

FLEXIBLE SPENDING ACCOUNT WORKSHEET

Unreimbursed Medical Expense

1. Estimate your **uninsured** medical costs per year (refer to list of eligible expenses)
 - A. Health insurance deductibles \$ _____
 - B. Co-insurance \$ _____
 - C. Office visit co-pays, prescription co-pays \$ _____
 - D. Vision care (eye exams, contacts, eyeglasses) \$ _____
 - E. Routine exams (Ob-Gyn, school physicals, etc.) \$ _____
 - F. Chiropractic Services \$ _____
 - G. Other \$ _____

Subtotal \$ _____

2. Estimate your **uninsured** dental costs per year
 - A. Examinations and cleanings \$ _____
 - B. Braces and retainers \$ _____
 - C. Fillings, crowns and bridges \$ _____
 - D. Dentures, including replacements \$ _____
 - E. Implants, inlays, X-rays \$ _____
 - F. Other \$ _____

Subtotal \$ _____

Total unreimbursed medical expenses \$ _____

Dependent Care Expense

1. How much do you pay per year for child care so that you (and your spouse if you are married) can work? \$ _____

 2. How much do you pay per year for dependent care for children 13 and older, for parents, or dependents incapable of self-care. \$ _____
- Total dependent care expenses \$ _____

Add the total unreimbursed medical expenses and the total dependent care expenses. This amount is an estimate of the amount of dollars you should put into a flexible reimbursement account in order to get the most of your pre-tax dollars.

\$ _____