

Determining your FSA Reimbursable Expenses



Febco Benefits Administration

Form: FSAEXPENSESLIST10302015

By completing the following information, you can calculate your annual reimbursable expenses. Take into consideration the services to be provided during the upcoming year for you and your dependents.

****This is not an enrollment form****

Healthcare Expenses

Medical (1)

Deductibles	\$ _____
Co-payments	\$ _____
Doctor visits	\$ _____
Prescriptions	\$ _____
Surgeries	\$ _____
Other	\$ _____
Total	\$ _____

Vision (2)

Exams	\$ _____
Eye Surgery	\$ _____
Lenses / Frames	\$ _____
Contacts	\$ _____
Solutions	\$ _____
Other	\$ _____
Total	\$ _____

Dental (3)

Routine Check-ups	\$ _____
Brace's	\$ _____
Fillings / Crowns	\$ _____
Orthodontics	\$ _____
Other	\$ _____
Total	\$ _____

Over the Counter Medical Expenses (4)

OTC's with Prescriptions	\$ _____
Diabetic Supplies	\$ _____
Other	\$ _____
Total	\$ _____

Estimating Annual Expenses and Tax Savings

Total of Medical (1)	\$ _____
Total of Vision (2)	\$ _____
Total of Dental (3)	\$ _____
Total of OTC's (4)	\$ _____
Total Expenses	\$ _____

Tax Bracket Percentage (see right) % _____

Annual Tax Savings \$ _____
(Multiply total expenses by tax bracket percentage)

Savings amount per paycheck \$ _____
(Divide total Annual Tax Savings by number of paychecks you receive each year – 52, 26, 24, 12)

Tax Estimate Table

Based on a combination of social security, federal, and state income taxes.

If your annual household earnings are:	Estimated tax rate is:
Less than \$30,000	25%
\$30,000 to \$40,000	29%
\$40,000 to \$70,000	31%
Greater than \$70,000	33%

These tax rates are estimates based on national averages and may not reflect your actual tax rate.

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