

Worksheet for Estimated Flexible Spending Expenses

Some health care and medical expenses may not be covered by your (or your spouse's) medical insurance. Use this worksheet to estimate your out-of-pocket expenses for the coming benefit plan year that could be paid with pre-tax dollars. Refer to the list of examples below, your checkbook, and your family budget to help you estimate accurately. Some expenses may occur weekly, monthly, or annually.

IMPORTANT NOTE: *Hope College Health Insurance and Aflac Premiums are withheld from payroll pre-tax already and cannot be included as additional expense. Additionally, non-Hope College Health / Dental / Vision Insurance Premiums may not be included under the Hope College Flex Plan. Expenses for dependents age 24 or older during calendar year are also not eligible unless they meet "qualifying relative" federal tax status.*

Annual Costs

For weekly expense x 52

For monthly expense x 12

Medical *(costs not covered by health insurance):*

Deductibles	\$ _____
Copayments	\$ _____
Doctor's office visits	\$ _____
Prescription Drug Copays	\$ _____
Laboratory Tests	\$ _____
Chiropractic care	\$ _____

Dental *(costs not covered by dental insurance):*

Deductibles	\$ _____
Copayments	\$ _____
Fillings/Crowns/Bridges	\$ _____
X-Rays	\$ _____
Cleanings	\$ _____
Fluoride Treatments	\$ _____
Dentures	\$ _____
Orthodontia	\$ _____

Vision *(costs not covered by vision insurance):*

Deductibles	\$ _____
Copayments	\$ _____
Examinations	\$ _____
Lenses	\$ _____
Frames	\$ _____
Contact Lenses & Solutions	\$ _____
Lasik Surgery	\$ _____

Total Annual Unreimbursed Health Care Expenses: \$ _____

(turn OVER for dependent care worksheet)

Dependent* Care

Estimate the expenses that you will have during the benefit plan period that enable you and your spouse (if any) to work or to look for work. For Example:

Annual Costs

For weekly expense x 52

For monthly expense x 12

Day Care or Child Care Center	\$ _____
Caregiver for a disabled spouse/dependent	\$ _____
Childcare in your home	\$ _____
After-school care	\$ _____

Your Annual Amount cannot exceed the lesser of: \$5,000 per calendar year (\$2,500 if you are married but file a separate tax return) or the earned income of you or your spouse.

Total Annual Dependent* Care Expenses:	\$ _____
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**A dependent is defined as (i) a dependent under age 13 who qualifies as a dependent for income tax purposes; (ii) a spouse who is physically or mentally unable to care for himself or herself; and (iii) a dependent who is unable to care for himself or herself and who qualifies as a dependent for income tax purposes. Also your dependent care provider cannot be an individual for whom you claim a personal tax exemption, or, if the dependent care provider is a child of you or your spouse, he or she may not be under age 19. A tax ID or social security number is required for your dependent care provider.*