

# Flexible Spending Account Worksheet

## Estimate your expenses

### Projected Uninsured Plan Year Expenses

Medical and dental deductible . . . . .	\$ _____
Medical insurance co-payments and coinsurance . . . . .	\$ _____
Dental insurance co-payments and coinsurance . . . . .	\$ _____
Immunizations, injections and vaccinations . . . . .	\$ _____
Routine examinations . . . . .	\$ _____
Dental and orthodontic expenses . . . . .	\$ _____
Prescription drugs or co-payments . . . . .	\$ _____
Eye examinations, glasses and contacts . . . . .	\$ _____
Hearing examinations . . . . .	\$ _____
Transportation to and from medical provider . . . . .	\$ _____
Medically necessary elective surgery . . . . .	\$ _____
Other expenses . . . . .	\$ _____
Total expenses . . . . .	\$ _____

*The above items are some common expenses. Please see the FSA List of Eligible and Ineligible Expenses for a more comprehensive list.*

## Calculate your savings

### Estimated Tax Savings

Desired FSA Plan Year Election . . . . .	\$ _____
Multiply the number above by 25% (estimated tax savings) . . . . .	x _____ .25
Estimated tax savings for the year . . . . .	\$ _____

We want you to make a smart annual FSA election. To help you do this, we've put together a worksheet you can use to estimate your expenses and savings.

Your total estimated costs will help you determine what election amount makes sense for you.

Take it a step further by calculating your estimated tax savings using your total projected expenses!

