Verus

Flexible Spending Account Deduction Worksheet

This is not an enrollment form. This worksheet is intended to guide you through the enrollment process. This worksheet will help you calculate your applicable expenses and how much money would be in an FSA deduction each pay period.

Medical/Dental/Vision Reimbursement Account

Annual Medical Expenses, such as:

Deductibles and co-pays $ _____

Routine physical exams $ _____

Prescriptions $ _____

Chiropractic care $ _____

Other $ _____

Annual Dental Expenses, such as:

Deductibles and co-pays $ _____

Routine check-ups $ _____

Orthodontia $ _____

Other $ _____

Annual Vision Care Expenses, such as:

Exams $ _____

Eyeglasses $ _____

Contact lenses, solutions, cleaners $ _____

Other $ _____

Total Estimated Medical/Dental/Vision Expenses $ _____ ÷ _____ = $_____

Annual Amount (cannot exceed company max.) # of Pay Periods* Per Pay Period

Dependent Care Reimbursement Account

Annual Dependent Care Expenses:

Payment to a dependent care facility or individual $ _____

Payment to other care providers $ _____

Total Estimated Dependent Care Expenses $ _____ ÷ _____ = $_____

Annual Amount (cannot exceed company max.) # of Pay Periods* Per Pay Period

Total Per-Pay-Period Reduction $ _____

(Add total estimated medical/dental/vision expenses and total estimated dependent care expenses.) Total Per Pay Period

Period*Weekly, 52 pay periods • Biweekly, 26 pay periods • Semimonthly, 24 pay periods • Monthly, 12 pay periods