

NOT REQUIRED: FOR EMPLOYEE USE IN ESTIMATING EXPENSES

MEDICAL SPENDING ACCOUNT WORKSHEET

<u>COMMON MEDICAL EXPENSES</u>	<u>ESTIMATED PLAN YEAR TOTAL</u>	<u>NOTES</u>
Estimated Vision Expenses:	_____	_____
Estimated Dental Expenses:	_____	_____
Estimated Prescriptions:	_____	_____
Estimated Over-The-Counter Items: (Vitamins & supplements only with RX/DX)	_____	_____
Estimated Other Medical Expenses: (Deductible, co-pays, alternative, etc.)	_____	_____
TOTAL ESTIMATED EXPENSES:	_____	Enter in the Medical Spending Box "Annual Amount Elected."

$\frac{\text{}}{\text{}}$ Number of pay periods = _____ **Enter in the Medical Spending Box "Per Pay Period Election."**

- All eligible out-of-pocket medical expenses for you, your spouse, and your dependents can be reimbursed regardless of insurance coverage.
- The medical spending account categories on this worksheet are intended only for your personal use in estimating your annual medical expenses.
- The full annual amount elected is available for eligible medical expenses incurred at any time during the plan year.

DAY CARE ACCOUNT

- A dependent receiving care must be a child under the age of 13, or a tax dependent unable to provide for their own care, who resides with you.
- The care must be necessary for you and your spouse (if married), to go to work or for your spouse's education.
- Care may be provided by anyone other than your spouse or your children under the age of 19.
- Expenses for schooling, kindergarten and above, overnight camp and nursing homes are not reimbursable.
- The maximum you can elect, in a calendar year, is equal to the smallest of the following:
 - \$5,000 – Married and filing federal taxes jointly or a single parent
 - \$2,500 – Married and filing a separate federal tax return
 - your or your spouse's earned incomeAn employee with a disabled spouse or a spouse who is a full-time student can elect up to \$250/month for one child and \$500/month for two or more children.
- The amount contributed, up to the amount of your annual election, is available for reimbursement.
- Do not include medical expense amounts in the day care account box.

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- All elected "Before-Tax" amounts are exempt from Federal, State, FICA, and Medicare taxes.
 - Services must be incurred during your period of employment within the plan year to be eligible for reimbursement.
 - Be conservative in the amount of your election. Any amount that is not used during the plan year will revert back to your employer. If you have a large expense coming up that you are not sure is reimbursable...**just ask Allegiance before you make your election: 1-877-424-3570, or inquire@askallegiance.com.**