

Flexible Spending Account (FSA) Worksheet

List the amount you spent or expect to spend for:	Column I Actual Expenses This Year	Column II Expected Expenses Next Year
Medical expenses		
◆ Deductibles	\$	\$
◆ Co-payments	\$	\$
◆ Prescription drugs ◆ Over-the-Counter (OTC) Drugs	\$	\$
◆ Other likely expenses	\$	\$
Dental expenses		
◆ Deductibles	\$	\$
◆ Co-payments	\$	\$
◆ Orthodontia expenses exceeding orthodontia maximum	\$	\$
◆ Other likely expenses	\$	\$
Vision expenses		
◆ Exams	\$	\$
◆ Glasses or contact lenses	\$	\$
TOTALS:		

REMEMBER:

Use the total amount in Column II as a guide to help you decide how much is the right amount to put into a FSA.

If you don't use all of the money you've contributed to the FSA, you will lose it because federal tax law requires forfeiture of unused account balances. To avoid this, be very conservative. Only contribute an amount you know you will be able to use.