

CUSTOM BENEFIT ADMINISTRATORS
MEDICAL & DEPENDENT CARE
FLEXIBLE SPENDING ACCOUNTS WORKSHEET

Filling out this form is NOT a necessity. It is for your own benefit.

Section I – Medical Flexible Spending Accounts (FSA’s)

This list provides examples of medical and dental expenses to help in estimating the expenses you and/or your family may incur which are not paid for by insurance. You are not required to use the exact amount written on the line after an expense. Any combination of medical or dental expenses provided during the plan year up to the “Medical Flexible Spending Total” amount can be submitted for reimbursement under the FSA.

Medical	ANNUAL (Estimate your medical expenses)	PAY PERIOD
1) Deductible	_____	_____
2) Coinsurance	_____	_____
3) Eye Exams, Contact Lenses, Glasses	_____	_____
4) Prescription Drugs (incl. Birth Control)	_____	_____
5) Costs of Travel to Medical Care	_____	_____
6) Wheelchair, Crutches, Medical Equipment	_____	_____
7) Over the Counter Medications	_____	_____
8) Other	_____	_____
Dental	ANNUAL (Estimate your dental expenses)	PAY PERIOD
1) Exams, Cleanings, and Fluoride	_____	_____
2) Braces, Retainers, or Other Orthodontic	_____	_____
3) Fillings, Crowns, and Bridges	_____	_____
4) Dentures Including Replacements	_____	_____
5) Implants, Inlays, and X-rays	_____	_____
6) Other	_____	_____
Medical Flexible Spending Total*	_____	_____

* Please put either the annual or pay period total on the enrollment form in Section II under Health Care Reimbursement. Please make sure that you check either the Plan Year (annual) or Pay Period box to the right.

Section II – Dependent Care Flexible Spending Accounts (DCAP’s)

Dependent Care Flexible Spending Total*	ANNUAL (Estimate your dependent care expenses)	PAY PERIOD
_____	_____	_____

* Please put either the annual or pay period total on the enrollment form in Section II under Dependent Care Reimbursement. Please make sure that you check either the Plan Year (annual) or Pay Period box to the right.

Custom Benefit Administrators
P.O. Box 1385
La Crosse, WI 54602-1385

If you have any questions, please call:
1-800-944-2188