

Employee Worksheet

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This worksheet will help you estimate the expenses for you, your spouse, and eligible dependents. Transfer the Deduction Per Pay Period for Health and Dependent Care FSAs to the Enrollment Form.

Group Insurance Premiums

If you participate in your employer's insurance plan(s), your premiums are deducted from your pay pre-tax unless you notify your employer otherwise.

My BESTflex Plan Accounts

If you establish a Health Savings Account (HSA), you may enroll in the limited health FSA, which can only reimburse you for eligible dental, vision and preventative expenses and the Dependent Care FSA. You can not contribute to your HSA in the same plan year that you participate in a standard health FSA.

My Plan Dates (Refer to "My Company Plan" Eligibility section)

My Effective Start Date (mm-dd-yyyy) My Plan Year Start (mm-yyyy) to My Plan Year End (mm-yyyy) # Payroll Deductions

Examples of Eligible Health Care FSA Expenses:

This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please refer to Section 213 of the Internal Revenue Code or call our toll free customer service line 800 346 2126.

DENTAL SERVICES

- \$ ___ Crowns/Bridges
- \$ ___ Dental X-Rays
- \$ ___ Dentures
- \$ ___ Exams/Teeth Cleanings
- \$ ___ Extractions
- \$ ___ Fillings
- \$ ___ Gum Treatments
- \$ ___ Oral Surgery
- \$ ___ Orthodontia/Braces

INSURANCE-RELATED ITEMS

- \$ ___ Copays
- \$ ___ Coinsurance
- \$ ___ Deductibles

LAB EXAMS / TESTS

- \$ ___ Blood Tests
- \$ ___ Cardiographs
- \$ ___ Diagnostic Fees
- \$ ___ Laboratory Fees
- \$ ___ Spinal Fluid Tests
- \$ ___ Urine/Stool Analyses
- \$ ___ X-Rays

MEDICATION

- \$ ___ Insulin
- \$ ___ Prescribed Birth Control
- \$ ___ Prescribed Vitamins*
- \$ ___ Prescription Drugs (including co-pays)*

VISION EXPENSES

- \$ ___ Contact Lenses
- \$ ___ Contact Lens Solution & Cleaners
- \$ ___ Eye Examinations
- \$ ___ Eyeglasses
- \$ ___ Laser Eye Surgeries
- \$ ___ Prescription Sunglasses
- \$ ___ Radial Keratotomy/LASIK
- \$ ___ Reading Glasses

OTHER MEDICAL TREATMENTS/ PROCEDURES

- \$ ___ Acupuncture
- \$ ___ Alcoholism (inpatient treatment)
- \$ ___ Chiropractor Services
- \$ ___ Drug Addiction (inpatient treatment)
- \$ ___ Hearing Exams
- \$ ___ Hospital Services
- \$ ___ Patterning Exercises
- \$ ___ Physical Examination (not employment related)
- \$ ___ Physical Therapy
- \$ ___ Speech Therapy
- \$ ___ Sterilization
- \$ ___ Vaccinations and Immunizations
- \$ ___ Vasectomy and Vasectomy Reversals
- \$ ___ Well Baby Care

OTHER MEDICAL SUPPLIES/SERVICES

- \$ ___ Abdominal/Back Supports
- \$ ___ Ambulance Services
- \$ ___ Arch Supports/Orthotic Insoles (requires doctor's prescription)
- \$ ___ Blood Pressure Monitors
- \$ ___ Breast Pumps & Lactation Supplies
- \$ ___ Compression Hosiery above 30 mmHg
- \$ ___ Contraceptives
- \$ ___ Counseling (except for Marriage and Family)
- \$ ___ Crutches
- \$ ___ Guide Dog (for visually/hearing impaired person)
- \$ ___ Hearing Aids & Batteries
- \$ ___ Hospital Bed
- \$ ___ Ice Pack
- \$ ___ Insulin Supplies
- \$ ___ Learning Disability (special school/teacher)
- \$ ___ Mastectomy Bras
- \$ ___ Medic Alert Bracelet or Necklace
- \$ ___ Medical Miles, Tolls, and Parking
- \$ ___ Orthopedic Shoes**
- \$ ___ Oxygen Equipment
- \$ ___ Pregnancy Tests
- \$ ___ Pre-Natal Vitamins
- \$ ___ Prosthesis
- \$ ___ Rubbing Alcohol
- \$ ___ Splints/Casts

