)	Title	Date		
BSI Signature	Decision			
Referral # or BSI Case #	CAT	STATUS	REG	TAO #
Return Date				