

Instructions for Payment of Health Insurance Claims Assessment (HICA) Using Electronic Funds Transfer (EFT) Credit

You are requesting permission to make payments using the EFT Credit method. To use this method, you will contact an EFT member financial institution (or its affiliate) and request that it initiate a credit transmission to the designated State of Michigan financial institution account. Many financial institutions require at least 24 hours advance notice before a transmission is completed. Contact your financial institution for proper lead times and specific deadlines.

Written approval will be sent to you after your EFT Credit application has been approved. To test the proper formatting of your payment file, please send a \$0.01 EFT Credit transmission to the State of Michigan, completely formatted according to the CCD+ format outlined in the transmission information details below. You may begin remitting payments using the EFT Credit method only after you have verified a successful test transmission by calling the Miscellaneous Taxes and Fees Unit at 517-636-0515, at least one business day after the settlement of your test transmission.

Transmission Information Detail

1. Make credit transmissions to the State of Michigan using the routing transit number 072000326 for JPMorgan Chase (Detroit) and the financial institution account number provided below:

937663417 – Health Insurance Claims Assessment
(Quarterly and Annual Payments)

2. Your financial institution will need to know the format for the addendum portion of the transmission. The State of Michigan has adopted the following CCD+ format:

<u>Field</u>	<u>Contents</u>
Segment Identifier	"TXP"
Separator	"*"
TXP01	Federal Employer Identification Number or Michigan Department of Treasury assigned account number ("ME-...." or "TR-...."). Please enter the entire account number, including the hyphen.
Separator	"*"
TXP02	Tax type code (5-digits) "07100" - Health Insurance Claims Assessment Quarterly Payment "07150" - Health Insurance Claims Assessment Annual Payment
Separator	"*"
TXP03	Tax period end date

Period for which the Health Insurance Claims Assessment was accrued in "YYMMDD" format ("DD" can be any valid day, preferably the last day, of the month.)

Separator	"*"
TXP04	Amount type "T" for tax (this is the amount of your Health Insurance Claims Assessment)
Separator	"*"
TXP05	Amount of Health Insurance Claims Assessment being paid in "\$\$\$\$\$\$cc" format ("cc," cents must be filled in even if you transfer whole dollar amounts.)
Separator	"*"
TXP06	Amount type "P" for penalty
Separator	"*"
TXP07	Amount of penalty being paid in "\$\$\$\$\$\$cc" format ("cc" cents must be filled in even if you transfer whole dollar amounts.)
Separator	"*"
TXP08	Amount type "I" for interest
Separator	"*"
TXP09	Amount of interest being paid in "\$\$\$\$\$\$cc" format ("cc" cents must be filled in even if you transfer whole dollar amounts.)
NOTE:	Fields TXP06, TXP07, TXP08 and TXP09 are optional and only need to be completed if penalty and/or interest are being paid.
TXP10	"\"
NOTE:	TXP10 is a mandatory field. No character(s) should follow the terminator character "\".