

Flexible Spending Account (FSA) Worksheet

*Remember that over the counter (OTC) drugs cannot be reimbursed from an FSA unless prescribed by a physician. You should consider this when estimating your expenses and FSA contributions since Health care and/or Dental care FSA's are subject to the **"use-it-or-lose-it"** rule and unused funds will be forfeited at the end of the plan year so please carefully calculate the dollar amount you will use. Be conservative!!*

1. Qualified Health Care Expenses	Estimated Annual Expense
Medical plan charge	\$
Prescription drugs	\$
Eye exams, eye surgery and LASIK	\$
Eyeglasses, Contact lenses, solutions and supplies	\$
Travel and mileage to doctor or medical facility	\$
Therapy, counseling, psychological or psychiatric sessions	\$
Insulin, syringes and diabetic supplies	\$
Smoking cessation programs and products	\$
Physical and speech therapy	\$
Dental exams and cleanings	\$
Fillings, root canals and extractions	\$
Sealants, crowns, bridges and dentures	\$
Braces, spacers and retainers	\$
Total Health Care Expenses	\$
2. Qualified Dependent Care Expenses	Estimated Annual Expense
Nanny and babysitter through age 12	\$
Pre-kindergarten or nursery school	\$
Before or after-school care	\$
Day camp through age 12	\$
Elder care for parent or dependent	\$
Total Dependent Care Expenses	\$
3. Qualified Parking Expenses	Estimated Annual Expense
Parking located near your employment	\$
Parking from which you take mass transit or car pool to your employment	\$
Total Parking Expenses	\$
4. Qualified Commuter Expenses	Estimated Annual Expense
Work-related mass transit expenses	\$
Total Commuter Expenses	\$
Add the Estimated Annual Expenses from Sections 1-4	\$
Record the number of Pay Periods per Year	
Now divide the Estimated Annual Expense from Sections 1-4 by the Number of Pay Periods to determine your Per Payroll Contribution Amount	\$