FSA Worksheets

How much you save depends on how much you spend on health and dependent care, and on your tax situation. To estimate your expenses and see for yourself how your savings can add up, use the savings calculators at: **payflex.com** for the Health FSA and Dependent Care FSA.

If you prefer, use the worksheets below to determine how much to contribute to your account(s). Calculate the amount you expect to pay during the plan year for eligible out-of-pocket medical and/or dependent care expenses. This calculated amount cannot exceed established IRS and plan limits.

Be conservative in your estimates, since any money remaining in your accounts cannot be returned to you.

Health FSA Worksheet

LININGURED MEDICAL EXPENSES

Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year. IRS contribution limits for the health FSA are based on the plan year (July 1 - June 30), not the calendar year.

Dependent Care Worksheet

Estimate your eligible dependent care expenses for the plan year. Remember that your calculated amount cannot exceed the calendar year limits established by the IRS.

CHILD CARE EXPENSES

UNINSURED MEDICAL EXPENSES		Day care services	\$
Health insurance deductibles	\$	In-home care/au pair services	\$
Coinsurance or co-payments	\$	Nursery and preschool	\$
Vision care	\$	After-school care	\$
Dental care	\$	Summer day camps	\$
Prescription drugs	\$	ELDER CARE SERVICES	
Travel costs for medical care	\$	Day care center	\$
Other eligible expenses	\$	In-home care	\$
TOTAL (IRS contribution limit: Up to \$2,700) DIVIDE by the number of paychecks	\$	TOTAL (IRS contribution limit: Up to \$5,000, depending on how your taxes are filed)	\$
you will receive during your coverage period	÷	DIVIDE by the number of paychecks you will receive during your coverage period	÷
This is your pay period contribution (whole dollar amounts only)	\$	This is your pay period contribution (whole dollar amounts only)	\$