Flexible Spending Account
Expenses Worksheet

CHARDSNYDER™ Benefit Solutions
an Ascensus® company

	Actual Expenses Last Year	Estimated Expenses New Year
MEDICAL		
Copays / expenses		
Prescriptions	$_____	$_____
Physician visits	$_____	$_____
Hospital visit copays / expenses (including Emergency)	$_____	$_____
Laboratory / testing expenses	$_____	$_____
Deductible expenses	$_____	$_____
Over-the-counter medications	$_____	$_____
VISION		
Eye examination	$_____	$_____
Eyeglasses	$_____	$_____
Contact lenses and solution	$_____	$_____
LASIK surgery	$_____	$_____
Other expenses	$_____	$_____
HEARING		
Hearing examination	$_____	$_____
Hearing aid	$_____	$_____
DENTAL		
Copays / expenses		
Dental visits	$_____	$_____
Fillings	$_____	$_____
Major work (root canals, crowns, dentures, etc.)	$_____	$_____
Orthodontia (braces)	$_____	$_____
Deductible expenses	$_____	$_____
Other expenses	$_____	$_____
Total annual amounts	$_____	$_____

Dependent Care Expense Estimate

CHILD DAYCARE *

Full-time daycare (per week)

Child one $_____

Child two $_____

Part-time daycare (per week)

Child one $_____

Child two $_____

1. Estimate the cost per week for each category of care

2. Calculate the annual cost (weekly full-time daycare plus weekly part-time daycare X number of weeks per year)

3. Total amount $_____

*Children 12 and under

DISABLED / ELDER DAYCARE*

Caregiver monthly cost $_____

Multiply monthly cost times number of months estimated $_____

* Daycare provided for a dependent of any age who requires assistance with the basic tasks of daily life due to physical or mental challenges.

What else is considered an eligible expense?

Visit the Chard Snyder website for more resources on eligible items and services under your plan.