

# FSA WORKSHEETS

**IMPORTANT!** Since the forfeiture rules vary by company, please contact Baystate Benefit Services directly. Changes or termination of contributions during the plan year may only be made under specific conditions.

## MEDICAL FLEXIBLE SPENDING ACCOUNT

For examples of some expenses eligible for reimbursement through a Medical FSA, see the back page. Calculate the projected medical expenses for all members of your family, then list the totals below:

Copayments (for doctor visits and prescriptions)	\$ _____
Deductibles/Co-insurance	\$ _____
Dental (orthodontia, check-ups, X-Rays)	\$ _____
Vision (glasses, contact lenses and supplies, check-ups)	\$ _____
Prescription drugs	\$ _____
Other _____	\$ _____
Total Plan Year Out-of-Pocket Medical Expenses	\$ _____

## DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

For Dependent Care FSA purposes, the IRS generally defines a dependent as an individual who resides with the employee for more than half the year and the taxpayer is entitled to claim as a deduction on a federal income tax return and who is:

- ◆ Under the age of 13, or
- ◆ Over the age of 12 (either a child or dependent adult) and physically or mentally incapable of self-care, or
- ◆ A spouse of the taxpayer, if he or she is physically or mentally incapable of self care

*Overnight summer camp and kindergarten tuition are ineligible.*

Calculate your projected qualified expenses for all dependents, then list the total below:

Day care center	\$ _____
Summer day camp	\$ _____
Pre-school	\$ _____
After-school care	\$ _____
Home health care for physically disabled child/adult	\$ _____
Other _____	\$ _____
Total Plan Year Out-of-Pocket Dependent Care Expenses	\$ _____

**IMPORTANT!** Plan carefully as you complete these worksheets. IRS regulations state that any unused funds remaining in the accounts after the plan year ends must be forfeited. Changes or termination of contributions during the plan year may only be made under specific conditions.