FLEXIBLE SPENDING ACCOUNT
EMPLOYEE WORKSHEET

This form may be used by you in evaluating your participation in your company's Flexible Spending Account.

1. How much do you have deducted from your paycheck for:

   a. Group medical insurance $ _____ per year

   b. Group dental and/or vision insurance $ _____ per year

   c. Other group insurance $ _____ per year

TOTAL ANNUAL GROUP INSURANCE PREMIUMS $ _____ per year

2. If you and your spouse both work, or you are a single parent, how much do you pay for child care $ _____ per year

3. Estimate your family health care cost per year which your insurance and your spouse's insurance will not cover: $ _____ per year

   a. Medical and dental insurance deductibles $ _____ per year

   b. Medical expenses $ _____ per year

   c. Dental expenses $ _____ per year

   d. Vision care expenses $ _____ per year

   e. Cosmetic surgery associated with accident, illness or birth defect expenses $ _____ per year

   f. Physical exam expenses $ _____ per year

   g. Other expenses $ _____ per year

4. Add together all amounts you listed above in questions 1, 2 and 3. $ _____ per year