

**SUFFOLK COUNTY
FLEXIBLE SPENDING ACCOUNT
CONFIDENTIAL WORKSHEET**



M.A. SERVICES
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Use this worksheet to estimate your eligible health care and dependent care expenses for the upcoming Plan Year for you and your qualifying dependents. This list is not all-inclusive but contains some of the most common reimbursable expenses. Also keep in mind that these should only be expenses that will not be paid by any insurance program and that you will have valid documentation to verify the expenses. Please return this form along with your enrollment form. **Please note changes to eligible expenses!!!**

EMPLOYEE INFORMATION		
Employee Name:	Employee SSN: XXX-XX- _____	
Address:	City:	State: Zip:
Email Address:	Home Telephone:	Work Telephone:

ANNUAL FAMILY HEALTH CARE EXPENSES	Estimate for 2012
Medical Expenses (office visits, emergency or urgent care, surgery, lab work, therapy)	\$ _____
Prescription Drug Expenses (co-payments for home delivery or coinsurance for retail prescriptions)	\$ _____
Over-the-Counter (OTC) Medications (must be used to treat an illness or condition, not a preventative item such as vitamins and supplements). A prescription for these items is now REQUIRED!	\$ _____
Vision Care Expenses (exams, lenses, frames, contact lenses, solution, Lasik surgery)	\$ _____
Dental/Orthodontia Expenses (cleanings, fillings, x-rays, dentures, extractions, bridges, crowns)	\$ _____
Hearing Care Expenses (exams, hearing aids)	\$ _____
Certain other eligible health care expenses that may not be covered by insurance (transportation costs essential to medical care, drug/alcohol treatment programs, psychologist)	\$ _____
Total – Use as a guideline for election amount for 2012 Plan Year **Maximum Contribution Amount is \$6,000	\$ _____

ANNUAL DEPENDENT CARE EXPENSES	Estimate for 2012
Dependent Care Fees (qualifying child daycare services)	\$ _____
Nursery School Fees (excludes Kindergarten)	\$ _____
Before-/After-School Care	\$ _____
Private Sitter (for expenses while you, and spouse if married, work, look for work or attend school)	\$ _____
Certain other eligible day care expenses (summer day camps, excludes overnight camps, Au-Pairs)	\$ _____
Total – Use as a guideline for election amount for 2012 Plan Year **Maximum Contribution Amount is \$5,000	\$ _____

Use these amounts as an estimate for your elections for the 2012 Plan Year. The above estimates can be transferred onto the *Flexible Benefits Enrollment Form* under the Employee Elections section. The above "Annual Family Health Care Expenses" will be transferred to "Unreimbursed Medical, Dental, Vision Expenses" and the above "Annual Dependent Care Expenses" to "Dependent Care Expenses" on the 2012 *Flexible Benefits Enrollment Form*.