

# FSA Worksheet

Use this worksheet to help calculate your eligible FSA expenses. This is not an all-inclusive list of eligible expenses, but it contains some of the most common ones. Identify the amounts you spent last year, adjust the expenses based on your future health care needs and enter the amounts in the spaces below. Remember, to be eligible for reimbursement, incurred expenses cannot be reimbursed from another source, e.g., the UAS Medical Plan. It is your responsibility to be sure that expenses qualify for reimbursement. Call TASC at 800-422-4661 to ensure that your anticipated expenses qualify for reimbursement. After an election is made, it cannot be revised or revoked unless you experience a qualified family status change. Remember, eligible expenses must be incurred by December 31 of the current plan year and reimbursement claims must be made by March 31 of the following year.

ANTICIPATED MEDICAL EXPENSES – not reimbursed by your medical insurance	Cost Estimate
1. Co-pays	\$
2.	