

# Flexible Spending Account Expenses Worksheet



	Actual Expenses Last Year	Estimated Expenses New Year
<b>MEDICAL</b>		
Copays / expenses		
Prescriptions	\$ _____	\$ _____
Physician visits	\$ _____	\$ _____
Hospital visit copays / expenses (including Emergency)	\$ _____	\$ _____
Laboratory / testing expenses	\$ _____	\$ _____
Deductible expenses	\$ _____	\$ _____
Over-the-counter medications	\$ _____	\$ _____
<b>VISION</b>		
Eye examination	\$ _____	\$ _____
Eyeglasses	\$ _____	\$ _____
Contact lenses and solution	\$ _____	\$ _____
LASIK surgery	\$ _____	\$ _____
Other expenses	\$ _____	\$ _____
<b>HEARING</b>		
Hearing examination	\$ _____	\$ _____
Hearing aid	\$ _____	\$ _____
<b>DENTAL</b>		
Copays / expenses		
Dental visits	\$ _____	\$ _____
Fillings	\$ _____	\$ _____
Major work (root canals, crowns, dentures, etc.)	\$ _____	\$ _____
Orthodontia (braces)	\$ _____	\$ _____
Deductible expenses	\$ _____	\$ _____
Other expenses	\$ _____	\$ _____
<b>Total annual amounts</b>	\$ _____	\$ _____

## Dependent Care Expense Estimate

### CHILD DAYCARE \*

Full-time daycare (per week)

Child one  
\$ \_\_\_\_\_

Child two                   \$ \_\_\_\_\_

Part-time daycare (per week)

Child one  
\$ \_\_\_\_\_

Child two  
\$ \_\_\_\_\_

1. Estimate the cost per week  
for each category of care

2. Calculate the annual cost  
(weekly full-time daycare plus  
weekly part-time daycare X  
number of weeks per year)

3. Total amount  
\$ \_\_\_\_\_

\*Children 12 and under

### DISABLED / ELDER DAYCARE\*

Caregiver  
monthly cost  
\$ \_\_\_\_\_

Multiply monthly  
cost times number  
of months  
estimated  
\$ \_\_\_\_\_

\* Daycare provided for a dependent of any  
age who requires assistance with the basic  
tasks of daily life due to physical or mental  
challenges.

### What else is considered an eligible expense?

Visit the [Chard Snyder website](http://www.chard-snyder.com) for more resources on eligible items  
and services under your plan.

[www.benefit-info.com/csn](http://www.benefit-info.com/csn)