



# Dependent Day 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 DAY CARE EXPENSES					
<i>Dependent day 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.</i>					
NAME OF DEPENDENT	AGE	DATES CARE PROVIDED		NAME, ADDRESS AND SSN/TAXPAYER ID # OF CARE PROVIDER	COST FOR CARE PERIOD
		FROM	TO		
					\$
					\$
					\$
					\$
					\$
					\$
					\$
TOTAL DEPENDENT CARE AMOUNT REQUESTED					\$

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)
<p>I certify that I have incurred the Dependent Day Care expenses 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 of higher. I acknowledge that I will have to report the caregiver's name, address, and Tax Identification Number on Form 2441.</p> <p>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.</p> <p>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.</p>
EMPLOYEE SIGNATURE: _____ DATE: _____

CONTACT US TODAY:
<p>PO Box 161968, Altamonte Springs, FL 32716   Online: <a href="http://www.ffga.com">www.ffga.com</a>   Phone: 866-853-FLEX</p> <p>FLEX Fax number: 800-298-7785   Tech Support: <a href="mailto:techsupport@ffga.com">techsupport@ffga.com</a></p> <p>Flex Receipts and Documents only: <a href="mailto:First_Financial_Receipts@Alegeus.com">First_Financial_Receipts@Alegeus.com</a></p>



## 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 Administrators, Inc.  
FSA Department  
PO Box 161968  
Altamonte Springs, FL 32716

### Fax Claim Forms to:

800-298-7785

### Email Claim Forms to:

First\_Financial\_Receipts@Alegeus.com

### Fill out a claim form online:

[www.ffga.com](http://www.ffga.com)

Complete your claim form online and upload documentation on our secure participant portal by logging into [www.ffga.com](http://www.ffga.com).

### FFmobile Account App:

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

*Visit [www.ffga.com](http://www.ffga.com) for more information about Flexible Spending Accounts.*

*By signing the form electronically, you agree that the electronic signature appearing on the form the same as a handwritten signature for the purposes of validity, enforceability, and admissibility. If you do not wish to sign the form electronically, you can print out a copy to sign and send to First Financial.*