

**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.

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

<b>ANNUAL FAMILY HEALTH CARE EXPENSES</b>	<b>Estimate for 2009</b>
Medical Expenses (office visits, emergency or urgent care, surgery, labwork, therapy)	\$ _____
Prescription Drug Expenses (copayments 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)	\$ _____
Vision Care Expenses (exams, lenses, frames, contact lenses, Lasik surgery)	\$ _____
Dental/Orthodontia Expenses (cleanings, fillings, 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, medically necessary weight loss programs)	\$ _____
<b>Total – Use as a guideline for election amount for 2010 Plan Year</b>	\$ _____

<b>ANNUAL DEPENDENT CARE EXPENSES</b>	<b>Estimate for 2009</b>
Dependent Care Center Fees (qualifying child or adult day care)	\$ _____
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	\$ _____
<b>Total – Use as a guideline for election amount for 2010 Plan Year</b> **Maximum Contribution Amount is \$5,000	\$ _____

Use these amounts as an estimate for your elections for the 2010 Plan Year. The above estimates can be transferred to 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 2010 *Flexible Benefits Enrollment Form*.