

Medicaid Purchase Plan Premium Employer Wage Withholding

MAPP member/employee instructions

You need to fill out Section 1 of this form. Your employer should fill out Section 2 if you want your Medicaid Purchase Plan (MAPP) premium payment taken out of your paycheck.

Employer instructions

Fill out Section 2 of this form. You (the employer) may pay the employee's MAPP premiums either by Electronic Funds Transfer (EFT) or by direct payment. Check the box on the form to indicate which method you will use to pay the premium.

- Electronic funds transfer**

If you choose to pay by EFT, complete the Member/Employer Electronic Funds Transfer form, F-13023, found at dhs.wi.gov/forms/f1/f13023.pdf. Send the form to the address listed on the EFT form. You can also fax the form to 608-221-8185. The premium amount will be taken out of your checking account once per month.

It takes about three weeks for EFT forms to be received and processed. We will mail a letter confirming that the EFT account is active.

- Direct payment**

If you choose to make a direct payment each month, send your payment to:

Medicaid Purchase Plan
PO Box 93187
Milwaukee, WI 53293-0187

Once complete, please return the completed and signed form:

Mail to:

Medicaid Purchase Plan
PO Box 6738
Madison, WI 53716-0738

Or fax to:

608-221-8185

If you have any questions about this form or paying MAPP premiums, please call 888-907-4455.

Medicaid Purchase Plan Premium Employer Wage Withholding

Instructions:

Type or print clearly. Before completing this form, read the information and instructions on Page 1. If you have any questions, call 888-907-4455.

Mail the completed and signed form to:

Medicaid Purchase Plan
PO Box 6738
Madison, WI 53716-0738

Or fax to:

608-221-8185

Section 1 — MAPP member/employee information

Name – Employee (Last, First, MI): _____

Social Security Number – Employee: _____

MAPP case number: _____ Monthly premium amount: \$ _____

Section 2 — Employer information

You may pay the employee's MAPP premiums by EFT or direct payment. Select **one** of the following payment methods:

Electronic funds transfer (EFT)

If you want to pay the premium by monthly EFT, complete the Member/Employer EFT Transfer form, F-13023 (dhs.wi.gov/forms/f1/f13023.pdf).

Direct payment

To pay the premium by direct payment, send a check or money order, payable to Medicaid Purchase Plan, to:

Medicaid Purchase Plan
PO Box 93187
Milwaukee, WI 53293-0187

Employer name: _____

Employer address: _____

City: _____ State: _____ ZIP code: _____

Phone: _____ Employer email: _____

Employer signature: _____ **Date signed:** _____