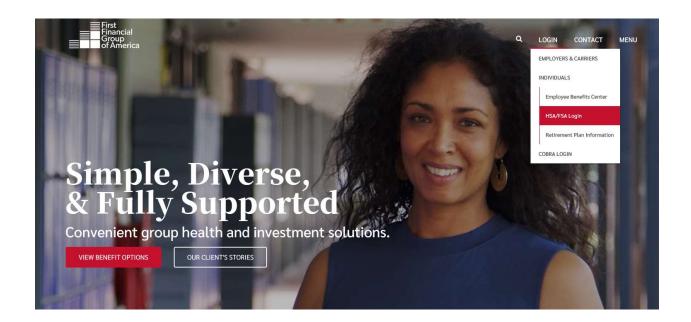
Please log into <a href="www.ffga.com">www.ffga.com</a> and click on "Login" on the top right hand corner and then choose "HSA/FSA Login" under Individuals.



On the next page, click on "Register"



866-853-3539



You will be prompted to create a User Name and Password. When you near the bottom of the screen, please choose 'Employer Name' for Registration ID and then type the name of your district in the next box. The Employee ID will be your full SSN with no spaces or dashes.

Registration    Confirm Password *		First Financial Administrators, Inc., First in Service and Expense	866-853-3539		
Upername must be between 6 and 12 characters long algorammer's value  A valid password must contain 5 of the following types of characters:  A password Strength  The survival of the following types of characters:  A password and contain 3 of the following types of characters:  A password strength (1) **  The survival of the following types of characters:  A password cannot contain:  **  **  **  **  **  **  **  **  **					Ø SIGN IN
Username * Username * Username must be between 6 and 12 characters long alphanumeric value  A valid password must contain 5 dirt following types of characters:  A password must contain 3 dirth efollowing types of characters:  A password must contain 3 dirth efollowing types of characters:  A password must contain 3 dirth efollowing types of characters:  A password care first, (a)(b), etc.)  A furnities  First Name *  Initial  Last Name *  Registration ID  Employee Name  Employee ID was assigned by your Administrator and could be your Federil Plan Merrier Number, Social Security Number, an ID provided by your Employer on alternative ID your Administrator and could be your Federil Plan Merrier Number, Social Security Number, an ID provided by your Divinder, an ID provided by your Administrator and could be your Administrator and could be your Administrator.  Employee ID was assigned by your Administrator and could be your Administrator.  If you do not know your ID or were not provided an ID, please contact your Administrator.		Registration			
A valid password must contain between 8 and 16 characters.  A password must contain between 8 and 16 characters.  A password must contain between 8 and 16 characters.  A password strength  Confirm Password  First Name  First Name  Initial  Last Name  Employer Name  CONROE ISD  Employer ID  Employer ID  Employer ID was assigned by your Administrator and could be your Health Ran Member Number, so Cold Security Namber, an ID provided by your Employer or an attemate ID created by your Administrator.  If you do not know your ID or were not provided an ID, please contact your Administrator.		Ø Hearnome*	STEPI	Username must be between 6 and 12 char	acters long
A password must contain 3 of the following types of characters:  A NUMPER CASE LETTER  Password Strength  Confirm Password *  First Name *  Initial  Last Name *  Registration ID  Employer Name *  CONROE ISD  I accept Terms of Use  A password assigned by your Administrator and could be your Administrator.  If you do not know your ID or were not provided an ID, please contact your Administrator.  A password must contain 3 of the following types of characters:  A NUMPER CASE LETTER  ON A CHARACTER Special CHARACTER  Special Character (%, 1 @@, etc.)  A password must contain 3 of the following types of characters:  A NUMPER CASE LETTER  ON A CHARACTER Special CHARACTER  Special Character (%, 1 @@, etc.)  A password must contain 3 of the following types of characters:  A NUMPER CASE LETTER  On A CHARACTER Special CHARACTER  A password must contain 3 of the following types of characters:  A NUMPER CASE LETTER  Special Character (%, 1 @, etc.)  A password must contain 3 of the following types of characters:  A NUMPER CASE LETTER  Special Character (%, 1 @, etc.)  A password must contain 3 of the following types of characters:  A NUMPER CASE LETTER  Special Character (%, 1 @, etc.)  A password must contain 3 of the following types of characters:  A NUMPER CASE LETTER  Special Character (%, 1 @, etc.)  A password must contain 3 of the following types of characters:  A NUMPER CASE LETTER  Special Character (%, 1 @, etc.)  A password must contain 3 of the following types of characters:  A NUMPER CASE LETTER  Special Character (%, 1 @, etc.)  A password must contain 4 of the following types of characters:  A NUMPER CASE LETTER  Special Character (%, 1 @, etc.)  A password must contain 4 of the following types of the following typ		OSCHIBIRE .		alphanumenc value	
A password *  First Name *  Initial  Last Name *  Registration ID  Employer Name *  CONROE ISD  Employee ID was assigned by your Administrator and could be your Health Plan Member Number, social Security Number, an ID provided by your Employer or an alternate ID created by your Administrator.  If you do not know your ID or were not provided an ID, please contact your Administrator.  If you do not know your ID or were not provided an ID, please contact your Administrator.		2 1 220	renath	A password must contain 3 of the followin  AN UPPER CASE LETTER  lower case letter	
First Name *  Initial.  Last Name *  Registration ID Employer Name   Employer Name *  CONROE ISD   If you do not know your ID or were not provided an ID, please contact your Administrator.  The word "password"   The word			Criga.	(i) • Anumber	
Initial  Last Name *  Email *  Registration ID Employer Name   Employee ID was assigned by your Administrator and could be your Health Ran Member Number, Social Security Number, an ID provided by your Frequency Name   Employee Name *  CONROEISD   If you do not know your ID or were not provided an ID, please contact your Administrator.		(i) Confirm Pass	word *	The word "password"	3 or more times
Last Name *  Registration ID		First Name *		Spaces	
Registration ID  Employer Name  Employee ID was assigned by your Administrator and could be your Health Ran Member Namber, Social Security Number, an ID provided by your Employer or an alternate ID created by your Administrator.  Employee ID was assigned by your Administrator and could be your Health Ran Member Number, Social Security Number, an ID provided by your Employer or an alternate ID created by your Administrator.  If you do not know your ID or were not provided an ID, please contact your Administrator.		Initial			
Registration ID  Employer Name  CONROE ISD  CONROE ISD  Employee ID was assigned by your Administrator and could be your Health Ran Member Number, Social Security Number, an ID provided by your Employer or an attendate ID created by your Administrator.  If you do not know your ID or were not provided an ID, please contact your Administrator.		Last Name *			
Employer Name *  CONROEISD   Employee ID *  CONROEISD   If you do not know your ID or were not provided an ID, please contact your Administrator.		🖄 Email *			
Administrator.  If you do not know your ID or were not provided an ID, please contact your Administrator.		Registration	ID Employer Name ~	Employee ID was assigned by your Admi	nistrator and could be
© Employee ID* contact your Administrator.		🖺 Employer Na	me* CONROEISD ~	Administrator.	
		Employee ID	*	If you do not know your ID or were not contact your Administrator.	provided an ID, please
X CANCEL V NEXT		l accept <u>I</u>	erms of Use		
				× CANCEL	✓ NEXT

Please contact Tech Support at 866-853-3539 Option #3 if you have any questions or need assistance.