

## FLEXIBLE SPENDING ACCOUNT (FSA) EMPLOYEE WORKSHEET

**Instructions:** This worksheet is to help you estimate the amount of medical, dental and dependent care expenses you expect to incur in the coming year. On the back of this sheet, write down the amounts you spent last year, and then adjust the expenses based on your current family or health situation. Remember, to be eligible for reimbursement, incurred expenses cannot be reimbursed from another source.

### **THINGS TO CONSIDER BEFORE MAKING A HEALTH CARE ELECTION**

It is important that you refer to the list of qualified expenses included in your enrollment materials or our website at [www.benefithelpsolutions.com](http://www.benefithelpsolutions.com), to ensure that your anticipated expenses qualify for reimbursement. If you have any questions about a particular expense, please call FSA Member Services at 503-219-3679 or 1-888-398-8057. It is your responsibility to be sure that expenses qualify for reimbursement. After an election is made, it cannot be revised or revoked unless you experience a qualified family status change.

You and/or your tax dependents do not have to be enrolled in your employer's health or dental insurance plan to be eligible to participate in the Flexible Spending Account. Medical and dental expenses incurred by you and eligible IRS tax dependents are eligible for reimbursement.

Your employer sets the maximum health care election.

#### **A sample of ineligible medical and dental expenses:**

- No cosmetic surgery or medications
- No teeth bleaching
- No homeopathic remedies
- No vitamins and herbs for general health
- No expenses incurred prior to your effective date or after your termination date

### **THINGS TO CONSIDER BEFORE MAKING A DEPENDENT CARE ELECTION**

The primary purpose of the dependent care expenses must be custodial in nature, and for the "well-being and protection" of a dependent 12 years old or younger. Daycare expenses may also be allowed for tax dependents that are physically or mentally disabled and spend at least eight hours each day in the member's household. Nursing homes and skilled nursing facilities are not qualified dependent care expenses.

**Ineligible dependent care expenses** - Tuition for kindergarten/elementary schools, entertainment/sport activities (ie: after school ballet, karate, soccer classes) and overnight camps are not custodial in nature and are ineligible for reimbursement.

The maximum tax year election is **\$5000** per household or **\$2500** if married and filing separately. If you and your spouse have a dependent care account, you both cannot elect \$5000 for the tax year.

*If you have any questions, please call Member Services at 503-219-3679 or 1-888-398-8057  
or email us [fsa@benefithelpsolutions.com](mailto:fsa@benefithelpsolutions.com)*

Remember to include expenses that you anticipate to incur for yourself as well as your eligible IRS tax dependent(s).

**ANTICIPATED MEDICAL EXPENSES – not reimbursed by your medical insurance**

- 1. Office Visit Copays (*copay amount x number of anticipated visits*) \_\_\_\_\_
  - 2. Deductibles (*for you and family members*) \_\_\_\_\_
  - 3. Coinsurance amount (*ie: 20% after deductible*) \_\_\_\_\_
  - 4. Routine Exam (*annual physical, yearly exams, well-baby*) \_\_\_\_\_
  - 5. Vision Expenses (*exam, frames, lenses*) \_\_\_\_\_
  - 6. Prescription Drugs and eligible over-the-counter medications \_\_\_\_\_
  - 7. Alternative Care (*Chiropractor, Naturopath, Acupuncture office visits*) \_\_\_\_\_
  - 8. Weight loss program (*must submit a letter from doctor stating medical condition program is treating*) \_\_\_\_\_
  - 9. Massage Therapy (*must submit a letter from doctor stating medical condition program is treating*) \_\_\_\_\_
  - 10. Other anticipated qualified expenses not listed \_\_\_\_\_
- Sub Total \_\_\_\_\_

**ANTICIPATED DENTAL EXPENSES – not reimbursed by your dental insurance**

- 1. Examinations and cleanings \_\_\_\_\_
  - 2. Fillings \_\_\_\_\_
  - 3. X-rays \_\_\_\_\_
  - 4. Bridges \_\_\_\_\_
  - 5. Crowns \_\_\_\_\_
  - 6. Dentures \_\_\_\_\_
  - 7. Inlays \_\_\_\_\_
  - 8. Fluoride treatments \_\_\_\_\_
  - 9. Orthodontia treatment (*please check with your group administrator for info on how orthodontia expenses will be reimbursed*) \_\_\_\_\_
  - 10. Other anticipated qualified dental expenses not listed \_\_\_\_\_
- Sub Total \_\_\_\_\_

**Total Anticipated Annual Medical and Dental Expenses**   
*(Enter amount on FSA Enrollment Form)*

**ANTICIPATED DEPENDENT CARE EXPENSES**

- Anticipated annual Dependent Care/Daycare expenses for child(ren) \_\_\_\_\_
- Anticipated annual Daycare expenses for IRS tax dependent \_\_\_\_\_

**Total Annual Dependent Care Expenses**   
*(Enter amount on FSA Enrollment Form)*