

MEDICAL EXPENSE WORKSHEET —FOR ESTIMATING CONTRIBUTION TO FLEXIBLE SPENDING ACCOUNT

Name: _____

Church: _____

Date: _____

Estimate your annual out-of-pocket medical expenses as allowed IRS Schedule A, Medical deductions, Code Section 213, for the coming plan year on the following worksheet. Be sure to include all members of your immediate family. Remember to estimate conservatively and consider *only* those expenses you are sure you will incur. Remember, insurance premiums may not be paid through a reimbursement account.

	Last Year's Expenses	This Year's Projected
Expenses		
1. Medical Expenses:		
Insurance Deductibles	-----	-----
Insurance Co-Payments	-----	-----
Dental Co-Payments, Orthodontia	-----	-----
Immunizations, Injections, and Vaccinations	-----	-----
Routine Examinations and Physicals	-----	-----
Dental Expenses (including crowns, root canals, extractions, and non-cosmetic repairs)	-----	-----
Prescription Drugs, Certain Over-the-Counter Drugs, or Co-Payment Amount	-----	-----
Eyeglasses and Contacts	-----	-----
Hearing Examinations	-----	-----
Transportation to and from Medical Provider	-----	-----
Medically Necessary Nursing Home Care	-----	-----
Non-Cosmetic Surgery (LASIK, etc.)	-----	-----
Other Expenses	-----	-----
2. Total Expenses for the Year:	-----	-----

3. Total amount designated for the year that will be pro-rated based on the number of pay periods for the year and taken out of each regular paycheck and put into your Flexible Spending Account as per the EC Church Benefits Corporation Flexible Spending Account Plan Document. _____
(This amount is to include the \$500 church (employer) contribution. The total combined maximum contribution is \$4000.)