

**MORGAN & WHITE ADMINISTRATORS  
EMPLOYER'S LIST BILL AGREEMENT**

Payroll Name: \_\_\_\_\_ Group No: \_\_\_\_\_

MorganWhite Administrators, Inc.  
P.O. Drawer 14067  
Jackson, Ms. 39236

Until further notice, we will participate in your List Bill Agreement for the benefit of our employees. The payroll department has been instructed to honor payroll deduction authorizations signed by our employees for complete premium or partial premium for insurance coverage by Delta Dental Insurance Company through Benefits Association.

As an employer, I have agreed to pay \_\_\_\_\_% of the monthly premium needed for the coverage chosen by the employees. The plan chosen is Delta Dental – Dental for Everyone through Benefits Association.

In signing this acceptance, it is understood that:

1. Part of the amount paid includes Association dues that are not connected with the insurance company.
2. We may terminate this Employer's "List Bill Agreement" as long as 30 days notice is given to MorganWhite Administrators, Inc. and to our employees. In this case, premium payments will become a direct accounting matter between MorganWhite Administrators, Inc. and the employees.
3. MorganWhite Administrators, Inc. may also terminate this agreement, should the minimum number of enrollees fall below two (2) required for list billing.
4. Monthly, as we are billed, we will forward to MorganWhite Administrators, Inc. the agreed monthly premium amounts deducted from our employee's compensation (if any) and any amount I have agreed to contribute (if any).
5. MorganWhite Administrators, Inc. will send all monthly billing statements electronically via email.

Employer: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_, Title: \_\_\_\_\_

Company Contact Person: \_\_\_\_\_, Title: \_\_\_\_\_

Email Address for Billing: \_\_\_\_\_

Telephone # of Contact Person: \_\_\_\_\_ Fax # of Contact Person: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Number of Full Time employees: \_\_\_\_\_, Requested Effective Date: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Agent State Identification Number: \_\_\_\_\_