

**FLEXIBLE BENEFITS REIMBURSEMENT VOUCHER
FIRST FINANCIAL ADMINISTRATORS, INC.**

P O Box 670329, Houston TX 77267-0329
TELEPHONE: (866) 853-3539 • FAX: (800) 298-7785

PARTICIPANT INFORMATION

Address Change? Y N

Name: _____
Mailing Address: _____
City/State/Zip: _____
Social Security #: _____ Daytime Telephone: (____) _____
Employer: _____ Email Address: _____

(COMPLETE ONLY for Dependent Care)

(COMPLETE ONLY for Orthodontia Reimbursement)

Name: _____
Address: _____
City/State/Zip: _____
S.S./Tax ID# _____

Patient Name: _____
Amount Due: \$ _____ Date: _____
Service Performed: _____
I certify that the dental procedure for the above patient
 has been completed *is in progress*

Signature of Provider

Signature of Dentist/Orthodontist

BENEFIT TYPE: (please check as appropriate)

Medical Reimbursement Dependent Care Reimbursement Premium Reimbursement

| Date of Service | Family Member | Description of Expense | Amount |
|-----------------|---------------|------------------------|--------|
| | | | |
| | | | |
| | | | |

Sub-total this page: _____

ADDITIONAL FORMS AVAILABLE AT:
www.ffga.com and click on - Participant Forms.

Grand total all pages _____

I hereby affirm that, to the best of my knowledge, all expenses listed above are eligible for reimbursement under Section 105(h) or 129 of the IRS Code and in accordance with my contract with First Financial Administrators, Inc. I further certify that these expenses have not been, nor will not be reimbursed under any other health plan coverage. If you need verification of the eligibility of an expense, please contact First Financial Administrators, Inc. at 1-866-853-3539.

Signature: _____

Date: _____

Please send me additional envelopes (additional voucher given with every reimbursement)

NOTE: If you have direct deposit, First Financial Administrators, Inc. will not pay bank charges for insufficient funds. Please call your financial institution to verify deposit before writing any checks on the amount.

SEE BACK PAGE FOR ADDITIONAL ITEMIZATION & HELPFUL FILING TIPS