



Employer Payroll Deduction Authorization

Your employee, _____, would like to join a payroll deduction program. This program would deduct CareSource, Healthy Indiana Plan (HIP) POWER account contributions (PAC) from their paycheck. If you offer this payroll program for HIP POWER account contributions, please fill out the first page. Mail a copy to CareSource at the street address listed at the bottom of this page. Use the choices on page 2 of this form to make a payment.

Employee:

Employee Name: _____
Member ID (MID#): _____

Employer:

Company Name: _____

Payroll Address: _____

City: _____ State: _____ Zip: _____

Employer Name: _____ Employer Phone: _____

Deduction Start Date: _____ Withholding Per Pay Period: \$ _____

Payroll Cycle:

Weekly Every two weeks Monthly Other (please list): _____

Employer Agreement:

Employer agrees to allow employee payroll deductions to be forwarded to CareSource?
 Yes No

Employer understands to remit payment to CareSource when payment is due?
 Yes No

Please mail the form to:

**CareSource Billing Department
P.O. Box 8738
Dayton, OH 45401-8738**

How to Pay:

By Phone – Call Member Services at **1-844-607-2829** (TTY: 1-800-743-3333 or 711) and say that you would like to pay by phone. We are open Monday through Friday, 8 a.m. to 8 p.m., Eastern Time. You will need the member's Member ID (MID) and zip code.

By Mail – Mail a check or money order to P.O. Box 6065 Indianapolis, IN 46206-6065. Please be sure to have the member's RID on the check or money order.

Online – Visit **CareSource.com/HIPpay** to pay online. You will need the member's RID and date of birth.