

EMPLOYEE EXPENSE WORKSHEET

EMPLOYER: _____

NAME OF EMPLOYEE: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

MARITAL STATUS: _____ M OR S _____ NUMBER OF DEPENDENTS: _____

	ESTIMATED ANNUAL COST	FOR ACCOUNT MANAGER'S USE ONLY <u>ELECTION</u>
I. <u>OUT-OF-POCKET MEDICAL EXPENSES:</u>		
<u>Type of Expense</u>		
Health Insurance Deductibles	\$ _____	
Doctor Office Visits	_____	
Physicals	_____	
Prescription Drugs	_____	
Psychiatric Counseling	_____	
Dental Costs (check-ups, cleaning, fillings, etc.)	_____	
Orthodontia Costs (braces, exams, etc.)	_____	
Vision and Eye Care (exams, glasses, contacts, etc.)	_____	
Surgery, including certain corrective surgery	_____	
Other Health Related Expenses	_____	
Specify _____	_____	
TOTAL	_____	
AVERAGE MONTHLY EXPENSE (divide total by 12 or the number of months being paid if less than 12)	_____	
II. <u>DEPENDENT OR CHILD CARE EXPENSES:</u>		
Child Care Expenses	\$ _____	
Other Employment Related Dependent Care Costs	_____	
TOTAL	_____	
AVERAGE MONTHLY EXPENSE (divide total by 12 or the number of months being paid if less than 12)	_____	

This is a worksheet only and does not obligate you in any way. If you decide to participate in either of the expense reimbursement accounts or in both of them, there may be a monthly administration fee.

Remember that you should review your tax situation carefully as to the tax advantage of the dependent care tax credit compared with participation in the dependent care expense reimbursement portion of the Section 125 Flexible Benefit Plan.