

Commonwealth of Virginia

2010/2011 Flexible Benefits Plan Program

FRA Worksheets

To figure out how much to deposit in your FRA, refer to the following worksheets. Calculate the amount you expect to pay during your period of coverage for eligible, uninsured out-of-pocket medical and/or dependent care expenses. This calculated amount should not exceed established IRS and plan limits. (Refer to the individual FRA descriptions in this sourcebook for limits.)

Be conservative in your estimates, since any money remaining in your accounts cannot be returned to you or carried forward to the next plan year.

Medical FRA Worksheet

Estimate your eligible, uninsured out-of-pocket medical expenses for the plan year.

UNINSURED MEDICAL EXPENSES

Health insurance deductibles \$ _____

Coinsurance or co-payments \$ _____

Vision care \$ _____

Dental care \$ _____

Prescription drugs \$ _____

Travel costs for medical care \$ _____

Other eligible expenses \$ _____

TOTAL \$ _____

DIVIDE by the number of paychecks you will receive during your period of coverage.* ÷ _____

This is your pay period contribution (whole dollar amounts only). \$ _____

* If you enroll after the plan year begins, divide by the number of pay periods remaining in your period of coverage based on the account's effective date.

Dependent Care FRA Worksheet

Estimate your eligible dependent care expenses for the plan year. Remember that your calculated amount should not exceed the calendar year limits established by the IRS.

CHILD CARE EXPENSES

Daycare services \$ _____

In-home care/au pair services \$ _____

Nursery and preschool \$ _____

After school care \$ _____

Summer day camps \$ _____

ELDER CARE SERVICES

Daycare center \$ _____

In-home care \$ _____

TOTAL Remember, your total contribution should not exceed IRS limits for the calendar year. \$ _____

DIVIDE by the number of paychecks you will receive during your period of coverage.* ÷ _____

This is your pay period contribution (whole dollar amounts only). \$ _____

* If you enroll after the plan year begins, divide by the number of pay periods remaining in your period of coverage based on the account's effective date.

At your request, an FRA reimbursement checks may be deposited into your checking or savings account by enrolling in Direct Deposit.