



Commonwealth of Massachusetts
EOHHS
www.mass.gov/masshealth

The Was Insurance Agency, LLC
PO Box 201 Boxford, MA 01921
978-887-9651

Insurance Partnership

INSURANCE PARTNERSHIP SUPPLEMENTAL AFFIDAVIT

Insurance Partnership Employee

Name	SSN
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Please check off appropriate box and sign.

- This is the first time I have been offered health insurance by my current employer within the last six months.
- My current employer offered health insurance within the last six months, but I did not take the coverage.

I certify under the penalty of perjury that the above statement is correct and complete to the best of my knowledge.

Signature Insurance Partnership Employee	Date
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Spouse of Insurance Partnership Employee

Name	SSN
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Please check off appropriate box and sign.

- I am not working.
- My current employer did not offer health insurance within the last six months that would cover my family.
- My current employer offered health insurance within the last six months that would cover my family, but I did not take the coverage.

I certify under the penalty of perjury that the above statement is correct and complete to the best of my knowledge.

Signature of Spouse of Insurance Partnership Employee	Date
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For Office Use Only

EHI

Meets CO (Y or N)