

Flexible Benefit Plan Worksheet



INSTRUCTIONS: Use this worksheet to estimate your unreimbursed medical and dependent care expenses.

Employee Name _____

Unreimbursed Medical Expenses—Estimate your family's annual medical expenses that are not reimbursed through your (or your spouse's) medical plan.

Medical expenses, including deductibles and coinsurance	\$	per year	
Dental expenses, including deductibles and coinsurance	\$	per year	
Vision care expenses	\$	per year	
Eligible prescription drug expenses	\$	per year	
Other (see below for other eligible expenses): _____	\$	per year	
Total	\$	per year	\$ _____ per paycheck

Some Examples of Other Eligible Expenses—Please note that all expenses must be for services that are medically necessary. Any expenses that are cosmetic in nature are ineligible.

- | | | | | | |
|---|---|---|---|---|---|
| <ul style="list-style-type: none"> • Ambulance hire • Artificial limbs and teeth • Automobile modification (hand controls, special equipment, mechanical lifts) • Braille books & magazines • Crutches/slings • Deductibles* • Doctor copays • Drugs (prescription only or insulin)*** • Eyeglasses • Fees: <ul style="list-style-type: none"> –Acupuncture –Anesthetist** | <ul style="list-style-type: none"> • Fees (cont.): <ul style="list-style-type: none"> –Chiroprapist (expense) –Chiropractor –Christian Science practitioner office visits –Clinic –Dentist –Diagnosis –Diathermy –Doctor –Examination, physical –Eye examination –Family counseling (no marriage counseling) –Gynecologist –Hospital | <ul style="list-style-type: none"> • Fees (cont.): <ul style="list-style-type: none"> –Laboratory –Lip reading lessons for the deaf –Massage Therapy†† –Midwife –Nurse –Obstetrician –Oculist –Operation –Ophthalmologist –Optician –Optometrist –Oral surgery –Osteopath –Pediatrician | <ul style="list-style-type: none"> • Fees (cont.): <ul style="list-style-type: none"> –Physician –Physiotherapist –Podiatrist –Practical nurse –Psychiatrist –Psychoanalyst –Psychologist –Psychopathist –Sanitarium –Specialist –Surgeon –Weight loss program†† (when prescribed as treatment for a specific disease) • Halfway house residency | <ul style="list-style-type: none"> • Hearing devices • Hospital bills • Iron lung, operating cost • Laetrile, when prescribed by doctor • Lifetime care at medical facility • Nursing care • Obstetrical expense • Operation & related treatments** • Over-the-counter medications††† • Oxygen equipment • Rental of medical or healing equipment†† (requires doctor's note) | <ul style="list-style-type: none"> • Seeing-eye dog • Special education • Special television that provides deaf individuals with display of audio portion of television programs • Telephone for deaf • Transportation expense relative to illness (including doctor's office) • X-rays |
|---|---|---|---|---|---|
- * All claims must be accompanied with date and type of service documentation.
 ** If not for cosmetic or general health.
 *** Some prescriptions may not be reimbursable or may require a doctor's note for medical necessity.
 †† Letter from doctor stating the specific medical condition and the duration of treatment must accompany claim.
 ††† To treat a specific medical condition

Dependent Care Expenses—Estimate your child care expenses incurred while you and your spouse (if married) are at work.

Child care/baby-sitting expenses	\$	per year	
Pre-school tuition	\$	per year	
After-school care	\$	per year	
Other dependent care expenses (see below for other eligible expenses)	\$	per year	
Total* (\$5,000 is the maximum contribution that can be made for dependent care)	\$	per year	\$ _____ per paycheck

Only those dependent care expenses which allow you (and your spouse if you are married) to be gainfully employed are eligible. This excludes care which is primarily for medical or educational purposes. Kindergarten, tuition and registration fees are not eligible expenses.

Eligible Dependents

- Dependent children under age 13, or any other tax-filing dependents who are incapable of caring for himself or herself and whose principal residence is in your home.

- Reimbursement is limited to the lesser of the income of the lower earning spouse or \$5,000 per year (\$2,500/year if married filing separately). If your spouse is a full-time student or incapable of caring for himself or herself, your spouse's deemed income is \$200 per month for one dependent or \$400 per month for two or more dependents. Kindergarten is not an eligible expense.

Eligible Providers

- Licensed day care providers which care for six or more persons.
- Unlicensed providers caring for less than six persons.
- An in-home provider, as long as that provider is not your child under age 19 or someone you or your spouse claim as a dependent for tax purposes.