



2015 Flexible Spending Accounts (FSA)

Health Care Spending Account (HCSA) Worksheet

Use this worksheet below to determine how much to deposit in your HCSA. Calculate the amount you expect to pay during the calendar year for eligible, uninsured out-of-pocket medical expenses. This calculated amount cannot exceed \$2,500 for a Health Care Spending Account.

Be conservative in your estimates. Only \$500.00 of the remaining year-end balance of your Health Care Spending Account may be carried forward to the next plan year. Please remember the \$500.00 carryover does not apply to the Dependent Care Spending Account.

Uninsured Medical Expenses

Health insurance deductibles \$ _____

Coinsurance or co-payments \$ _____

Vision care \$ _____

Dental care \$ _____

Prescription drugs \$ _____

Travel costs for medical care \$ _____

Other eligible expenses \$ _____

TOTAL ANNUAL ELECTION AMOUNT \$ _____

Please note, contributions will only be taken for the first 24 pay periods for employees on a biweekly pay schedule or 12 for those employees paid monthly. The IRS maximum contribution for a Health Care Spending Account is \$2,500.

SIGN UP FOR DIRECT DEPOSIT - No one likes waiting for their money, why are you? With Direct Deposit there are no fees for the service and your FSA reimbursement checks are deposited into the checking or savings account of your choice within 48 hours of claim approval. Visit www.wageworks.com or call Customer Service to enroll.

Please print to utilize worksheet.