

DIRECT DEPOSIT



Instruction Form for Members & Employers

Members:

1. In order to pay your HIP POWER Account Contribution by automatic monthly payroll deduction, please contact your employer's payroll or Human Resources Department for a Direct Deposit form.
2. DO NOT put your own banking information on your employer's form. Instead, enter the banking information for Fifth Third Bank below.
3. Make sure to give your employer your Member ID, (MID) number (this can be found on your invoice, MDwise Membership ID card, or you may call **(877) 744-2317**).
4. Return the completed form and this document to your employer's payroll or Human Resources Department. If you have any questions or concerns, you may call *toll-free*: **(877) 744-2317**. In the deduction amount field, add a dollar amount for one month's contribution only.

If you want to stop payroll deductions for your HIP POWER Account, contact your employer.

*You must submit a new direct deposit form if your HIP POWER Account tier changes during the annual health plan selection period.

Select the months you want deductions taken from your check:

- January February March April May June July August September October
 November December

Employers:

1. Please submit only ONE remittance, ONCE a month, per Employee who is opting for a payroll deduction to pay their HIP POWER Account Contribution. Partial payments are not accepted.
2. If possible, please submit each remittance as one payment for the entire amount of the employee's portion of monthly POWER Account Contribution on or before the first of the month. Note: These instructions only apply to the HIP member's portion of the monthly POWER Account Contribution. Employers may also opt to contribute up to 50% of the HIP member's annual POWER Account Contribution, thereby reducing the member's monthly payments. If you wish to participate in this program and are not already doing so, please contact 1-877-822-7196.
3. Each remittance should include as much of the following information as possible:
 - HIP Member's Member ID, (MID) number on the memo line.
(This item **must** be included in order to accurately post the payment.)
 - HIP Member's First and Last Name
 - Employer's Name
 - Employer Address
 - Employer Phone Number
 - Employer Tax ID

Submit each remittance to the following bank and account:

Fifth Third Bank

P.O. Box 630869 • Cincinnati, OH 45263-0869

Account number: 7236718230 • Routing number: 071923909



If you have any questions or concerns, you may call *toll-free*: **(877) 744-2317**.