



ESTIMATE HOW MUCH YOU MIGHT WANT TO WITHHOLD:

A Flexible Spending Account allows you to withhold part of your salary on a pre-tax basis for payment of qualifying health care expenses. Keep in mind that any withholdings left in your FSA account at the end of the plan year will be forfeited. Below are expenses that you may have. List all of your expected expenses for the year to calculate your planned spending. List medical expense costs that you can expect to incur for yourself, your spouse (if married), and your dependent(s). Be sure to only list out-of-pocket expenses that will not be reimbursed from any other source (such as insurance). Be sure NOT to include insurance premiums.

MEDICAL CARE SPENDING ESTIMATE

		Amount
Dental Care:	Co-payments	
	Dental Exam/ Cleaning	
	Artificial Teeth/ Dentures	
	Other	
Hearing Care:	Co-payments	
	Screening	
	Hearing Aids (and batteries for the hearing aid)	
	Telephone Equipment for Hearing-impaired person (initial cost and repair)	
Medical Care/ Routine Care:	Co-payments	
	Prescribed Medicines and Drugs (birth control pills)	
	Insulin	
	Oxygen and Oxygen Equipment for breathing problems caused by a medical condition.	
	Routine Physicals	
	Gynecological Visit	
	Over-The-Counter Medications	
	Other	
Mental Health and/or Substance Abuse Treatment:	Co-payments	
	Prescribed Medicines and Drugs	
	Alcoholism Treatment (inpatient treatment)	
	Drug Addiction Treatment (inpatient treatment)	
	Psychiatric Care / Psychoanalysis / Psychologist Care	
Vision Care:	Co-payments	
	Eye Examinations/ Optometrist Fees	
	Eye Glasses or	
	Contact Lenses & Solutions	
	Eye Surgery for treatment of defective vision (such as laser eye surgery or radial keratotomy/PRK or cataract surgery)	
	Cost of Braille Books & Magazines in excess of cost of regular printed editions	
	Other	
Other:	Acupuncture (medical necessity)	
	Chiropractor (medical necessity)	
	Christian Science practitioner fees	
	Chemotherapy	
	Guide Dog/Animal for physically-impaired person (initial cost of trained animal as well as animal care)	
	Physical Therapy (medical necessity)	
	Operations / Surgery (medical necessity)	
	Other	
TOTAL MEDICAL CARE ESTIMATE:		\$

ESTIMATE HOW MUCH YOU MIGHT WANT TO WITHHOLD:

A Flexible Spending Account allows you to withhold part of your salary on a pre-tax basis for payment of qualifying dependent care expenses. Keep in mind that any withholdings left in your FSA account at the end of the plan year will be forfeited. Below are expenses that you may have. List all of your expected expenses for the year to calculate your planned spending. Be sure to only list out-of-pocket expenses that will not be reimbursed from any other source (such as insurance or your employer) and that are made to allow you and your spouse (if you have one) to be employed. Keep in mind that to qualify as a dependent, they must be a child under 13 years of age or be a child, spouse, or other dependent who is physically or mentally unable to care for themselves and spends 8 or more hours a day in your home.

DEPENDENT CARE SPENDING ESTIMATE

		Amount
	Child Daycare Expenses (annual estimate)	
	Adult Daycare Expenses (annual estimate)	
	Other	
TOTAL DEPENDENT CARE ESTIMATE:		\$