

INSTRUCTIONS FOR COMPLETING YOUR ENROLLMENT DECISION FORM

Please make sure you follow these instructions to complete the *Enrollment Decision Form*.
Keep these instructions.

- ▶ Read the enclosed *One Care Enrollment Guide*.
- ▶ Print any corrections or changes to your name and address on the *Enrollment Decision Form*.
- ▶ Complete the personal information section.
- ▶ Fill in your MassHealth ID and Medicare numbers.
- ▶ **Make your enrollment decision.**
Only the One Care plans that are in your county are on your *Enrollment Decision Form*.
 - ◆ Check the box next to the One Care plan that you would like to join; or
 - ◆ Check the box next to the words "I do not wish to sign up for One Care" if you do not want to be in One Care. If you check this box, you will keep getting your care the same way you do now. You will not be in a One Care plan.
- ▶ Tell us if you have other health insurance.
- ▶ Read the information under the statement "Please read and sign below."
- ▶ Sign the *Enrollment Decision Form* in the space provided.
- ▶ Mail or fax the *Enrollment Decision Form* back to MassHealth.

Mailing address:

One Care
PO Box 120045
Boston, MA 02112-9912

Fax number:

617-988-8975
Make sure to fax all of the pages of the
Enrollment Decision Form.

This address is printed on the envelope that came with this packet. If you use this envelope, you do not need a stamp.

IMPORTANT! YOU HAVE A CHOICE.

- ▶ If you do not check any box in the enrollment decision section, MassHealth may automatically enroll you in a One Care plan at a later date.
- ▶ MassHealth will send you more information if we are going to automatically sign you up for a One Care plan. MassHealth will not automatically enroll you if there is only one One Care plan in your county.
- ▶ If MassHealth does automatically enroll you in a One Care plan and you don't want the One Care plan that MassHealth chooses for you, you can tell MassHealth that you want a different plan. If MassHealth chooses a plan for you, you will have two months to tell us that you want to make changes before your One Care coverage starts.

If you have questions, call MassHealth Customer Service (Monday–Friday, 8:00 a.m.– 5:00 p.m.): 1-800-841-2900 or TTY: 1-800-497-4648 (for people who are deaf, hard of hearing, or speech disabled). The call is free.

