

Shaffer Insurance Services – Benefits Division

902 East Ave Q-9 Palmdale, CA 93550

(866) 412-5872 or (661) 575-9331 Fax (661) 280-2016

Flexible Spending Account Worksheet

For Employees

Paycheck Deductions:

Medical Expenses:

Projected Expenses:

(Estimate your uninsured medical costs per year)

Insurance Deductibles \$ _____

Insurance CO-payments \$ _____

Dental Deductibles \$ _____

Dental Expenses \$ _____

Vision Deductibles \$ _____

Vision Expenses \$ _____

Hearing Expenses \$ _____

Prescriptions \$ _____

Medically Required Equipment \$ _____

Chiropractic \$ _____

Other Medical Expenses \$ _____

TOTAL COST: \$ _____

Total Deductions: \$ _____