

Health Care FSA Worksheet

Use this worksheet to help you determine your **Health Care FSA** election amount. You may want to review receipts from last year for health care expenses you paid out of your own pocket. Using these receipts and the worksheet, you can estimate the amount you want to elect for the Health Care FSA. Only budget for those expenses eligible for reimbursement through the Health Care FSA. Remember, eligible expenses include those for you, your spouse and your dependents.

Deductibles

Medical, dental, vision \$ _____

Copayments/coinsurance

The amount not paid by your health plan coverage \$ _____

Amounts paid over plan limits

Over reasonable and customary allowance
 Over psychiatric limits \$ _____

Subtotal A \$ _____

Expenses NOT covered by Insurance Plan

Prescription drugs \$ _____
 Over-the-counter medications \$ _____
 Vision care \$ _____
 Dental/orthodontic care \$ _____
 Treatments/therapies \$ _____
 Fees/services \$ _____
 Medical equipment \$ _____
 Psychiatric care \$ _____
 Assistance for the disabled \$ _____
 Other eligible expenses \$ _____

Subtotal B \$ _____

Out-of-pocket Health Care Expenses

This gives you a good idea of the amount you should elect to place into your Health Care FSA. Consider any other factors that will affect your out-of-pocket health care costs during the upcoming plan year and

adjust the amount necessary (Add Subtotals A + B) \$ _____

Dependent Care FSA Worksheet

Use this worksheet to help determine your Dependent Care FSA election amount. The Dependent Care FSA allows you to use pre-tax dollars to pay for child care services that make it possible for you and your spouse (if applicable) to work. Under certain circumstances it also may be used to help pay for the care of elderly parents or a disable spouse or dependent. Note that the Dependent Care FSA is intended to cover costs of care and does not cover any medical or healthcare costs for your dependents.

Child Care Expenses

Day Care Center \$ _____
 In-home Care \$ _____
 Nursery and Pre-School \$ _____
 After School Care \$ _____
 Au Pair Services \$ _____
 Summer Day Camps \$ _____

Elder Care Services

Day Care Center \$ _____
 In-home Care \$ _____

Out-of-pocket Dependent Care Expenses

This total gives you an estimated amount that you should elect to place into your Dependent Care FSA. Remember, you'll avoid Social Security and Medicare taxes on the money you set aside. Total \$ _____

Note: The individual dependent care total shall not exceed \$5,000 (\$2,000 in case of separate return by a married individual).