

**Morgan White Administrators
Employer Administration Information Form**

Employer : _____

Health Reimbursement Arrangement - HRA

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: _____

Vesting:

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

Employer Contribution Amounts and Carry Forward:

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

Plan Design:

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- Will Employer account be prefunded? Yes No
- Mail Individual MBI Debit Cards to: Home Place of Business
- Allow for MBI Debit Card for dependents age 18 or older? Yes No
- HRA Funds will: be available on the effective date for the annual amount; or
 accrue on a monthly basis up to the annual amount.
- Will New Employees be prorated? Yes No
- Will funds be available for all qualified expenses as defined by the Internal Revenue Code?
 Yes No

If "No" in the previous question, please indicate only those qualified expenses to be allowed.

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: _____