

Annual Expense Worksheet

Complete this worksheet to estimate expenses that may be eligible for reimbursement from a flexible spending account.

ANNUAL INSURANCE PREMIUMS	
Group health insurance	
Disability insurance	
Vision and/or dental insurance	
Total annual insurance premiums	

ANNUAL HEALTH CARE EXPENSES	
Deductibles, coinsurance and copays	
Eye exams and surgery	
Eye glasses, contact lenses and solutions	
Physician prescribed medicines and equipment	
Over the counter medicines	
Travel to doctor or hospital	
Dental exams and cleanings	
Fillings and crowns	
Orthodontia <small>(see ortho packet for information regarding reimbursement amount)</small>	
Massage therapy <small>(physician note of necessity required)</small>	
Chiropractic, acupuncture or naturopathic services	
Psychiatrist or psychologist fees	
Other	
Total annual health care expenses	

ANNUAL DEPENDENT CARE EXPENSES	
Children	
Adults	
Total annual dependent-care expenses	

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