



Health Care Flexible Spending Account Expense Planner Worksheet

This worksheet is a way to estimate your eligible health care expenses for the Plan Year (March 1 through February 28/29) so you don't set aside more in your Health Care FSA account than you will use. Please be aware that this is a "use-it-or-lose-it" account, so any money not used by the end of the Plan Year will be forfeited.

Once you have determined the total amount of your eligible expenses, enter that amount into the Health Care FSA Enrollment Form on mykmxhr.com to enroll in the Plan. You may set aside up to \$2,500 per Plan Year.

HEALTH CARE SPENDING	Estimated amount:
Medical Care:	
Physician Office Visits	
Specialist Visits	
Prescriptions	
Imaging Services (MRIs, X-rays, etc.)	
Maternity/Delivery	
Hearing Aids	
Acupuncture (medical necessity)	
Chiropractor (medical necessity)	
Physical Therapy (medical necessity)	
Operations/Surgery (medical necessity)	
Other Services	
Dental Care:	
Copays	
Fillings	
Crowns	
Root Canals	
Orthodontics	
Other Services	
Vision Care:	
Eye Examinations/Optomtrist Copays	
Eye Glasses/Contact Lenses	
Eye Surgery for treatment of defective vision (e.g., laser, radial keratotomy/PRK, or cataract surgery)	
Other Services	
TOTAL Health Care Expenses =	
Amount Withheld Per Paycheck =	



Day Care Savings Account Expense Planner Worksheet

This worksheet is a way to estimate your eligible dependent care expenses for the Plan Year (March 1 through February 28/29) so you don't set aside more in your Day Care FSA account than you will use. Please be aware that this is a "use-it-or-lose-it" account, so any money not used by the end of the Plan Year will be forfeited. Be sure to account for times of year when your coverage may be different due to summer schedules and vacation.

Once you have determined the total amount of your eligible expenses, enter that amount into the Day Care FSA Enrollment Form on mykmxhr.com to enroll in the Plan. You may set aside up to \$5,000 as a family per Plan Year.

DEPENDENT CARE SPENDING ESTIMATE		Estimated amount:
Child Care:		
Day Care Provider (inside or outside your home)		
Day Care Center		
Before- and After-School Programs		
Nursery School (before 1st grade)		
Sick Child Care		
Summer Day Camp		
Other Expenses		
Adult Care:		
Adult Day Care Center		
Elder Care (inside or outside your home)		
Senior Day Care		
Other Expenses		
TOTAL Dependent Care Estimate =		
Amount Withheld Per Paycheck =		

Note: A qualified dependent can be a child under age 13 or a disabled dependent 13 or older, including a spouse or elderly parent, who needs supervised care and relies on you for support.