

FSA Estimated Expenses Worksheet

Use the **FSA Worksheet** to estimate your FSA expenses.

Eligible Expenses:	Estimated Expenses
Healthcare Expenses-	
Deductibles	_____
Copayments	_____
Routine physical exams	_____
Well-baby care	_____
Chiropractic care	_____
Other medical expenses not reimbursed by your health plan	_____
Other FSA Expenses-	
Dental Expenses	_____
Orthodontia	_____
Eye exams, glasses & contacts	_____
Hearing Aids	_____
Other/OTC Drugs/Items*	_____
Total Annual FSA Expenses:	_____

Use the **Dependent Care Spending Account Worksheet** to estimate your dependent care expenses.

Eligible Expenses:	Estimated Expenses
Babysitter	_____
Daycare Center	_____
Nursery School	_____
After School Care	_____
Home Health Care Worker	_____
Care for Eligible Adult	_____
Summer Day Camp	_____
Total (weekly expenses):	_____
Number of Weeks Care is Needed (Multiply number of weeks by total weekly expenses on above line to compute total annual dependent care expense)	X _____
Total Annual Dependent Care Expenses:	_____

*As part of the Healthcare Reform changes, Over-the-Counter (OTC) medicine and drugs will require a prescription in order to be considered an eligible expense for the FSA.

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