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Flexible Spending Accounts Employee Worksheet

Dependent Care Assistance Expenses:	
Daycare expenses for children (under 13), spouse or parent? (IRS \$5,000 plan year maximum)	\$ Total per month (x12)
Your estimated out-of-pocket medical expenses:	
Health Insurance Deductibles	\$
Co-insurance (% not paid by insurance)	\$
Co-Pays (Rx & Office Visits)	\$
Mileage related to medical care	\$
Wheelchair, crutches, medical appliances	\$
Physical Therapy	\$
Estimate your out-of-pocket dental costs per year:	
Examinations and cleanings, X-Rays, etc.	\$
Braces and retainers, fillings, etc.	\$
Orthodontic implants, inlays, other	\$
Estimate your out-of-pocket vision cost per year:	
Examinations, tests, etc.	\$
Lenses, frames	\$
Contact lenses	\$
Total per month (x12) for individual/spouse/family	\$