

# Personal Worksheet

We have designed this worksheet to help guide you in estimating your expenses for the plan year. Your final annual commitment election is based on your personal situation. You cannot begin, suspend, increase or decrease your contribution during the plan year unless your family status changes. Changes must be made within 30 days of the qualifying event. Eligible expenses include any expenses considered deductible by the IRS for Federal income tax purposes.

## Anticipated Medical Expenses

Copays	\$ _____	Crowns, Caps, Bridges	\$ _____
Deductibles	\$ _____	Chiropractic Care	\$ _____
Orthodontia	\$ _____	Eye Exams	\$ _____
Prescription Drugs	\$ _____	Hearing Aids	\$ _____
Dental Exams/Cleanings	\$ _____	Contact Lens Supplies	\$ _____
X-ray or lab fees	\$ _____	Contact Lenses	\$ _____
Other	\$ _____	Rx Eyeglasses or Sunglasses	\$ _____

TOTAL ESTIMATED MEDICAL EXPENSES \$ \_\_\_\_\_

## Anticipated Daycare Expenses

Babysitters \$ _____	Nursery School \$ _____
After-school Programs \$ _____	Elder Care \$ _____
Day Camp \$ _____	

TOTAL ESTIMATED DAYCARE EXPENSES \$ \_\_\_\_\_

## Anticipated Premium Expenses

Non-employer sponsored health insurance \$ _____	College Health Fees \$ _____
Non-employer sponsored disability insurance \$ _____	

TOTAL ESTIMATED PREMIUM EXPENSES \$ \_\_\_\_\_

## Anticipated Adoption Expenses

Reasonable and Necessary Adoption Fees \$ _____	Travel Expenses \$ _____
Court Costs \$ _____	

TOTAL ESTIMATED ADOPTION EXPENSES \$ \_\_\_\_\_