

**Morgan White Administrators
Employer Administration Information Form**

Employer : _____

Flexible Spending Accounts - FSA

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: _____

Employer Contributions:

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

Employee Contributions: (ie: Maximum Contributions, Matching...)

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

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Mail Individual MBI Debit Cards to: Home Place of Business

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

Major Medical Plan Design:

Carrier or TPA: _____

Annual Deductible: _____ Co-Insurance Level: _____

Out of Pocket Max (Excluding Deductible): _____

Physicians Office Co-Pay: _____

Annual Prescription Deductible: _____ Prescription Co-Pay: _____