

# Commonwealth of Virginia

## 2008/2009 Flexible Benefits Plan Program

### FRA Worksheets

To figure out how much to deposit in your FRA, refer to the following worksheets. Calculate the amount you expect to pay during the plan year for eligible, uninsured out-of-pocket medical and/or dependent care expenses. This calculated amount cannot exceed established IRS and plan limits. (Refer to the individual FRA descriptions in this sourcebook for limits.)

**Be conservative in your estimates, since any money remaining in your accounts cannot be returned to you or carried forward to the next plan year.**

#### **MEDICAL FRA WORKSHEET**

Estimate your eligible, uninsured out-of-pocket medical expenses for the plan 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** \$ \_\_\_\_\_

**DIVIDE** by the number of paychecks you will receive during the plan year.\* ÷ \_\_\_\_\_

**This is your pay period contribution (whole dollar amounts only).** \$ \_\_\_\_\_

\* If you enroll after the plan year begins, divide by the number of pay periods remaining in the plan year based on the account's effective date.

#### **DEPENDENT CARE FRA 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**

Daycare 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** Remember, your total contribution cannot exceed IRS limits for the plan year and calendar year. \$ \_\_\_\_\_

**DIVIDE** by the number of paychecks you will receive during the plan year.\* ÷ \_\_\_\_\_

**This is your pay period contribution (whole dollar amounts only).** \$ \_\_\_\_\_

\* If you enroll after the plan year begins, divide by the number of pay periods remaining in the plan year based on the account's effective date.

**At your request, your FRA reimbursement checks may be deposited into your checking or savings account by enrolling in Direct Deposit.**