

FFA Benefits Card

First Financial Administrators, Inc.



BENEFITS CARD

The First Financial Administrators, Inc. Benefits Card is available for Medical Reimbursement Flexible Spending Accounts and Dependent Care Accounts. Cards can be issued to spouses and dependent children (ages 18 to 26) for no additional fee. The initial cards are free, but if a replacement card is issued, the cost is \$10.00 per card and will be deducted from your account balance. Cards are good for three years from the issue date as long as you participate each consecutive plan year. Each card is printed with an expiration date. Claims can also be submitted directly for reimbursement.

The IRS requires validation of most transactions – you must submit an itemized receipt for verification of expenses, when requested. An itemized receipt must list the provider name, patient name, date of service, a brief description of services received, and the amount you are responsible for after amount paid/adjusted by insurance. An explanation of benefits (EOB) which can be obtained from your insurance carrier, is also acceptable documentation. If you fail to substantiate by providing the necessary documentation within 60 days of the transaction, your card will be suspended until the itemized receipt or explanation of benefits is received. Documentation can be uploaded using the *FF Flex Mobile App* or secure *My Benefits Center Portal*.

Claim Forms can be found on our website, www.ffga.com.

Mail: First Financial Administrators, Inc.
Attn: Flex Department
P.O. Box 161968
Altamonte Springs, FL 32716

Fax: (800) 298-7785

Upload Online:
Log in to your secure account online at www.ffga.com.

Upload with FFlex Mobile App:
Available for Apple® or Android™ devices on the App StoreSM and Google Play Store™

WHERE TO USE YOUR DEBIT CARD FOR ELIGIBLE EXPENSES:

- » Pharmacies – always use your debit card at the pharmacy counter only.
- » In-Store Pharmacies – *If “merchant code” is programmed “pharmacy,” the expense will be authorized. However, if the MasterCard transaction code is programmed “grocery/retail,” the transaction may be denied. The debit card may not work and the expense may be declined in some grocery/discount stores.*
- » Physician Offices
- » Specialist Physician Offices
- » Dental Offices
- » Over-the-counter drugs (*must be accompanied by a Physician’s Rx*)
- » Vision Care Providers
- » Medical Facilities
- » Medical Clinics
- » Hospitals, including Emergency Rooms
- » Day Care Facilities

Expenses must be incurred during the plan year that you are using funds from.

Your FFA Benefits Card cannot be used past your termination date. If you have available funds in your account, a manual claim will be required. All eligible expenses have to be incurred while you were actively working and prior to your termination date.

A list of eligible expenses is available on www.ffga.com. This card is a signature debit card and does not require a PIN for use. Transactions must always be submitted as “credit.” Participants may review Flexible Spending Account balances online at www.ffga.com.

CALL (866) 853-FLEX FOR MORE INFORMATION OR QUESTIONS.



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Benefits Card Agreement

First Financial Administrators, Inc.

EMPLOYEE INFORMATION *(Please Print)*

FIRST NAME	MI	LAST NAME	SSN
ADDRESS		CITY	STATE ZIP
PHONE <i>(Between Hours of 8am-5pm)</i>	EMPLOYER	EMAIL ADDRESS	

DEBIT CARD VALID FOR 3 YEARS OF CONTINUAL PARTICIPATION

ADDITIONAL CARDS

Dependent Cards - Issued to spouse and/or dependent children (ages 18-26).

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER

I ACCEPT RESPONSIBILITY FOR THE FOLLOWING:

- All card transactions will be solely for qualified expenditures incurred (not billed or paid) during the plan year;
- To the extent that if I misrepresent any card transaction as a qualified expenditure when it is a non-qualified expenditure, I hold my employer harmless for whatever penalties and consequences that may occur as a result of my actions;
- If I misrepresent any card transaction on a non-qualified expenditure, I must immediately repay all expenses to the account upon notification. If not repaid, I understand the amount will be considered taxable income.
- I agree to submit expense receipts to the third party administrator for all purchases when requested. If failure to substantiate, card will be suspended, and;
- Each time I present the card for payment, I will sign a receipt evidencing that the expense has been incurred and reaffirming my representation that it is a qualified expenditure that has not been and will not be reimbursed from any other source.
- If documentation is not received in 60 days, your card will be deactivated. You may file a manual claim for out-of-pocket expenses. Claims will be offset by the ineligible charge.

SUBMIT COMPLETED FORM TO:

For security purposes, please only submit via mail or fax to:

MAIL: First Financial Administrators, Inc.
Attn: Flex Department
P.O. Box 161968
Altamonte Springs, FL 32716

-OR-

FAX: 800-298-7785

EMPLOYEE SIGNATURE *(REQUIRED)*

EMPLOYEE SIGNATURE: _____ DATE _____