

FSA Health and Dependent Care Worksheet

Use this worksheet to help you determine your health care and dependent care annual contribution for the upcoming plan year. If you would like to do your calculations online, you may also access the online 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	Dependent 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.	To determine your expenses, enter in the estimated annual amounts you will pay for child and/or elder care.
<p>Annual Health Care Expenses</p> <p>Deductibles \$ _____ Medical, dental, vision</p> <p>Co-payments/co-insurance \$ _____ The amount not paid by your health plan coverage</p> <p>Amounts paid over plan limits \$ _____ Over reasonable and customary allowance \$ _____ Over psychiatric limits \$ _____</p> <p>Expenses not covered by insurance Over the counter drugs \$ _____</p> <p>Vision care (glasses, contacts, solution, exams, etc.) \$ _____</p> <p>Dental care (cleanings, orthodontics, crowns, etc.) \$ _____ Treatment/therapies \$ _____ Medical equipment \$ _____</p> <p>Other anticipated health care expenses _____ \$ _____ _____ \$ _____ _____ \$ _____</p> <p>Total Estimated Annual Health Care Contribution</p> <p style="text-align: right;">Total \$ _____</p>	<p>Annual Child Care Expenses</p> <p>Day care center \$ _____ In-home care \$ _____ Nursery and pre-school After-school care \$ _____ Au pair services \$ _____ Summer day camp \$ _____</p> <p>Annual Elder Care Services</p> <p>Day care center \$ _____ In-home care \$ _____</p> <p>Total Estimated Annual Dependent Care Contribution</p> <p style="text-align: right;">Total \$ _____</p>