

Electronic Funds Transfer Application – Health Insurance Claims Assessment (HICA)

Issued under P.A. 142 of 2011. Filing of this form is mandatory when paying by Electronic Funds Transfer (EFT).

Use this form to notify Treasury that you intend to file electronically. EFT may begin after you receive Treasury’s approval.

ACCOUNT INFORMATION			
Business Name and Address (Type or print clearly)			Account Number (FEIN, ME or TR No.)
			Contact Person Telephone Number
Business Start Date	Contact Person	E-mail Address	Contact Person Fax Number

Use the following tax code when transmitting your payment:

Tax Type	Tax Type Code
Health Insurance Claims Assessment Quarterly Payment	(07100)
Health Insurance Claims Assessment Annual Payment	(07150)

EFT DEBIT OR CREDIT AUTHORIZATION

Please be aware of officer, member or partner liability as provided in Michigan Compiled Laws 205.27a(5):

“If a corporation, limited liability company, limited liability partnership, partnership, or limited partnership liable for taxes administered under this act fails for any reason to file the required returns or pay the tax due, any of its officers, members, managers, or partners who the department determines, based on either an audit or an investigation, have control or supervision of, or responsibility for, making the returns or payments is personally liable for the failure.....”

Authorization for EFT Debit

By checking this box, you agree to use the format adopted by the Michigan Department of Treasury to pay the quarterly or annual Health Insurance Claims Assessment using EFT Debit. By signing below, you are providing permission to access your financial institution account to withdraw the funds you authorize. A signature of the Responsible Officer is required below before this application can be processed.

I authorize the State of Michigan and its authorized contractor to make variable withdrawals by electronic transfer from the designated financial institution and account. I understand that only the withdrawals I authorize will be made and that this process is protected by a password and a user code. I understand that I may cancel this authorization at any time by sending a written notice to the address noted below. I agree to comply with the National Automated Clearing House Association Rules and Regulations about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. Michigan law governs electronic funds transactions authorized by this agreement in all respects except as otherwise superseded by federal law. If multiple signers are required to authorize a withdrawal of funds, all must sign this form.

Signature of Responsible Officer	Title	Date
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SECURITY

The security question is required to complete the processing of your application. Please retain a copy of your answer. A correct response is required when contacting Treasury’s authorized contractor or completing certain updates to your account. You may change the security question and/or response after successfully accessing your account.

What school did you attend for sixth grade?

Authorization for EFT Credit

By checking this box, you agree to use the format adopted by the Michigan Department of Treasury to pay the quarterly or annual Health Insurance Claims Assessment using EFT Credit. See *Instructions for Payment of Health Insurance Claims Assessment Using EFT Credit* (Form 4925). Treasury recommends you electronically send a test \$0.01 transmission, completely formatted before actual filing can begin. A signature of the Responsible Officer is required below before this application can be processed.

I agree to follow the formats adopted by the Michigan Department of Treasury for the charges noted above. I agree to notify Treasury in advance of any change in my filing method.

Signature of Responsible Officer	Title	Date
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CERTIFICATION

Corporations, partnerships, LLPs or LLCs must complete this section before this form can be processed. This officer, member or partner certification must be resubmitted when there is a change in the individual responsible for filing and/or payment of the Health Insurance Claims Assessment.

Signature of Corporate Officer, Partner or Member responsible for reporting and/or paying HICA	Date
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Type or Print Name	Title
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All information requested above must be completed and accurate before your application can be processed. Mail or fax the completed application to the Michigan Department of Treasury for approval. Allow four (4) weeks for processing.

TREASURY USE ONLY

Treasury Approval	Date
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If you have any questions, contact the Michigan Department of Treasury at (517) 636-0515. You may fax this form to (517) 636-4593, or mail this form to:

Michigan Department of Treasury
Special Taxes Division/Misc. Taxes and Fees
PO Box 30781
Lansing, MI 48909-8281