

# FLEXIBLE SPENDING ACCOUNT WORKSHEET



Instructions	<ol style="list-style-type: none"> <li>1. Enter your estimated annual eligible expenses for each health care option on the worksheet below.</li> <li>2. Add up the Total Annual Health Care Expenses.</li> <li>3. Enter this amount on Step 2 of your Educators Flexible Spending Account enrollment form under Health Care (see reverse side of this form).</li> <li>4. Enter your estimated monthly eligible expenses for dependent care on the worksheet below.</li> <li>5. Multiply by 12 (or by the number of months you expect to pay eligible dependent care expenses).</li> <li>6. Enter this amount on Step 2 of your Educators Flexible Spending Account enrollment form under Dependent Care (see reverse side of this form).</li> </ol>
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## Health Care Expense Worksheet

Medical Care	Insurance Deductibles	\$ _____	
	Exam Copayments	_____	
	Prescriptions	_____	
	Lab Expenses	_____	
	Medical Equipment	_____	
	Chiropractor	_____	
	Physical Therapy	_____	
	Other	_____	
	<b>Total Annual Medical Care Expenses</b>		<b>\$ _____</b>

Dental Care	Insurance Deductibles	\$ _____	
	Dental Exams & Cleanings	_____	
	X-rays	_____	
	Fillings	_____	
	Crowns	_____	
	Other	_____	
	<b>Total Annual Dental Care Expenses</b>		<b>\$ _____</b>

Orthodontic Care	Insurance Deductibles	\$ _____	
	Orthodontia	_____	
	Retainers	_____	
	Other	_____	
<b>Total Annual Orthodontic Care Expenses</b>		<b>\$ _____</b>	

Vision Care	Insurance Deductibles	\$ _____	
	Eye Exams	_____	
	Glasses	_____	
	Prescription Sunglasses	_____	
	Contacts	_____	
	Contact Lens Solution	_____	
	Other	_____	
<b>Total Annual Vision Care Expenses</b>		<b>\$ _____</b>	

Health Care Total	<b>Total Annual Health Care Expenses</b>	<b>\$ _____</b>
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## Dependent Care Expense Worksheet

Dependent Care	Child Day Care Center	\$ _____	
	Adult Day Care Center	_____	
	Nursery School	_____	
	Babysitting (while you work)	_____	
	Other	_____	
	<b>Total Dependent Care Expenses</b>	<b>\$ _____</b>	
	monthly expense	<b>X no. of months = \$ _____</b>	annual expense

**This worksheet is for your assistance; it is not required that you complete it as part of your application.**