<Today>

Employer Premium Withholding Agreement

<payer_name>
<payer_address1>
<payer_address2>
<payer_address3>
<payer_city> <payer_state> <payer_zip>

As per our recent conversation regarding <u_client_name>, this letter is to confirm authorization of payroll deduction for the sole purpose of remitting a monthly premium payment to the Medical Assistance for Workers with Disabilities (MAWD) program. Payroll deduction for the above mentioned employee will begin for the month of <u_month>. You should have received a signed Authorization Form from your employee, authorizing payroll deduction and remittance of the premium payment to the MAWD program.

A monthly "Premium Statement" and payment voucher will be mailed to you on the 10th of each month. Detach the voucher and submit with your payment in the enclosed postage paid envelope provided. Include the RID of your employee on the check for easy identification, should the voucher become separated. Payment is due by the last day of the month.

Future premiums may change and will be indicated on the monthly Premium Statement and payment voucher.

Please review the enclosed Enrollment Form, complete Part 5, and return to MAWD in the enclosed postage paid envelope. If you have any questions you may contact us toll free at 1-800-644-7730. Please leave your name and phone number, including area code, and indicate you are calling regarding the MAWD Program. A representative will return your call.

Sincerely,

<user_name>
MAWD Program Representative

cc: <u_client_name>

E02 09/11

<Today>

Premium Withholding Enrollment Form		
Part 1 - Personal Data		
First name <recip_fname>	Middle initial <recip_middle_init>	Last name <recip_lname>

Home address
<recip_address1> <recip_address2> <recip_address3>

City <recip_city>	State <recip_state>	Zip code <recip_zip>	Phone <recip_phone>
Social security number <ssn>	Recipient Identification number <cis_number>		

Part 2 – Employer Data

Name of Employer
<employer_name>

Address
<employer_address1> <employer_address2>

City <employer_city>	State <employer_state>	Zip Code <employer_zip>	Business Telephone <employer_phone>

Part 3 – Premium Payment

The current Premium Payment of <premium_amount> is to be remitted to the Medical Assistance For Workers with Disabilities on or before the last day of the current month for payment of that month's premium

Part 4 – Payroll Deduction

The payroll deduction will begin <u_month>

Part 5 - Signatures

Employer Representative	Phone Number (include area code)
Title	Date

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