



# HealthCare: Next Steps



Name: \_\_\_\_\_ Institution: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ Email: \_\_\_\_\_

1. Check the bracket that applies to you on both the left and right sides of the chart.

What am I eligible for?	Am I mandated to purchase insurance? (What will I do now?)
<input type="checkbox"/> Commonwealth Care <input type="checkbox"/> Commonwealth Choice <input type="checkbox"/> Employer sponsored coverage	<input type="checkbox"/> <u>Yes!</u> I am mandated, AND I will call Health Care for ALL or the Connector to enroll.  <input type="checkbox"/> <u>Yes!</u> I am mandated, BUT I cannot afford insurance. I will apply for a waiver.
<p style="text-align: center;">If I am already insured:</p> <input type="checkbox"/> I have MassHealth. <input type="checkbox"/> I have Commonwealth Care. <input type="checkbox"/> I have Commonwealth Choice. <input type="checkbox"/> I have employer sponsored coverage. (insurance provider) _____	<input type="checkbox"/> <u>No!</u> I am not mandated, AND I will continue to use free care.  <input type="checkbox"/> <u>No!</u> I am not mandated, BUT will purchase insurance.

2.  Yes! The healthcare team can follow up with me.

3.  Yes! I am willing to share my story publicly, i.e. at a GBIO action, with the media.

4.  Yes! I will attend the Dec. 3 Celebration Delegates Assembly

5.  Yes! I would like to host a HealthCare Outreach and Enrollment session at my institution, home, neighborhood, workplace.