

Dependent day care expenses worksheet

This worksheet will help you estimate your annual dependent day care assistance costs. This list is not intended to be comprehensive, but may be used as a guide. Please review the qualifying expenses list for conditions and restrictions.

Qualifying Expenses	Estimated Annual Expense
Amount paid to a dependent care center (e.g. child/elder day care)	
Amount paid for dependent care services outside your home	
Amount paid for dependent care services inside your home	
Total Dependent Day Care Assistance Expenses (A)	
Number of Pay Periods (B)	
Amount of Redirection Per Pay Period (A/B)	

Qualifying dependent day care expenses

Under the plan, you will be reimbursed only for dependent day care expenses meeting all of the following conditions:

- 1) The expenses are incurred for day care services rendered after the date of this election period and during the plan year for which it applies.
- 2) Each individual for whom you incur the expense is:
 - a) A dependent under age 13 whom you are entitled to claim as a dependent on your federal income tax return; or
 - b) A spouse or other tax dependent who is physically or mentally incapable of caring for himself or herself and has the same principal place of abode as the taxpayer for more than one-half of the year.
- 3) The expenses are incurred for the care of a dependent described

above or for related household services, and are incurred to enable you to be gainfully employed.

4) If the expenses are incurred for services outside your household, they are incurred for the care of a dependent who is described in 2(a) above, or who regularly spends at least 8 hours per day in your household.

5) If the expenses are incurred for services provided by a dependent care center (i.e. a facility that provides care for more than six individuals not residing at the facility), the center complies with all applicable state and local laws and regulations.

6) The expenses are not paid or payable to a child of yours who is under age 19 at the end of the year in which the expenses are incurred.

7) The expenses are not paid or payable to an individual for whom you or your spouse is entitled to a personal tax exemption as a dependent.

8) The reimbursement (when aggregated with all other reimbursements received by you under the plan during the same year) may not exceed the least of the following limits:

a) \$5,000 if you are married and filing a joint tax return, \$2,500 if separate returns are filed;

b) Your taxable compensation (after all compensation redirection elections); or

c) If you are married, your spouse's actual or deemed earned income. For purposes of (c) above, your spouse is (i) physically or mentally incapable of caring for himself/herself and has the same principal place of abode as you for more than one-half the year, or (ii) a full-time student at an educational institution.

Health care expenses worksheet

This worksheet will help you estimate annual medical costs which may not be reimbursed by a benefits plan. It is not intended to be comprehensive but contains some of the more common medical expenses.

List any anticipated costs not ordinarily reimbursed by a benefits plan which may be incurred by you, your spouse or a qualified dependent.

Qualifying Expenses	Estimated Annual Expense
Deductibles	
Co-payments	
Medical doctor's fees	
Annual physical examinations	
Dental examinations	
Eye examinations	
Eyeglasses	
Contact lenses	
Prescription drugs/medications	
X-rays	
Laboratory fees	
Hospital services	
Chiropractors	
Hearing aids	
Surgery	
Nursing home costs	
Dentures	
Psychotherapy	
Orthodontia	
Infertility treatments	
Total Estimated Annual Expenses (A)	
Number of Pay Periods (B)	
Amount of Redirection Per Pay Period (A/B)	

Qualifying medical care expenses

Under the plan, you will be reimbursed only for those types of medical expenses normally deductible on your federal income tax return (without regard to the 7.5% adjusted gross income limitation). They include, but are not necessarily limited to, expenses you may have incurred for:

- Medicine, drugs, birth control pills, vaccines and vitamins that your doctor prescribed. All items must be obtained in accordance with federal law.
- Medical doctors, dentists, eye doctors, chiropractors, osteopaths, podiatrists, psychiatrists, psychologists, physical therapists, acupuncturists and psychoanalysts (medical care only).
- Medical examination, X-ray and laboratory services, insulin treatment and Whipple's baths the doctor prescribed.
- If you pay someone for both nursing and household help, you may be reimbursed only for the cost of nursing.
- Hospital care, clinic costs and lab fees.
- Medical treatment at a center for drug addicts or alcoholics.
- Medical aids such as hearing aids (and batteries), false teeth, eyeglasses, contact lenses, braces, orthopedic shoes, crutches, wheelchairs, guide dogs and the cost of maintaining them.
- Ambulance service and other travel costs to get medical care. If you use your own car, you can claim what you spend for gas and oil to go to and from the place you received the care (mileage rate is determined by the IRS annually for flexible spending accounts). Parking fees and tolls can also be claimed.
- You cannot obtain reimbursement for:
 - Insurance premiums, including Medicare Part A, life insurance or income protection premiums
 - Cosmetic procedures (except to cure a deformity, congenital abnormality, etc.)
 - The 1.45% hospital insurance benefits tax withheld from your pay as part of the Social Security tax or paid as part of Social Security self-employment tax
 - Nursing care for a healthy baby
 - Illegal operations or drugs
 - Travel your doctor told you to take for rest or change

Qualifying medical expenses include only those expenses incurred for:

- You
- Your spouse
- All dependents listed on your federal tax return

This list is not all-inclusive. IRS Publication 502, Medical and Dental Expenses, provides general guidance for medical expenses that could be deducted on your federal income taxes, and therefore may be eligible for reimbursement under your health FSA. See your health FSA Summary Plan Document (SPD) for further details.

