

# HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HCFSA) WORKSHEET

Use this worksheet to help you estimate the amount of eligible health care expenses you anticipate you will need for the rest of this year. The minimum amount you can contribute is \$120 and the maximum amount is \$4000. Plan carefully. Once you've elected to contribute, you cannot change your election until the next Annual Enrollment period in the Fall unless you notify the Benefits Center within 60 days of a qualified change in status.

Eligible Expenses <sup>1</sup>	Balance of Year
<b>Medical</b>	
Deductibles, Co-pays and Co-insurance	\$
Prescription Drug Co-pays	\$
Over the Counter Non-Prescription Medication Costs	\$
Other bills not covered by the Plan	\$
<b>Vision</b>	
Expenses above benefit limits	\$
Other bills not covered by the Plan	\$
<b>Dental</b>	
Deductibles and Co-insurance	\$
Expenses above benefit limits (e.g., orthodontia)	\$
Other bills not covered by the Plan	\$
<b>Hearing</b>	
Exams not covered by the Plan	\$
Hearing aids not covered by the Plan	\$
<b>Total Health Care Expenses<sup>1</sup> (up to \$4,000<sup>2</sup>)</b>	<b>\$</b>

<sup>1</sup>Qualified expenses only. To discuss questions as to what expenses are eligible for reimbursement through the Health Care Flexible Spending Account, please call FBD Consulting, Inc., toll-free at 1-866-641-5158.

<sup>2</sup>Maximum per year contribution.

# DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DCFSA) WORKSHEET

## Electing Your Contribution Amount

When you enroll, you must enter the total amount needed. The total amount needed should be consistent with your expected Plan Year dependent care eligible expenses. The total amount needed cannot exceed \$5000, which is the legal plan maximum, even if you have dependent care expenses in excess of this amount. The minimum is \$1000.

Use this worksheet to help you estimate the amount of eligible dependent care expenses you anticipate that you will need for the rest of this year. Plan carefully. Once you've elected to contribute, you cannot change your election until the next Annual Enrollment period in the Fall unless you notify the Benefits Center within 60 days of a qualified change in status.

Eligible Expenses <sup>1</sup>	Balance of Year
Annual child or dependent care expenses	\$
Annual expenses for baby-sitters (excluding family members) who are hired so that you can work or attend school full-time	\$
Annual nursing expenses for disabled dependent	\$
Other eligible dependent care expenses	\$
Total Dependent Care Expenses (up to \$5,000 <sup>2</sup> )	\$

<sup>1</sup> Qualified expenses only. To discuss questions as to what expenses are eligible for reimbursement through the Dependent Care Flexible Spending Account, please call FBD Consulting, Inc., toll-free at 1-866-641-5158.

<sup>2</sup> \$2,500 maximum if married and filing separate income tax returns.