



<Today>

<payer\_name>

<payer\_address1 >

<payer\_address2>

<payer\_address3>

<payer\_city> <payer\_state> <payer\_zip>

A Program Representative for the MAWD program has contacted your employer concerning your request to have your monthly MAWD premiums deducted from your salary, and submitted by your employer. Please be advised that your employer is unable to comply with your request, and your MAWD premium **will not** be withheld from your salary. Therefore, you are responsible to submit your monthly premium payments.

You will receive a monthly Premium Statement, with an attached Premium Voucher, from the MAWD Program. Detach the voucher and submit with your payment, in the postage paid envelope provided. Be sure to write your Social Security Number on your check or money order for easy identification, should the voucher become separated. Payment is due no later than the last day of the month in which the voucher is received.

If you have any questions you may contact us toll free at <region\_800>. 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

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