



Savings Worksheet This worksheet is provided to help you determine your annual FSA contributions.

UNREIMBURSED MEDICAL EXPENSES: Over the last two years, what is your estimated unreimbursed cost for:

CURRENT YEAR	You	Spouse	Dependents
Medical insurance deductibles	_____	_____	_____
Co-insurance	_____	_____	_____
Vision care (eye exams, contacts, glasses)	_____	_____	_____
Dental Care including orthodontia	_____	_____	_____
Prescription Drugs	_____	_____	_____
Over-the-Counter Items	_____	_____	_____
Routine exams	_____	_____	_____
Other	_____	_____	_____
TOTAL FOR CURRENT YEAR:		_____	

PREVIOUS YEAR	You	Spouse	Dependents
Medical insurance deductibles	_____	_____	_____
Co-insurance	_____	_____	_____
Vision care	_____	_____	_____
Dental Care including orthodontia	_____	_____	_____
Prescription Drugs	_____	_____	_____
Over-the-Counter Items	_____	_____	_____
Routine exams	_____	_____	_____
Other	_____	_____	_____
TOTAL FOR PREVIOUS YEAR:		_____	

Annual Contribution (previous year + current year) = \$ _____