

Expense Estimate Worksheet

Enrollment is quick and easy.

Pay close attention to this worksheet. It will help you think of expenses you are already buying that you can now pay with pre-tax dollars. You may also want to review previous year's expenses to help you budget.

Only elect the amount you know for sure you will spend because you don't want to lose any money if you don't use it.

*Orthodontics: Your plan may be designed to reimburse orthodontic expenses only if you are paying monthly installments to the orthodontist. If your plan is designed this way, you must first submit to FlexBank your orthodontic contract that details your down payment and subsequent monthly payments. Please see your benefits administrator to find out how your plan operates.

Dates of service are important.

In order to be considered an eligible expense, the date of service must be during your plan year. It does not necessarily matter when you pay for an expense; it is the date that services are rendered that is important.

Dates of service must have occurred- you cannot be reimbursed for pre-paid services not yet rendered. This includes pre-payments as required commonly by dentists and OBGYN providers.

If you terminate during your plan year, dates of service must be while you were employed in order to be eligible for reimbursement.

You have 90 days after the end of your plan year to submit receipts to FlexBank.

Forms can be found online.

You can find forms on www.flexbank.net. Click For Employees, FSA, Forms Online. Some examples include an Enrollment Form, Claim Form and a Direct Deposit Authorization.

Account #1: Estimated Health Care Expenses

Medical

Doctor office visits _____
Prescriptions _____
Deductibles & co-insurance _____
Hearing exams, hearing aids/batteries _____
Chiropractic fees _____
Post-deductible medical ("L") _____

Dental ("L")

Fillings _____
Bridges _____
Crowns _____
Dentures _____
Orthodontics* _____
Exams and x-rays _____

Vision ("L")

Eye exams _____
Lenses/frames _____
Contact lenses & lens solutions _____

Total Health Care Expenses

- You may use your health care FSA for eligible expenses for your spouse and for your children through the calendar year in which they attain age 26. You can use your health care FSA to pay for the child's medical expenses even if your child is not your tax dependent.
- A child over age 26 may generally be considered your dependent if you provide over 50% of the child's support.
- If you have medical, dental or vision insurance, the insurance must pay their portion first before FlexBank can reimburse what you owe.

("L") = **Limited Purpose Health FSA**

Account #2: Estimated Dependent Care Expenses

Childcare/babysitting service _____
Before and/or after school care _____
Day camps _____
Adult dependent care _____

Total Dependent Care Expenses

- Children are eligible up to their 13th birthday.
- The maximum you may contribute per calendar year is \$5,000 if you are single or married and filing jointly. The maximum per calendar year is \$2,500 if you are married and filing separately.
- You may participate in this account if the dependent care enables you and your spouse to continue working.
- In the case of a divorce or separation, only the custodial parent may claim reimbursement for dependent care expenses.
- The individual who provides the care cannot be your spouse, your child under age 19, nor someone you claim as your tax dependent.
- Your provider must claim the income on their tax return.
- You may change your election during the plan year if you have a change in cost or change in provider.

