



Flexible Spending Account (FSA) and Dependent Care Reimbursement (DCAP) Planning Worksheet

Using this worksheet, fill in Section **A**, **B** and then **C** to help determine the amount you will contribute to your healthcare FSA, dependent care FSA, or both. **Please Note:** This is NOT an enrollment form.

Section A: Health Related Expenses:

(Estimated medical expenses not reimbursed by your health plan per year for you, your spouse and your dependents)

- \$ _____ Acupuncture
- \$ _____ Ambulance
- \$ _____ Alcoholism treatment
- \$ _____ Contact lens & supplies
- \$ _____ Co-pays
- \$ _____ Deductibles
- \$ _____ Dental co-pays
- \$ _____ Dental deductibles
- \$ _____ Dental surgery
- \$ _____ Dental x-rays
- \$ _____ Diabetic supplies (insulin)
- \$ _____ Drug addiction treatment
- \$ _____ Eligible hospital charges not covered by insurance
- \$ _____ Eye glasses
- \$ _____ Guide animal care
- \$ _____ Lab fees
- \$ _____ Laser eye surgery
- \$ _____ Medical miles, paid according to IRS annual limits.
- \$ _____ Non-cosmetic dental services
- \$ _____ Orthodontia
- \$ _____ Prescription expenses (co-pays)
- \$ _____ Prosthesis
- \$ _____ Routine physical
- \$ _____ Vision exams
- \$ _____ Wheelchair(s)
- \$ _____ X-Rays

Total annual amount \$ _____

Section B:

Dependent Care Expenses:

(Eligible dependent care expenses must be for the care of your child under the age of 13, or your spouse or other dependent(s) who are physically and/or mentally incapable of self-care)
Eligible reimbursable expenses are those dependent care expenses incurred only during the time you (and your spouse, if applicable) are working, looking for employment, or attending school full-time.
IRS regulations govern the eligibility of expenses. For additional information on eligible expenses, see IRS Publication 503, available from your local IRS office.

Monthly \$ _____

Annual Total \$ _____

Section C: Total

Section A \$ _____

Section B \$ _____

Total \$ _____

*For more information or question about your Consumer Directed Healthcare Plan(s),
please contact BSI at 206-859-2664 or email flexspending@bsitpa.com.*