



Flexible Spending Accounts (FSA) Limited Purpose Spending Account (LPSA) Worksheet

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

Be conservative in your estimates. A minimum of \$50.00 and a maximum of \$500.00 of the remaining year-end balance of your Limited Purpose Spending Account may be carried forward to the next plan year. Please remember the carryover does not apply to the Dependent Care Spending Account.

Uninsured Dental and Vision Expenses

Coinsurance or co-payments \$ _____

Vision care \$ _____

Dental care \$ _____

Travel costs for care \$ _____

Other eligible expenses \$ _____

TOTAL \$ _____

DIVIDE by the number of paychecks you will receive during the calendar year.* ÷ _____

This is your pay period contribution. \$ _____

* If you are a new employee enrolling after the calendar year begins, divide by the number of pay periods remaining in the calendar year. 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 maximum contribution is \$2,500.

For mid-year enrollment, your election amount will be divided among the remaining of the first 24 calendar pay periods.

Please print to utilize worksheet.