

Use the worksheet below as a guide to help you determine the amount you should elect for your Healthcare FSA and/or Dependent Care FSA. Remember to estimate your expenses carefully and plan conservatively; if there is any money left in your account at the end of the year, it is forfeited.

Healthcare FSA Expenses

- ◆ Deductibles \$ _____
- ◆ Hospital expenses \$ _____
- ◆ Physician expenses \$ _____
- ◆ Dental expenses \$ _____
- ◆ Vision and eye care, i.e., exams, glasses, contacts \$ _____
- ◆ Hearing expenses, i.e., exams, hearing aids \$ _____
- ◆ Physical examinations, i.e., annual checkups school exams \$ _____
- ◆ Psychiatric counseling \$ _____
- ◆ Chiropractic and acupuncture treatment \$ _____
- ◆ Prescription drugs, insulin, contraceptives \$ _____
- ◆ Medical expenses for the mentally and physically handicapped \$ _____
- ◆ Drug or alcohol treatment \$ _____
- ◆ Over-The Counter Medications \$ _____
- ◆ *Other health care-related expenses (see the list of allowable expenses)* \$ _____

Total Estimated Eligible Health Care Expenses \$ _____

Dependent Care FSA Expenses

Estimate the total amount you pay during the year for dependent care expenses. The maximum you may contribute up to \$5,000 (or up to \$2,500 if you are married and filing separate tax returns).

Total Estimated Dependent Care Expenses \$ _____