

Flexible Spending Account Worksheet

FSA members

Deductibles

Medical, dental, vision \$ _____

Copayments/Coinsurance

The amount not paid by your plan coverage \$ _____

Amounts paid over allowed

The amount paid over reasonable and customary allowance \$ _____

Total A \$ _____

Expenses NOT covered by insurance plan

Vision care \$ _____

Dental/orthodontic care \$ _____

Prescription drugs \$ _____

* Over-the-counter drugs \$ _____

Fees/Services \$ _____

Treatments/therapies \$ _____

Medical Equipment \$ _____

Assistance for the disabled \$ _____

** Other eligible expenses \$ _____

Total B \$ _____

Total A & B \$ _____

FSA dependents

Child care expenses

Day care center \$ _____

In-home care \$ _____

Nursery & preschool \$ _____

After school care \$ _____

Au pair services \$ _____

Summer day camps \$ _____

Elder care services

Day care center \$ _____

In-home care \$ _____

Total \$ _____

Health Care Flexible Spending Account

Use this worksheet to help determine your Health Care Flexible Spending Account (FSA) election amount. You may want to review receipts from last year for your out-of-pocket health care expenses. You cannot increase, decrease or cancel your FSA contribution during the Plan Year unless you experience a qualifying event.

Out-Of-Pocket Health Care Expenses: This gives you a good idea of the amount you should elect to place into your Health Care FSA. Consider any other factors that will affect your out-of-pocket health care costs during the upcoming plan year, and adjust the amount if necessary.

Dependent Care Flexible Spending Accounts

Use this worksheet to help you determine your annual child care and elder care expenses. The Dependent Care FSA allows you to use pre-tax dollars to pay for child care services that make it possible for you and your spouse (if applicable) to work. Under certain circumstances, it also may be used to help pay for the care of elderly parents or a disabled spouse or dependent. Children must be under age 13 for child care expenses.

Note that the Dependent Care FSA is intended to cover costs of child or elder care and does not cover any medical or health care costs for your dependents.

Out-Of-Pocket Dependent Care Expenses: This total gives you an estimated amount that you should elect to place into your Dependent Care FSA. Note: The individual dependent care FSA total cannot exceed \$5,000 (\$2,500 in case of separate return by a married individual).

* To treat a medical condition.

** Eligible expenses include any expenses considered deductible by the IRS for federal income tax purposes. See IRS Publication 502 online at www.asiflex.com for more information.

NOTE: To estimate your tax savings with the FSA Program, go online to www.asiflex.com and use ASI's tax savings calculator.