

Personal Planning Worksheets

Use this worksheet to estimate expenses for you, your spouse, and eligible dependents. If you participate in your employer's insurance plan(s), premiums will automatically be deducted pre-tax, unless you notify your Human Resource Department to do differently. This is not an enrollment form.

Health Related Expenses

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

\$ _____ **Health Plan Year Total**

Health-Related Expenses That Require a Letter of Medical Necessity or Prescription Include

- OTC Medicines or Non-Prescription Vitamins
- Supplements from a 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.*

_____ Accident Insurance
 _____ Cancer Insurance
 _____ COBRA Premiums*
 _____ Dental Insurance
 _____ Disability Insurance**
 _____ Hospital Insurance
 _____ Major Medical Insurance
 _____ Medicare
 _____ Vision 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.*