

# City of Forney HRA Plan Reimbursement Voucher

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					
<p>Reimbursement up to \$3,000 for individual coverage and \$6,000 family coverage. (Must be out of pocket the first \$3,000 of deductible to be eligible for reimbursement.) Eligible expenses include, co-pays for doctor visits, prescription drug expenses, and other out of pocket medical insurance deductible expenses. You must have direct deposit reimbursement set up on your HRA plan through the First Financial portal at <a href="http://ww.ffga.com">ww.ffga.com</a> to have claims reimbursed.</p>					

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.ffga.com">www.ffga.com</a> .			<b>TOTAL:</b>
<p><b>Mail or Fax Completed Form To:</b>            First Financial Administrators, Inc. • P.O. Box 161968, Altamonte Springs, FL 32716            Fax Number: 1-800-298-7785</p>			

EMPLOYEE SIGNATURE <small>(REQUIRED)</small>	
<p>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.</p> <p><i>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.</i></p>	
EMPLOYEE SIGNATURE: _____	DATE _____