



FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Account Worksheet

Use the following worksheet to assist you in calculating some of your household's estimated qualified expenses for the year. This list is not exhaustive, for a full list of qualified expenses visit www.MyPOMCO.com.



1. Qualified Health Expenses	Estimated Annual Expense
Medical plan charges	\$
Doctor's co-payments	\$
Prescription drugs	\$
Eye exams, eye surgery and LASIK	\$
Eyeglasses, Contact lenses, solutions and supplies	\$
Travel and mileage to doctor or medical facility	\$
Therapy, counseling, psychological or psychiatric sessions	\$
Insulin, syringes and diabetic supplies	\$
Smoking cessation programs and products	\$
Physical and speech therapy	\$
Dental exams and cleanings	\$
Fillings, root canals and extractions	\$
Sealants, crowns, bridges and dentures	\$
Braces, spacers and retainers	\$
Total Health Expenses	\$
2. Qualified Dependent Care Expenses	Estimated Annual Expense
Nanny and babysitter through age 12	\$
Pre-kindergarten or nursery school	\$
Before or after-school care	\$
Day camp through age 12	\$
Elder day care for parent or dependent	\$
Total Dependent Care Expenses	\$
3. Qualified Parking Expenses	Estimated Annual Expense
Parking located near your employment	\$
Parking from which you take mass transit or car pool to your employment	\$
Total Parking Expenses	\$
4. Qualified Commuter Expenses	Estimated Annual Expense
Work-related mass transit expenses	\$
Total Commuter Expenses	\$
Number of Pay Periods per Year	
Per Payroll Contribution Amount (Total from Sections 1-4 Divided by the Number of Pay Periods)	\$

For more information: www.MyPOMCO.com · 800.836.1878