First Financial Group of America
First in Service and Expertise

##12T00873##########

Dependent Care Claim Form

First Financial Administrators, Inc.

EMPLOYEE INFORMATION (Please Print)			
EMPLOYER	FIRST NAME	MI	LAST NAME
ADDRESS	CITY	STATE	ZIP
PHONE (Between Hours of 8am-5pm)	SSN	EMAIL ADDRESS	

DEPENDENT CARE EXPENSES

Dependent care expenses must be for a dependent who is incapable of self care or under the age of 13 at the time the care was provided.

NAME OF DEPENDENT	AGE	DATES CARE PROVIDED FROM	DATES CARE PROVIDED TO	NAME, ADDRESS, AND SSN/TAXPAYER ID # OF CARE PROVIDER	COST FOR CARE PERIOD	FFG USE ONLY
				TOTAL DEPENDENT CARE AMOUNT REQUESTED	0	

PROVIDER SIGNATURE (Required if an itemized receipt is not attached.)

I provided the dependent care as stated above.
CARE PROVIDERS ORIGINAL SIGNATURE:_____ DATE:

EMPLOYEE SIGNATURE (REQUIRED)

I certify that I have incurred the Dependent Care expense for me to work or look for work, and if married, my spouse to work or look for work. These expenses are for a Qualifying Person. These expenses are not for educational purposes to attend kindergarten or higher. I acknowledge that I will have to report the caregiver's name, address, and Tax Identification Number on Form 2441.
I understand that I cannot be reimbursed until the expense has been incurred; no prepayments. I cannot be reimbursed until the funds have been received by my employer and deposited in my account.
Note: If you have direct deposit, First Financial Administrators, Inc. will not pay bank charges for insufficient funds. Please contact your financial institution to verify deposit.
EMPLOYEE SIGNATURE:_____ DATE:

See page 2 for claim filing guidelines.

CONTACT US TODAY:

Online: www.ffga.com | Email: flex@ffga.com | Phone: 866-853-FLEX | Fax: 800-298-7785

First Financial Group of America • FSA Department • PO Box 670329 • Houston, TX 77267-0329

First Financial Administrators, Inc.
PO Box 670329 · Houston, TX 77267-0329
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SUBMISSION GUIDELINES

Please follow these guidelines to ensure that your claims are reimbursed quickly.

Acceptable Documentation:

- Itemized statement which includes:
- Provider Name
- Qualifying Person's Name
- Date of Service
- Amount Charged for the Care Services
- Tax Identification Number/Social Security Number of Provider

Unacceptable Documentation:

- Canceled checks
- Debit card or credit card receipts

Claims for future services are not eligible for reimbursement.

Mail Claim Forms to:

First Financial Group of America
FSA Department
PO Box 670329
Houston, TX 77267-0329

Fax Claim Forms to:

800-298-7785

Fill out a claim form online:

www.ffga.com

Complete your claim form online and upload documentation on our secure participant portal by logging into www.ffga.com.

FF Flex Mobile App:

File a claim form on your mobile device using the FF Flex Mobile App. Available for download on the App Store or Google Play Store for Apple and Android devices.

Visit www.ffga.com for more information about Flexible Spending Accounts.