



<Today>

<payer_name>

<payer_address1 >

<payer_address2 >

<payer_address3 >

<payer_city> <payer_state> <payer_zip>

Please take the necessary action to remove your employee, <recip_name> SSN <ssn> from payroll deduction of the premium payment for the Medical Assistance for Workers with Disabilities (MAWD) Program effective <prog_eff_date>.

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

E03 10/10