

*First Financial Administrators, Inc.*



EMPLOYEE INFORMATION <small>(Please Print)</small>			ADDRESS CHANGE? <input type="checkbox"/> Y <input type="checkbox"/> N	
FIRST NAME	MI	LAST NAME	SSN	
ADDRESS		CITY	STATE	ZIP
PHONE <small>(Between Hours of 8am-5pm)</small>		EMAIL ADDRESS		

## PLAN INFORMATION

Texas Life is providing employees and covered dependents enrolled in the United Healthcare Texas - Insurance Choice Premier Plan AG2M a Health Reimbursement Arrangement (HRA) with a \$2,750 benefit. This money can only be used for co-insurance and deductible expenses. You must file your Explanation of Benefits from your health plan along with this claim form. Plan year is January 1 - December 31. You have 90 days at the end of the plan year to file your claims and any unused funds will not rollover.

**TEXASLIFE**  
INSURANCE COMPANY

## HRA EXPENSES

DATE OF SERVICE	FAMILY MEMBER	DESCRIPTION OF EXPENSE	AMOUNT
Additional vouchers can be obtained by logging onto our website, <a href="http://www.ffqa.com">www.ffqa.com</a> .			TOTAL:

Mail or Fax Completed Form To:

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

**EMPLOYEE SIGNATURE** (REQUIRED)

I hereby affirm that, to the best of my knowledge, all expenses listed above are eligible for reimbursement under Section 105 of the IRS Code. I further certify that these expenses have not been, nor will not be, reimbursed under any other health plan coverage.

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. If you need verification of the eligibility of an expense, please contact First Financial Administrators, Inc. at 1-866-853-3539.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_