



Flexible Spending Account Worksheet

BMS LLC

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What Expenses Can You Save Valuable Tax Dollars On?!

Remember—please be wise in budgeting the amount you wish to contribute to the FSA as balances left at the end of the Plan Year cannot be returned to the individual participant due to IRS guidelines regarding pre-tax Plans.

HEALTHCARE EXPENSES (estimated) FOR EXPENSES NOT COVERED BY INSURANCE

Co-pays to doctors \$ _____
 Prescription Drugs \$ _____
 Prescribed sunglasses & eyeglasses \$ _____
 Contact lenses, solutions & supplies \$ _____
 Eye exams, surgery & LASIK \$ _____
 Dental cleanings, fillings & x-rays \$ _____

Sealants, crowns, bridges & dentures \$ _____
 Braces, spacers & retainers \$ _____
 Tooth extraction, implants & oral surgery \$ _____
 Psychologist & psychiatrist fees \$ _____
 Obstetrics & fertility \$ _____

Lab tests & body scans \$ _____

Chiropractic & podiatrist fees \$ _____
 Oxygen, insulin, syringes & supplies \$ _____
 Hearing aids, batteries & exams \$ _____
 Artificial limbs, braces, orthopedic shoes \$ _____

Walkers, canes & wheelchairs \$ _____
 Alcoholism & drug treatment \$ _____

Medical alert bracelet & fees \$ _____

Reconstructive surgery (birth defect, disease) \$ _____

Wigs for hair loss caused by disease \$ _____
 Special school for disabled child \$ _____
 Over the Counter Items (with Physicians \$ _____
 Prescription. OTCs now require RX from Dr.) \$ _____

A. ESTIMATED TOTAL TO BE CONTRIBUTED TO YOUR HEALTH FSA

\$ _____

DEPENDENT CARE EXPENSES (estimated) DAYCARE EXPENSES SO YOU CAN WORK

Daycare, Nanny or babysitter thru age 12 \$ _____
 Pre-K or nursery school \$ _____
 Before & after-school care thru age 12 \$ _____
 Day camp thru age 12 \$ _____
 Daycare for a disabled adult or child \$ _____
 Elder daycare for parent or dependent \$ _____

B. ESTIMATED TOTAL TO BE CONTRIBUTED TO YOUR DEPENDENT DAYCARE FSA

\$ _____

INSURANCE PREMIUMS (already pre-taxed— for illustration only. Cannot be contributed to FSA.)

ONLY THOSE DEDUCTED FROM YOUR PAYCHECK AND ELIGIBLE TO BE PRE-TAXED.
 Health Insurance (your share only) \$ _____
 Other Qualified Insurance (your share only) \$ _____
 Such as Dental, Vision, Accident, Cancer, etc.) \$ _____

C. ESTIMATED TOTAL OF ELIGIBLE PRE-TAXED INSURANCE PREMIUMS

\$ _____

ESTIMATED ANNUAL EXPENSES & TAX SAVINGS

Enter estimated annual household earnings (Remember you save between 25% and 40% on your FICA, federal and state tax.)

\$ _____

A. ESTIMATED HEALTHCARE EXPENSES TO CONTRIBUTE TO YOUR HEALTH FSA
B. ESTIMATED DEPENDENT CARE EXPENSES TO CONTRIBUTE TO YOUR DAYCARE FSA
C. ESTIMATED INSURANCE PREMIUMS (Normally already pre-taxed.) Cannot be contributed to the FSA.
GRAND TOTAL

\$ _____
\$ _____
\$ _____
\$ _____

ESTIMATED TAX RATE

25%-40%

ESTIMATED TOTAL PRE-TAX SAVINGS

\$ _____