

Flexible Spending Account (FSA)  
**New Enrollee Worksheet for Health Care / Medical Expenses**

This worksheet can be used to help you estimate your annual medical costs which may not be reimbursed by a health plan. This list is not intended to be comprehensive, but it contains some of the more common medical expenses. Please review the lists in this packet for additional qualifying medical care expenses.

List all expenses that are not reimbursed by other coverage, which you, your spouse or eligible dependents incur:

QUALIFYING EXPENSE	ESTIMATED ANNUAL EXPENSE
Medical doctors' fees, such as copays and insurance deductibles	\$ _____
Annual physical examinations	_____
Dentists, including cleanings, x-rays, fillings, crowns, dentures, etc. (Teeth whitening and bleaching are classified as cosmetic; they are ineligible.)	_____
Orthodontists, including braces (copy of dental contract generally required)	_____
Eye examinations	_____
Eyeglasses	_____
Contact lenses, including eligible over-the-counter cleaning supplies	_____
Medications, including prescriptions and eligible over-the-counter items	_____
X-rays	_____
Lab fees	_____
Hospital services	_____
Chiropractors	_____
Hearing aids and hearing exams	_____
Surgery	_____
Ambulance service	_____
Psychiatrists (for individual counseling; marital counseling is ineligible)	_____
Psychologists	_____
Acupuncturists	_____
_____	_____
_____	_____
_____	_____
<b>TOTAL ESTIMATED ANNUAL EXPENSES</b>	<b>\$ _____</b>

To determine the amount of reduction per pay period, divide the Total Estimated Annual Expenses amount above by the total number of pay periods in the Plan Year.



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