



## Flexible Benefits Worksheet

### Medical, Dental, Vision Expenses

Expense Category	Estimation of Annual Expense	Cumulative Total
<i>(SAMPLE) Eyeglasses</i>	<i>\$400.00</i>	<i>\$400.00</i>
Health Insurance Deductible(s)		
Co-Insurance and Co-pays		
Vision Care (contacts, glasses, etc.)		
Routine Exams (OB-GYN, school physicals, etc.)		
Prescription Drug(s) or over-the-counter		
Medically Required Health Club / Equipment		
Wheelchair, Crutches, Medical Appliance(s)		
Dental Exams and Cleanings, X-rays, etc.		
Braces and Retainers, Fillings, etc.		
Other (miscellaneous) costs		

*This amount would be calculated as your estimated election for this account.* Grand Total: \$ \_\_\_\_\_

\$ \_\_\_\_\_ Annual Election

### Dependent Care Expenses

Expense Category	Estimation of Annual Expense	Cumulative Total
Babysitters, Daycare Centers, Nursery School		
After-School Programs, Day Camp		
Elder Care		

*This amount would be calculated as your estimated election for this account.* Grand Total: \$ \_\_\_\_\_

\$ \_\_\_\_\_ Annual Election

### Individual Premium Expenses

Expense Category	Estimation of Annual Expenses	Cumulative Total
Non-Employer Sponsored Health Insurance		
Non-Employer Sponsored Disability Insurance (individual only)		
College Health Fees		
Lens Service Agreements		

*This amount would be calculated as your estimated election for this account.* Grand Total: \$ \_\_\_\_\_

\$ \_\_\_\_\_ Annual Election

### Adoption Expenses

Expense Category	Estimation of Annual Expenses	Cumulative Total
Reasonable and necessary Adoption Fees		
Court Costs		
Attorney's Fees		
Travel Expenses		

*This amount would be calculated as your estimated election for this account.* Grand Total: \$ \_\_\_\_\_

\$ \_\_\_\_\_ Annual Election

Total of all annual elections \_\_\_\_\_ divided by payroll cycle = \$ \_\_\_\_\_ / per pay

If you are unsure if any expense is eligible for reimbursement, please call AdminUSA at 1-866-99FSA4U (Monday-Friday 8:00am to 5:30 pm EST).