



GLYNN GRIFFING & ASSOCIATES

SPENDING ACCOUNT WORKSHEET

Complete the following chart to estimate your eligible medical and dependent care expenses. This chart will help you to determine how much of your salary you may want to contribute to your flexible spending account.

MEDICAL EXPENSES

Only expenses that are not paid by insurance are eligible. Please refer to Section 213(d) of the Internal Revenue Code of the IRS definition of deductible medical expenses that are eligible for reimbursement.

<u>MEDICAL</u>	Monthly	Annual
Co-Pays	\$ _____	_____
Co-Insurance	_____	_____
Deductibles	_____	_____
Prescription Drugs	_____	_____
Birth Control	_____	_____
Immunizations	_____	_____
Mammogram	_____	_____
Pap Smear	_____	_____
Physicals	_____	_____
Well Baby Care	_____	_____
Hearing Exam	_____	_____
Hearing Aid & Batteries	_____	_____
<u>DENTAL</u>		
Braces*	_____	_____
Dental Fees	_____	_____
Dentures	_____	_____
<u>VISION</u>		
Contact Lenses	_____	_____
Contact Solution	_____	_____
Exams	_____	_____
Frames/Lenses	_____	_____
<u>MISCELLANEOUS</u>		
_____	_____	_____
_____	_____	_____
TOTAL ELIGIBLE MEDICAL EXPENSES	\$ _____	_____

*Reimbursement for Orthodontics is based upon the length of contract. Please contact our office for more information.

DEPENDENT CARE EXPENSES

Expense must be to allow you (and your spouse, if married) to work. Child(ren) must be under 13 years old. Pre-K and Kindergarten are not eligible if they are considered educational.

	Monthly	Annual
Day Care	_____	_____
After-school Care	_____	_____
Other Eligible Care	_____	_____
TOTAL DEPENDENT CARE EXPENSES	\$ _____	_____