

SECTION I: Eligibility Representative Designation (If applicant or member is able to sign)

Part A—to be filled out by applicant or member— **please print** , except for signature.

I certify that I have chosen the following person to be my eligibility representative, and that I understand the duties and responsibilities this person will have (as explained on the other side of this form).

Eligibility representative name: **Strategic Transitions**

Eligibility representative address: **P.O. Box 51074 New Bedford, MA 02645**

Eligibility representative telephone no: **(774)722-3387** Relationship to you: **Representative**

My name:

My SSN:

My date of birth:

My signature:

Date:

Part B—to be filled out by eligibility representative

I certify that I know enough about the above applicant or member to take responsibility for the correctness of the statements made during the eligibility process, and that I understand my duties and responsibilities as this person's eligibility representative (as explained on the other side of this form).

Eligibility representative signature:

Date:

SECTION II: Eligibility Representative Designation (If applicant or member cannot provide written designation)

To be filled out by eligibility representative—**please print** , except for signature.

I certify that I know enough about the applicant or member named below to take responsibility for the correctness of the statements made during the eligibility process, that I understand my duties and responsibilities as this person's eligibility representative (as explained on the other side of this form), and that this person cannot provide written designation. When necessary and/or possible, I have told this person that MassHealth will send me a copy of all MassHealth eligibility notices and that this person agrees to this. When necessary and/or possible, I have also told this person that he or she may remove me as eligibility representative at any time by sending a letter to: MassHealth, Privacy and Security Office, 600 Washington Street, Boston, MA, 02111.

Eligibility representative name:

Eligibility representative address:

Eligibility representative telephone no.: ()

Eligibility representative signature:

Date:

Applicant/Member name:

Applicant/Member date of birth:

Applicant/Member SSN:

Your relationship to applicant or member:

SECTION III: Eligibility Representative Designation (appointed by law)

To be filled out by eligibility representative appointed by law (as explained on the other side of this form)—**please print**, except for signature. Please attach copy of applicable legal document.

Applicant/Member name:

Applicant/Member SSN:

Applicant/Member date of birth:

Eligibility representative name:

Eligibility representative address:

Eligibility representative telephone no.: ()

Eligibility representative signature:

Date:

I agree to use Strategic Transitions (“ST”) as my designated representative to the state. I fully understand that these resources are available to me through the state of MA, and it is something I can do independently. I understand that I am paying ST for a service. ST will take my application and process it. There is a one-time fee for the submittal of this application.

This is a non-refundable application fee. This covers ST following your application through the system from application to approval. If for some reason your application is not approved you will get a refund of the application fee. Strategic Transitions will charge me a monthly service charge for as long as I use their services.

This monthly service charge includes:

1. Allows you to call us for any questions you may have.
2. We will discuss and help you handle any correspondence from the state you receive.
3. We will process your Eligibility Review yearly.
4. We will have any and all dealings necessary on your behalf with Mass Health.
5. We will provide any information you may require to enroll and handle any issues that may arise during the year.

If I no longer require there services I will give them a written notice 30 day in advance of termination via mail, e-mail, or fax.

Applicant: _____

Signature: _____ Date: _____