

# FRA Worksheets

Use the worksheets below to determine how much to deposit in your FRA. Calculate the amount you expect to pay during the plan year for eligible, uninsured out-of-pocket medical and/or dependent care expenses. This calculated amount cannot exceed established IRS and plan limits. (Refer to the individual FRA descriptions in this Reference Guide 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 copayments	\$ _____
Vision care	\$ _____
Dental care	\$ _____
Prescription drugs	\$ _____
Travel costs for medical care	\$ _____
Other eligible expenses	\$ _____
<b>TOTAL</b>	\$ _____

**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

Day care services	\$ _____
In-home care/au pair services	\$ _____
Nursery and preschool	\$ _____
After school care	\$ _____
Summer day camps	\$ _____

### ELDER CARE SERVICES

Day care 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.

DIRECT DEPOSIT - No one likes waiting for their money, why are you?  
With Direct Deposit there are no fees for the service and your FRA reimbursement checks are deposited into the checking or savings account of your choice within 48 hours of claim approval.