FSA Worksheets

How much you save depends on how much you spend on health and dependent care, and on your tax situation. To estimate your expenses and see for yourself how your savings can add up, use the savings calculators at: payflex.com for the Health FSA and Dependent Care FSA.

If you prefer, use the worksheets below to determine how much to contribute to your account(s). Calculate the amount you expect to pay during the plan year for eligible out-of-pocket medical and/or dependent care expenses. This calculated amount cannot exceed established IRS and plan limits.

Be conservative in your estimates, since any money remaining in your accounts cannot be returned to you.

Health FSA Worksheet

Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year. IRS contribution limits for the health FSA are based on the plan year (July 1 - June 30), not the calendar year.

UNINSURED MEDICAL EXPENSES

Health insurance deductibles $_____________
Coinsurance or co-payments $_____________
Vision care $_____________
Dental care $_____________
Prescription drugs $_____________
Travel costs for medical care $_____________
Other eligible expenses $_____________

TOTAL (IRS contribution limit: Up to $2,700) $_____________

DIVIDE by the number of paychecks you will receive during your coverage period $_____________

This is your pay period contribution (whole dollar amounts only) $_____________

Dependent Care Worksheet

Estimate your eligible dependent care expenses for the plan year. Remember that your calculated amount cannot exceed the calendar year limits established by the IRS.

CHILD CARE EXPENSES

Day care services $_____________
In-home care/au pair services $_____________
Nursery and preschool $_____________
After-school care $_____________
Summer day camps $_____________

ELDER CARE SERVICES

Day care center $_____________
In-home care $_____________

TOTAL (IRS contribution limit: Up to $5,000, depending on how your taxes are filed) $_____________

DIVIDE by the number of paychecks you will receive during your coverage period $_____________

This is your pay period contribution (whole dollar amounts only) $_____________