Medicaid Purchase Plan Premium
Employer Wage Withholding

Instructions:
Your employer should fill out this form if you want your Medicaid Purchase Plan (MAPP) premium payment taken out of your paycheck. Fill in your MAPP Case Number found on your MAPP premium notice.

Employer Instructions:

Fill out the employee's last and first name, Social Security number, and monthly MAPP premium amount.

You may pay the employee's MAPP premiums either by Electronic Funds Transfer (EFT) or by direct payment.

- **Electronic Funds Transfer**
  If you (the employer) choose to pay by EFT, complete Member/Employer Electronic Funds Transfer, 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 EFT account is active.

- **Direct Payment**
  If you choose to make a direct payment each month, you will receive a premium statement each month. Send your payment with the premium notice to:

  Medicaid Purchase Plan
  P.O. Box 93187
  Milwaukee, WI 53293-0187

If you have any questions, 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. Complete this form for your employee and the Member/Employer Electronic Funds Transfer form dhs.wi.gov/forms/f1/f13023.pdf, if you'd like to pay by electronic funds transfer (EFT).
If you have any questions, call 888-907-4455.

Employee Information

Name — Employee (Last, First, Middle Initial)	MAPP Case Number
Social Security number — Employee	Monthly Premium Amount

You may pay the employee's MAPP Premiums by EFT or direct payment.

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
If you want to pay the premium via direct payment, send your payment, payable to Medicaid Purchase Plan (MAPP), to:
Medicaid Purchase Plan
P.O. Box 93187
Milwaukee, WI 53293-0187

Employer Information

Name — Employer	Phone Number	
Address — Employer		
City	State	ZIP Code
Signature — Employer		Date Signed

Mail completed and signed form to:

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

Fax: 608-221-8185