

Personal Planning Worksheet

Use this worksheet to estimate expenses for you, your spouse, and eligible dependents. Then, simply transfer your plan-year total for each section to the tax calculator at www.eflexgroup.com to discover your tax savings. If you participate in your employer's insurance plan(s), premiums will automatically be deducted pre-tax, unless you notify your Human Resource Department differently. **This is not an enrollment form.**

Health Related Expenses

- _____ Doctor office visits co-pays
- _____ Deductibles
- _____ Routine physical
- _____ X-Rays
- _____ Dental co-pays
- _____ Dental deductibles
- _____ Non-cosmetic dental services
- _____ Orthodontia
- _____ Dental surgery
- _____ Dental x-rays
- _____ Contact lens & supplies
- _____ Laser eye surgery
- _____ Eye glasses
- _____ Vision x-rays
- _____ Vision exams
- _____ Medical miles, paid according to IRS annual limits.
- _____ Alcoholism treatment
- _____ Ambulance
- _____ Care for handicapped
- _____ Diabetic supplies/insulin
- _____ Acupuncture
- _____ Drug addiction treatment
- _____ Guide animal care
- _____ Eligible hospital charges not covered by insurance
- _____ Lab fees
- _____ Learning disabilities care
- _____ Over-the-counter drugs
- _____ Prescription expenses (co-pays)
- _____ Prosthesis
- _____ Wheelchair(s)
- _____ Holistic healing services (medically necessary), not including holistic remedies or supplements

\$ _____ **Health Plan Year Total**

Health-related expenses that require a letter of medical necessity include: • non-prescription vitamins • supplements from chiropractor, acupuncturist, holistic healer • Rogaine or hair transplant • Retin-A • electrolysis • breast pumps • health club memberships • massage therapy • whirlpools. Ineligible health-related expenses include: • feminine hygiene products • dental bleaching or bonding • Illegal operations or treatments • diaper service • meals that are not for inpatient care • marital or family counseling • services by a holistic healer who isn't licensed to practice medicine.

Dependent Care Expenses

- _____ Day-care centers
- _____ Elder care
- _____ Family child care
- _____ Day camps
- _____ Preschool
- _____ After-school care
- _____ Nanny/au pair

\$ _____ **Dependent Plan Year Total**

Ineligible dependent expenses include: • meals • overnight camps • diapers • educational expenses including kindergarten • incidental fees such as activity fees, field trips.

Important: You must list your dependent care provider's tax ID number on Form 2441 for your taxes each year. (\$5,000 maximum for married and head of household filers or \$2,500 if married filing separately. Please refer to the Summary Plan Description if your spouse is a student or disabled. Also, you and your spouse (if applicable) must be gainfully employed to participate.

Premiums Paid Outside of Your Employer's Group Plan

Note: not all employers offer this service. Only IRS Section 213(d) policies qualify. Please see flexpert for more details.

- | | |
|-------------------------------|------------------------|
| _____ Accident insurance | _____ Cancer insurance |
| _____ COBRA premiums* | _____ Dental insurance |
| _____ Hospital insurance | _____ Medicare |
| _____ Major medical insurance | |
| _____ Vision insurance | |
| _____ Disability insurance** | |

\$ _____ **Plan Year Total**

** Not Available: Life Insurance and Long Term Care.*

***Disability Insurance becomes taxable in the event of a claim if premiums are placed pre-tax.*

Uncertain about whether an expense is deductible?

Just go to our website at
www.eflexgroup.com and ask the Flexpert

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