

Healthcare Flexible Spending Account Expense Worksheet

1. Out-of-Pocket Medical Expenses

(This is a partial list of common expenses. For a complete list of eligible expenses, visit our website at americanfidelity.com.)

Expenses That May Be Included

Deductibles and coinsurance
Dental care
Eye exams, eyeglasses, and contact lenses
Hearing aids and batteries
Obstetrics
Orthodontia
Insulin
Pediatrician
Physicals
Prescription drugs
Transportation
Other eligible medical expenses
Eligible over-the-counter drugs*

Estimated Costs for This Plan Year

\$ _____

Total Annual Election

\$ _____

2. Dependent or Child Care Expenses

Child care expenses
Dependent care expenses for other qualifying dependents

\$ _____

Total Annual Election

\$ _____

Remember, dependent care expenses must be incurred to allow you to work and, if you are married, your spouse to work or look for work. Don't overestimate the amount of your expenses.

*Will need medical practitioner's prescription for reimbursement.

Please bring this worksheet with you when you meet with your American Fidelity Assurance Company account manager.