

# Election Worksheet

The Health FSA and Dependent Care Account Election Worksheets can help you determine how much to set aside in your Flexible Benefits Plan.

**Important:** Make a conservative election, only considering expenses that are expected to be incurred by you and your FSA eligible dependents while you are enrolled during the Flexible Benefits Plan plan year.

HEALTH FSA ELECTION WORKSHEET			
Healthcare Expenses Per Plan Year	For You	For Your Spouse	For Your Children
Dental Deductibles	\$	\$	\$
Dental Work	\$	\$	\$
Orthodontia	\$	\$	\$
Eye Exams, LASIK Surgery	\$	\$	\$
Prescription Eyeglasses, Reading Glasses, Contact Lenses	\$	\$	\$
Vision Solutions and Supplies	\$	\$	\$
Medical Deductible	\$	\$	\$
Medical Copays	\$	\$	\$
Prescription Drugs	\$	\$	\$
Medical Supplies	\$	\$	\$
Chiropractic Care and Acupuncture	\$	\$	\$
Total each family member column	(A)\$	(B)\$	(C)\$
Total cost of healthcare expenses for the plan year (A)+(B)+(C)	(D)\$		
Enter the maximum permitted Health FSA election <i>This can be found on your FSA Enrollment Form</i>	(E)\$		
<b>Election amount. Enter (D) or (E), whichever is less</b> Also enter this amount on your FSA Enrollment Form	(F)\$		
Number of pay periods in a plan year	(G)		
Payroll deduction amount per pay period (F) ÷ (G)	\$		
DEPENDENT CARE ACCOUNT ELECTION WORKSHEET			
Eligible weekly dependent care cost	(A)\$		
Weeks of dependent care you will have in the plan year	(B)		
Total cost of dependent care for the plan year (A) x (B)	(C)\$		
Enter the maximum permitted Dependent Care FSA election. <i>This can be found on your FSA Enrollment Form</i>	(D)\$		
<b>Election amount. Enter (C) or (D), whichever is less</b> Also enter this amount on your FSA Enrollment Form	(E)\$		
Number of pay periods in a plan year	(F)		
Payroll deduction amount per pay period (E) ÷ (F)	(G)		