

Flexible Benefits Reimbursement Voucher

PO Box 670329, Houston, TX 77267-0329 • Telephone: (866) 853-3539 • Fax: (800) 298-7785

PARTICIPANT INFORMATION

ADDRESS CHANGE? Yes No

NAME _____

EMPLOYER _____

MAILING ADDRESS _____

SOCIAL SECURITY # _____

E-MAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (_____) _____

COMPLETE ONLY FOR DEPENDENT CARE PROVIDER

NAME _____

COMPLETE ONLY FOR ORTHODONTIA REIMBURSEMENT

NAME _____

ADDRESS _____

AMOUNT DUE \$ _____ DATE _____

CITY _____ STATE _____ ZIP _____

SERVICE PERFORMED _____

SS # _____

I certify that the dental procedure for the above patient

TAX ID # _____

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
GRAND TOTAL ALL PAGES			

IMPORTANT NOTICE

Effective January 1, 2011, all over-the-counter items eligible for reimbursement must be accompanied by a doctor's prescription and a reimbursement voucher.

ADDITIONAL FORMS AVAILABLE AT: www.ffga.com

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.

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

SIGNATURE _____

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

DATE _____

Mail or Fax Completed Form To: First Financial Administrators, Inc. • P.O. Box 670329, Houston, TX 77267-0329 • Fax Number: 1-800-298-7785

