

FSA Health and Dependent Care Worksheet

Use this worksheet to help determine your health care and dependent care annual contribution for the upcoming plan year. If you would like to perform your calculations online, you may access the FSA Calculator at www.ceridian.com/myceridian/fsacalculator. You may want to review your health and dependent care expenses in your check book and/or credit card statements from last year to help you decide how much to set aside in your FSA next year.

Health Care FSA

To determine your expenses, review health care expenses from last year and consider any anticipated new health care expenses for you, your spouse and your dependents.

Annual Health Care Expenses

Deductibles \$ _____
Medical, dental, vision

Co-payments/co-insurance \$ _____
The amount not paid by your health plan coverage

Amounts paid over plan limits
Over reasonable and customary allowance \$ _____
Over psychiatric limits \$ _____

Expenses not covered by insurance
Over-the-counter drugs \$ _____

Vision care
(glasses, contacts, solution, exams, etc.) \$ _____

Dental care
(cleanings, orthodontics, crowns, etc.) \$ _____
Treatment/therapies \$ _____
Medical equipment \$ _____

Other anticipated health care expenses
_____ \$ _____
_____ \$ _____
_____ \$ _____

Total Estimated Annual Health Care Contribution

Total \$ _____

Dependent Care FSA

To determine your expenses, enter in the estimated annual amounts you will pay for child and/or elder care.

Annual Child Care Expenses

Day care center \$ _____

In-home care \$ _____

Nursery and preschool \$ _____

After-school care \$ _____

Au pair services \$ _____

Summer day camp \$ _____

Annual Elder Care Services

Day care center \$ _____

In-home care \$ _____

Total Estimated Annual Dependent Care Contribution

Total \$ _____

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