- \$ ___ Sunscreen greater than SPF 14
- \$ ___ Syringes
- \$ ___ Transportation Expenses (essential to medical care)
- \$ ___ Wheelchair
- \$ ___ Wigs (hair loss due to disease)

OVER-THE-COUNTER (OTC) MEDICINE

Important note about OTC medicine reimbursement: The Health Care FSA only reimburses your OTC medicine expenses if you have a doctor's prescription for them.

Doctor's prescriptions must include the patient name, medication name, dosage, time frame for treatment and any other state law requirements. Only OTC drugs and medicines with a prescription and filled by the pharmacy will be eligible for reimbursement. Make sure you plan your annual Health Care FSA election accordingly.

- \$ ___ Allergy Medicines
- \$ ___ Antihistamines
- \$ ___ Analgesics
- \$ ___ Antacids
- \$ ___ Anti-Diarrhea Medications
- \$ ___ Anti-Itch Medications
- \$ ___ Anti-Nausea Medications
- \$ ___ Aspirin
- \$ ___ Athletes Foot Creams and Powders
- \$ ___ Cold Sore Remedies
- \$ ___ Cough Drops
- \$ ___ Cough Syrups
- \$ ___ Decongestants
- \$ ___ Eye Drops
- \$ ___ Fever Reducers
- \$ ___ First Aid Cream (Bactine, special diaper rash ointments, calamine lotion, bug bite medication, wart remover treatments)
- \$ ___ Digestive Tract Relief Medications
- \$ ___ Flu and Cold Medications
- \$ ___ Hemorrhoidal Medications
- \$ ___ Laxatives
- \$ ___ Lice and Scabies Treatments
- \$ ___ Menstrual Cycle Products (for pain and cramp relief)
- \$ ___ Motion Sickness Pills

- \$ ___ Muscle / Joint Pain Relievers
- \$ ___ Nasal Sinus Sprays
- \$ ___ Nicotine Gum / Patches
- \$ ___ Pain Relievers
- \$ ___ Pedialyte
- \$ ___ Retin A (non-cosmetic)
- \$ ___ Rogaine***
- \$ ___ Sinus Medications
- \$ ___ Sleeping Aids
- \$ ___ Smoking Cessation Products
- \$ ___ Sore Throat Sprays
- \$ ___ Special Ointments / Cream for Sunburns
- \$ ___ Throat Lozenges
- \$ ___ Vapor Rubs
- \$ ___ Weight Loss Drugs (only to treat a specific disease)***
- \$ ___ Yeast Infection Treatments

* Excludes drugs imported from Canada and other countries. Some medically necessary items may be covered by the Health Care FSA if prescribed by a physician for a specific medical condition. The prescription should contain the specific medical condition and timeframe for treatment.

** Custom made shoes to treat or alleviate a specific medical condition. Included with the receipt should be a Letter of Medical Necessity from a physician. The excess cost above the normal cost of shoes is the eligible medical expense.

*** Requires documentation from the doctor or care provider indicating use to treat a medical condition. A Letter of Medical Necessity template is available.

\$ _____ Subtotal

\$ _____ Subtotal

\$ _____ Subtotal

\$ _____
Total Standard Health or Limited Health FSA Election

\$ _____
Divided by #Payrolls = Deduction per Pay Period

\$ _____
Total Dependent Care FSA Election

\$ _____
Divided by #Payrolls = Deduction per Pay Period