

Flexible Spending Account Worksheet

Dependent Care Expenses:	\$ _____	x	_____	=	_____
(Cost of dependent care for children under 13 years.)	Monthly Expense		# of Months		Annual Cost

Medical Expenses <small>(Estimate your <i>uninsured</i> medical costs or co-pays per year)</small>	Projected Expenses
Insurance Deductibles	\$ _____
Insurance Co-payments	\$ _____
Dental Deductibles	\$ _____
Dental Expenses	\$ _____
Vision Deductibles	\$ _____
Vision Expenses	\$ _____
Hearing Expenses	\$ _____
Prescriptions	\$ _____
Medically Required Equipment	\$ _____
Chiropractic	\$ _____
Orthodontic	\$ _____
Counseling Services	\$ _____
Other Medical Expenses (Lab fees, x-rays, tests, etc.)	\$ _____
Total Annual Cost:	\$ _____

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