



Flexible Spending Account Reimbursement Expense Worksheet

By completing the following information, you can calculate your annual reimbursable expenses. Take into consideration the following services to be provided during the upcoming plan year for you and your dependents.

Healthcare Expenses:

Medical

Deductibles _____

Co-payments _____

Doctor Visits _____

Prescriptions _____

Other _____

Total _____

Vision

Exams _____

Eye Surgery _____

Lenses/Frames _____

Contacts _____

Solutions _____

Other _____

Total _____

Dental

Routine Check ups _____

Filings/Crowns _____

Orthodontics _____

Other _____

Total _____

Dependent Day Care Expenses

Children _____

Adults _____

Total _____