

Island Flex

Personal Expenses Worksheet

You can use this worksheet to estimate your expenses. The items listed are not the only ones you can reimburse through your *Island Flex* flexible spending account(s), but they are the most popular.

FOR THE PERIOD _____ TO _____

MEDICAL EXPENSES

Include **out-of-pocket** costs for yourself, your spouse (if married), and all of your dependents.

Chiropractic, acupuncture, shiatsu, etc.	\$
Co-payments for doctor/dental visits	\$
Co-payments for hospital services	\$
Dental, including dentures	\$
Drugs (prescribed medicines, contraceptives)	\$
Lab and x-ray tests	\$
Orthodontics	\$
Parking fees while you visit the doctor	\$
Routine physicals and well-baby visits	\$
Smoking cessation program	\$
Vision (optometry visits, prescription glasses, contacts, contact solutions)	\$
Other eligible medical expenses	\$
Total Medical Expenses	\$

DEPENDENT CARE EXPENSES

Expenses incurred for the care of a dependent in order for you (and your spouse) to be gainfully employed. Your care provider must provide a Federal I.D. number or Social Security number.

Baby-sitting	\$
Preschool/child care	\$
Before/after school care	\$
Programs during non-school periods	\$
Certain types of care for an incapacitated dependent over 12 years	\$
Other eligible dependent care expenses	\$
Total Dependent Care Expenses	\$