

Flexible Spending Account Annual Expense Worksheet



Estimating your annual out-of-pocket health care and dependent care expense will help you to determine your contribution amount(s).

Please refer to your enrollment material to determine the Health Care Flexible Spending Account (FSA) maximum amount that you can contribute to your Health Care FSA. For Dependent Care (Daycare) FSA, you may elect any amount up to an annual maximum of \$5,000 per family (if you are head of household or married and file a joint tax return) or \$2,500 (if you are married and file a separate tax return).*

Your employer may provide a contribution to either the Health Care FSA or your Dependent care FSA (not both). If your employer is contributing to either FSA, this amount must be subtracted from the annual maximum allowed for either account.

Health Care Flexible Spending Account	Dependent Care (Daycare) Flexible Spending Account																																								
<p>Please refer to the enrollment material for:</p> <ol style="list-style-type: none"> 1) A summary list of qualified medical expenses eligible under your employer's plan; and 2) A definition of your eligible dependents(s) for whose expenses may be reimbursable under your employers plan. <p>For a full description of the FSA plan, refer to your employer-provided summary plan description.</p> <p>Annual Medical Expenses, such as:</p> <table style="width: 100%; border: none;"> <tr><td>Deductibles, coinsurance and co-payments</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Routine physical exams</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Well-baby care</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Hearing exams, hearing aids</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Prescription drugs</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Other eligible expenses</td><td style="text-align: right;">\$ _____</td></tr> </table> <p>Dental expenses, such as:</p> <table style="width: 100%; border: none;"> <tr><td>Gold fillings, crowns, fixed bridge or other restorative expenses</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Treatment exceeding your plan's limits</td><td style="text-align: right;">\$ _____</td></tr> </table> <p>Vision care expenses, such as:</p> <table style="width: 100%; border: none;"> <tr><td>Exams</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Eyeglasses, contact lenses</td><td style="text-align: right;">\$ _____</td></tr> </table> <p>Other estimated health-related expenses that may exceed your plan's limits</p> <table style="width: 100%; border: none;"> <tr><td>Outpatient psychiatric care</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Therapy</td><td style="text-align: right;">\$ _____</td></tr> </table> <p><i>Estimated Annual Expenses Subtotal</i> \$ _____</p> <p><i>Minus Employer Contribution (if any)</i> \$ _____</p>	Deductibles, coinsurance and co-payments	\$ _____	Routine physical exams	\$ _____	Well-baby care	\$ _____	Hearing exams, hearing aids	\$ _____	Prescription drugs	\$ _____	Other eligible expenses	\$ _____	Gold fillings, crowns, fixed bridge or other restorative expenses	\$ _____	Treatment exceeding your plan's limits	\$ _____	Exams	\$ _____	Eyeglasses, contact lenses	\$ _____	Outpatient psychiatric care	\$ _____	Therapy	\$ _____	<p>You can use the Dependent Care FSA to help pay your expenses for nursery school or daycare for younger children, disable older children, a spouse, an elderly parent or a disabled parent who lives with you full-time.</p> <p>Each person must meet the definition of a "qualifying" child or dependent under the IRS Child and Dependent Care Credit guideline [i.e., an eligible child must be under age 13 (unless disabled and has less than \$3,000 gross income) when care was provided and claimed as a dependent on your tax return].</p> <p>Annual Dependent Daycare Expenses for:</p> <table style="width: 100%; border: none;"> <tr><td>Day Care Center (s) for Child Care</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>In-home Care for Child Care</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Nursery and Pre-school</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Before/After School Care</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Au Pair Services</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Summer Day Camps</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>Day Care Center for Elder Care</td><td style="text-align: right;">\$ _____</td></tr> <tr><td>In-home Care for Elder Care</td><td style="text-align: right;">\$ _____</td></tr> </table> <p><i>Estimated Annual Expenses Subtotal</i> \$ _____</p> <p><i>Minus Employer contribution (of any)</i> \$ _____</p>	Day Care Center (s) for Child Care	\$ _____	In-home Care for Child Care	\$ _____	Nursery and Pre-school	\$ _____	Before/After School Care	\$ _____	Au Pair Services	\$ _____	Summer Day Camps	\$ _____	Day Care Center for Elder Care	\$ _____	In-home Care for Elder Care	\$ _____
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*Special lower limits exist for spouses who are full-time students. Please contact your benefits representative for guidance.