



FLEXIBLE BENEFITS WORKSHEET

If you are unsure if an expense is eligible for reimbursement, please call P&A's customer service team at (800) 688-2611.

Medical Expense Reimbursement Account

(Medical, dental, vision expenses)

Expense Category	Estimation of Annual Expense	Cumulative Total
Example-eye glasses	\$400.00	\$400.00
Health Insurance Deductible(s)		
Co-Insurance and Co-Pays		
Vision Care (contacts, glasses, etc.)		
Prescriptions		
Medical Appliances (wheelchairs, crutches)		
Dental Exams and Cleanings		
Braces and Retainers, Fillings, etc.		
<i>(This amount would be calculated as your estimated annual election for this account)</i>		GRAND TOTAL: \$

\$ _____ ANNUAL ELECTION

Dependent Care Assistance Account

Expense Category	Estimation of Annual Expense	Cumulative Total
Babysitters, Daycare Centers, Nursery School		
After School Programs, Day Camp		
Elder Care		
<i>(This amount would be calculated as your estimated annual election for this account)</i>		GRAND TOTAL: \$

\$ _____ ANNUAL ELECTION

Individual Premium Reimbursement Account

Expense Category	Estimation of Annual Expense	Cumulative Total
Individual Disability Premium		
Individual Dental/Vision/Accident Premium		
<i>(This amount would be calculated as your estimated annual election for this account)</i>		GRAND TOTAL: \$

\$ _____ ANNUAL ELECTION

Adoption Assistance Account

Expense Category	Estimation of Annual Expense	Cumulative Total
Court costs, Attorney's Fees		
Travel Expenses		
<i>(This amount would be calculated as your estimated annual election for this account)</i>		GRAND TOTAL: \$

\$ _____ ANNUAL ELECTION

TOTAL OF ALL ANNUAL ELECTIONS _____ DIVIDED BY PAYROLL CYCLE= \$ _____ /PER PAY