

# Expense Estimation Worksheet

This worksheet will help you determine your annual expenses for each reimbursement account. Good planning and careful estimating is the best way to take full advantage of your FSA.

## Qualifying Health Care Expenses

Health care deductibles	\$ _____
Health care co-payments and co-insurance	\$ _____
Prescription drugs	\$ _____
Vision exams, glasses, contacts	\$ _____
Dental/Orthodontia	\$ _____
Routine exams, physicals, & immunizations	\$ _____
Over-the-counter drugs	\$ _____
Individual Counseling/Psychotherapy	\$ _____
Expenses for disabled dependents	\$ _____
Prescribed therapeutic massage	\$ _____
Other allowable expenses	\$ _____

## Total Health Care Expenses

\$ \_\_\_\_\_

## Qualifying Dependent Care Expenses

Child day-care expenses	\$ _____
Preschool expenses	\$ _____
Summer day camp expenses	\$ _____
Adult day-care expenses	\$ _____
Other eligible expenses	\$ _____

Total Estimated Dependent Care Expenses

\$ \_\_\_\_\_

Total Estimated Expenses for the Plan Year

\$ \_\_\_\_\_

Divided by the Number of Pay Periods

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FSA Premium Per Pay Period

= \$ \_\_\_\_\_

