

Morgan White Administrators
Employer Administration Information Form

Employer : _____

Dependent Care Accounts - DCA

Eligibility

- Management / Salaried: _____ of the month following _____ days of employment. Date of Hire
- Hourly: _____ of the month following _____ days of employment. Date of Hire
- Other: _____ of the month following _____ days of employment. Date of Hire

Define Full-Time Employment: _____

Notes: _____

Employee Contributions & Limitations: (Maximum is \$5,000 per Couple, per Calendar Year)

- Management / Salaried: _____
- Hourly: _____
- Other: _____

Mail Individual MBI Debit Cards to: Home Place of Business

Allow for MBI Debit Card for dependents age 18 or older? Yes No