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)

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

____
Signature of Provider

(COMPLETE ONLY for Orthodontia Reimbursement)

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 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:	
		Grand total all pages	

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

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