



Flex Benefit Employee Expense Worksheet

Plan Year: ____/____/10 - ____/____/10

Utilize this worksheet as a tool to assist you in estimating Flex Benefit Plan expenses for you, your spouse, or eligible dependents. Then transfer totals for each section to the corresponding section on the enrollment form or Web/IVR phone electronic enrollment. This form cannot be used to actually enroll into the Flex Benefit Plan.

I. Group Insurance Premiums

Premiums as part of your employer's qualifying group insurance plans will **automatically** be deducted on a pre-tax basis thereby easily saving you money unless you notify your Human Resources Department.

II. Dependent Day Care Expenses

Plan Year Election Amount: \$ _____

How much do you spend on child care (under age 13) or elder care as necessary in order to be gainfully employed, seeking employment, or attending school on a full-time basis? Day camp is allowable if in lieu of day care. There is a calendar year limit of \$5,000 per family OR \$2,500 if married and filing separate tax returns.

Day care centers	\$ _____	After-school care	\$ _____	Other dependent day care expenses	\$ _____
Private child care providers	\$ _____	Elder care	\$ _____		

III. Out-of-Pocket Medical Expenses

Plan Year Election Amount: \$ _____

You can usually expect some expenses you and your family will have during the plan year that will not be paid for by insurance. What out-of-pocket expenses have you had during the past year? Use this figure along with other anticipated expenses for the upcoming plan year and give a **conservative** estimate for each of the following categories.

Medical Expenses	Dental Expenses	Vision Expenses
Deductibles	Deductibles	Deductibles
Copayments	Copayments	Copayments
Prescription drugs	Routine exams	Eye exams
Office visits	Orthodontia	Prescription glasses
Routine exams or physicals	Dentures	Prescription sunglasses
Chiropractor	Crowns, caps, bridges, root canals	Prescription contact lenses
Surgery	Fillings	Contact lens supplies
X-Ray / lab fees	Other dental expenses	Other vision expenses
Birth control pills		
Prescription smoking cessation programs		
Mileage to and from medical providers (\$.13 per mile)		
Hearing aids and batteries		
Psychiatrist and psychological visits		
Other medical expenses		
Total Medical Expenses: \$ _____	Total Dental Expenses: \$ _____	Total Vision Expenses: \$ _____

24-Hour Access

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Examples of Eligible Expense as Part of a Flex Benefit Plan

Alcoholism treatment	Learning disabilities, schooling and tutoring (requires physician's prescription)
Ambulance services	Mammograms
Artificial limbs	Medical bracelets
Artificial teeth	Medical care for mentally handicapped dependent
Birth control - including most types of devices, drugs, and chemical agents that prevent conception (prescription only)	Membership fees in an association furnishing medical services, hospitalization and clinical care
Braces (orthodontia) (requires Orthodontics Submission Form if paying in one lump sum)	Midwife services
Braille - books and magazines	Obstetrical expenses
Car controls for the disabled	* Over-the-Counter Drugs and Medicine
Chiropractic services for specific medical reason	Orthopedic shoes
Co-insurance	Oxygen
Condoms for prevention of disease	Payments for over "usual and customary" amounts
Conference expenses for a parent attending on behalf of a chronically ill child (requires physician's recommendation and verification of child's illness)	Physicians fees
Contact lenses and supplies	Prescription drugs (must be medically necessary)
Cosmetic surgery if necessary to alleviate a congenital abnormality, disfiguring disease, or injury resulting from an accident	Psychiatric care
Crutches	Psychologists fees
Deductibles for medical and dental insurance	Radial keratotomy
Dental fees	Routine physicals and exams
Dentures	Seeing eye dog and its upkeep
Dermatologist services	Special education for the blind
Diabetic supplies	Special home costs for the disabled
Diagnostic fees	Special plumbing for the disabled
Eyeglasses including examination fee	Sterilization fees
Hair transplants if recommended by a physician for hair loss due to disease or illness	Stop smoking programs and medications (prescription only)
Hearing devices and batteries	Surgical fees
Home healthcare (including nurse's wages, room and board, and Social Security tax when paid by taxpayer)	Telephone for the hearing-impaired
Home improvements for medical conditions (requires Capital Expenditures Form)	Television audio display equipment for the hearing-impaired
Hospital bills	Therapeutic care for drug and alcohol addiction
Hypnosis for treatment of an illness	Therapy treatments for medical conditions
Infertility/fertility expenses	Transportation expenses primarily in the rendering of medical service, (i.e. travel expense to hospital or to recuperation home)
Insulin	Tuition medical fee (part) if college or private school furnishes breakdown of the medical charges
Laboratory fees	Tutoring expenses for dyslexia
Lasik surgery	Weight loss program if prescribed by a physician for a specific medical condition (e.g. obesity, heart disease, high blood pressure)
	Wheelchair
	Wigs (for medical reasons)
	X-rays

Examples of Expenses NOT Eligible as Part of Flex Benefit Plan

The following list provides examples of ineligible expenses. Some of these expenses MAY be eligible IF you obtain a prescription from your physician stating medical necessity for a specific diagnosed medical condition.

Teeth bleaching	Cosmetic surgery
Supplements from a chiropractor, acupuncturist, holistic healer, etc.	Rogaine or other hair growth medications
Birthing classes	Illegal operations or treatments
Marital or family counseling	Breast pumps
	Electrolysis

**The IRS regulations stress that for an over-the-counter drug or medicine to be eligible, it must be purchased solely for the purpose of providing medical care by alleviating or treating a personal injury or sickness.*

CONSULT YOUR TAX ADVISOR FOR MAXIMUM BENEFIT

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