Worksheet for Determining Eligible Expenses you anticipate incurring During the Plan Year:

Un-reimbursed Health Account		Un-reimbursed Dependent Care	
Account			
<u>Annual</u>			•
		Day Babysitters	\$
M. P. J.C E		Day Care Centers	\$
Medical Care Expenses		Elder Care	\$
D 1 ('11 M 1	ф	Day Camp	\$
Deductibles: Med	\$	After School Program	
Dental Coinsurance	· 	Nursery School	\$
Dental Madical Cainess	\$		
Medical Coinsurance		TOTAL C.	
Vision	\$	TOTALS:	
Dental Expense	¢	Madical Care Erm	ø
beyond maximum	\$	Medical Care Exp	\$
Co-pays: Med	\$	Dependent Core Eve	Φ.
Ortho Expenses RX	\$ \$	Dependant Care Exp	Ф
KΛ	Φ		
Dental	\$		
Other	\$		
Vision	\$		
Other	\$		
Special Equipment TOTALS:	\$		
Medical Travel	\$		
Health Care Ex	xpenses \$		

Annual

Dependent Care Expenses