

# FFA Benefits Card

Medical reimbursement accounts only

## BENEFITS CARD

The First Financial Administrators, Inc. Benefits Card is available for Medical Reimbursement Flexible Spending 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. Claims can also be submitted directly for reimbursement. If funds remain in your account after the end of the plan year, you may use the debit card during the 2½ month grace period (if your employer has elected to participate in the grace period option). The system will deduct all remaining funds from your old plan year and then deduct any balance from the new plan year, if you continue to participate.

The IRS requires validation of most transactions – you must submit receipts for verification of expenses, when requested. If you fail to substantiate by providing a receipt to us within 60 days of purchase, your card will be suspended until the necessary receipt or explanation of benefits from your insurance provider is received.

Claim forms can be found on our website, [www.ffga.com](http://www.ffga.com).

Copies can either be mailed to:                      or faxed to:  
First Financial Administrators, Inc.                      (800) 298-7785  
P.O. Box 670329  
Houston, TX 77267-0329



## WHERE TO USE YOUR DEBIT CARD FOR ELIGIBLE UNREIMBURSED MEDICAL 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

*(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.)*

First Financial Administrators, Inc. can provide you with a list of eligible expenses associated with your Medical Reimbursement Flexible Spending Account. 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](http://www.ffga.com).

**CALL (866) 853-FLEX FOR MORE INFORMATION.**

# Debit Card Agreement

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## 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 you 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.
- 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.

### DEBIT CARD VALID FOR 3 YEARS OF CONTINUAL PARTICIPATION

**PLEASE PRINT**

EMPLOYER \_\_\_\_\_

NAME \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_

DAYTIME TELEPHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### ADDITIONAL CARDS

#### DEPENDENT CARDS – ISSUED TO SPOUSES AND/OR DEPENDENT CHILDREN (AGES 18-26)

NAME	RELATIONSHIP	DATE OF BIRTH