

take care® OF YOURSELF WORKSHEET

Visit mytakecareplan.com for the complete list of covered items

Now that you know about the many ways you can use pre-tax earnings and your **take care** flex benefits card to keep more of what you earn, take a moment to fill out this worksheet to determine how much money you'll save annually, by participating in your employer's flex benefit plan.

Simply check off the items you wish to save for and budget how much you'll spend in the upcoming year on those products and services. Fill in the estimate in the space next to each item. Then add up each category and place those totals in the corresponding section below the checklist.

Use the easy calculator at mytakecareplan.com

HEALTHCARE EXPENSES (estimated)

FOR EXPENSES NOT COVERED BY INSURANCE

- Co-pays to doctors & pharmacies \$ _____
- Over-the-counter drugs (except vitamins) \$ _____
- Prescription drugs \$ _____
- Office visits & checkups \$ _____
- Prescribed sunglasses & eyeglasses \$ _____
- Contact lenses, solutions & supplies \$ _____
- Eye exams, surgery & LASIK \$ _____
- Dental cleanings, fillings & x-rays \$ _____
- Sealants, crowns, bridges & dentures \$ _____
- Braces, spacers & retainers \$ _____
- Wisdom teeth, implants & oral surgery \$ _____
- Psychologist & psychiatrist fees \$ _____
- Obstetrics & fertility \$ _____
- Lab tests & body scans \$ _____
- Chiropractic & podiatrist fees \$ _____
- Oxygen, insulin, syringes & supplies \$ _____
- Hearing aids, batteries & exams \$ _____
- Artificial limbs & braces \$ _____
- Arches & orthopedic shoes \$ _____
- Walkers, canes & wheelchairs \$ _____
- Physical & speech therapy \$ _____
- Weight-loss program (prescribed by doctor) \$ _____
- Quit-smoking program & medications \$ _____
- Alcoholism & drug treatment \$ _____
- Medical alert bracelet & fees \$ _____
- Reconstructive surgery (birth defect, disease) \$ _____
- Wigs for hair loss caused by disease \$ _____
- Special schooling for disabled child \$ _____
- Travel & mileage to doctor or hospital \$ _____

TOTAL **1** \$ _____

DEPENDENT CARE EXPENSES (estimated)

SO YOU CAN WORK

- Nanny & babysitter thru age 12 \$ _____
 - Pre-K or nursery school \$ _____
 - Before & after-school care thru age 12 \$ _____
 - Day camp thru age 12 \$ _____
 - Daycare for a disabled adult or child \$ _____
 - Elder daycare for parent or dependent \$ _____
- TOTAL **2** \$ _____

PARKING EXPENSES

FOR TRAVEL TO AND FROM WORK (estimated)

- Parking located near work \$ _____
 - Parking from which you take mass transit or carpool \$ _____
- TOTAL **3** \$ _____

TRANSIT EXPENSES

FOR TRAVEL TO AND FROM WORK (estimated)

- Transit passes for bus, subway, or train \$ _____
 - Vanpooling expenses \$ _____
- TOTAL **4** \$ _____

INSURANCE PREMIUMS

DEDUCTED FROM YOUR PAYCHECK (estimated)

- Health insurance (your share only) \$ _____
 - Other (your share only) \$ _____
- TOTAL **5** \$ _____

ESTIMATED ANNUAL EXPENSES AND TAX SAVINGS

1 _____ + **2** _____ + **3** _____ + **4** _____ + **5** _____ = \$ _____

Save between 25% and 40% on FICA, federal & state income tax (in applicable states). x 36%

Based on national averages, you'll save 25% if your annual household earnings are less than \$30,000, 36% if you earn \$30,000 to \$60,000, or 40% if you earn more than \$60,000. Federal and/or plan limits apply to all options. See your summary plan description for plan limits.

YOU SAVE \$ _____

