



First Benefit Administrators

FLEXIBLE SPENDING ACCOUNT WORKSHEET

ESTIMATING YOUR ELIGIBLE MEDICAL EXPENSES

Complete the following chart to estimate your health care expenses for last year and this year. This chart will help you determine how much of your salary you may want to contribute to a flexible spending account.

MEDICAL	Last Year	This Year
Deductibles Plus 100% of out-of-pocket Expenses not covered by medical plan	\$ _____	\$ _____
Doctor's Office Visits	_____	_____
Well-Baby Care	_____	_____
Pap-Smear	_____	_____
Physicals	_____	_____
Immunizations	_____	_____
Prescription Drugs	_____	_____
Over the Counter Drugs	_____	_____
Others	_____	_____
DENTAL		
Fillings	_____	_____
Bridges	_____	_____
Crowns	_____	_____
Dentures	_____	_____
Orthodontia	_____	_____
Braces	_____	_____
Exams	_____	_____
VISION		
Exams	_____	_____
Lenses	_____	_____
Frames	_____	_____
Contact Lenses	_____	_____
HEARING		
Exams	_____	_____
Hearing Aids	_____	_____
MISCELLANEOUS		
_____	_____	_____
_____	_____	_____
TOTAL MEDICAL EXPENSES	\$ _____	\$ _____

Please refer to Section 213(d) of the Internal Revenue Code of the IRS definition of deductible medical expenses that are eligible for reimbursement.

Note: An expense is not eligible if it is for cosmetic reasons only.

Also, premiums for health coverage are not eligible for reimbursement.

IMPORTANT: Any monies remaining in a participant's Medical Care or Dependent Care reimbursement account(s) after the end of the Plan Year will be forfeited to the Plan.