

First Financial Administrators, Inc.

**EMPLOYEE INFORMATION** *(Please Print)*

ADDRESS CHANGE? ☐ Y ☐ N

FIRST NAME

MI

LAST NAME

SSN

ADDRESS

CITY

STATE

ZIP

PHONE (Between Hours of 8am-5pm)

EMAIL ADDRESS

The City of Navasota is providing employees and covered dependents enrolled in the employer sponsored medical plan with HRA a Health Reimbursement Arrangement (HRA) with a \$1,000 benefit for employee only coverage or \$2,000 benefit for family coverage, once the required employee out of pocket deductible is met. This money can only be used for co-insurance, deductible expenses and prescription medications. You must file your Explanation of Benefits from your health plan along with this claim form. The plan year is October 1 - September 30. You have 90 days at the end of the plan year to file your claims and any unused funds will not rollover.

| DATE OF SERVICE | FAMILY MEMBER | DESCRIPTION OF EXPENSE | AMOUNT |
|-------------------------------------------------------------------------------------------------------------------|---------------|------------------------|--------|
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| Additional vouchers can be obtained by logging onto our website, www.ffqa.com . | | | TOTAL: |

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TOTAL:

Mail or Fax Completed Form To:

First Financial Administrators, Inc. • P.O. Box 161968, Altamonte Springs, FL 32716
Fax Number: 1-800-298-7785

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 _____