



Flexible Spending Account

An important benefit for you.

The flexible spending account program allows for you to pay medical and/or dependent care expenses using pre-tax dollars.

HEALTH AND DEPENDENT CARE ACCOUNT WORKSHEET IS PROVIDED TO ASSIST YOU IN ESTIMATING YOUR EXPENSES FOR THE YEAR. REMEMBER: THE PLAN YEAR BEGINS ON MARCH 1 AND ENDS ON FEBRUARY 28.

The flexible plan offered through Gordmans is administered by UHC. For your convenience offers the ability to use an electronic fund transfer process as a reimbursement method in addition to direct payment via check.

Change in Family Status Events

When you decide that enrollment in the flexible spending account is right for you, the next step is to decide on the dollar amount you would like to contribute every pay period for the entire year. By law, you CANNOT change your designated election until the open enrollment period the following year. According to the IRS, changes in the amount you deposit during the year can only be made if a change in family status event occurs during the year. Changes must be made within thirty days of the family status change event.

A family status event includes:

- birth or adoption of a child
- marriage, divorce, or legal separation
- death of a family member
- spouse becomes ineligible for medical coverage
- spouse starts or stops full-time employment
- taking and/or returning to work following an unpaid leave of absence

You CANNOT change your deposit amounts if you decide you cannot afford the deductions you selected, have an expense you did not anticipate and need the money for something else, have medical and/or dependent care expenses that are smaller or larger than the amount you calculated.

Remember-It is a use it or lose it program!

Healthcare Account Worksheet

To assist you in estimating your unreimbursed medical, dental, and vision expenses, list the expenses you anticipate for the upcoming plan year.
(Plan year is March 1 - February 28)

	ESTIMATED COSTS
Medical Deductibles	\$ _____
Dental Deductibles	\$ _____
Medical Copayments	\$ _____
Dental Copayments	\$ _____
Orthodontic Expenses	\$ _____
Vision Exams, Eyeglasses, Contact Lenses	\$ _____
Prescription medication	\$ _____
Other	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

Dependent Care Account Worksheet

Expenses for daycare are generally more predictable than healthcare expenses. To assist you in estimating your dependent care expenses, examine the list below. Add the estimated costs and deposit any portion you choose in the Dependent Care Account. Please remember that these expenses must be incurred so that you (or you and your spouse) can work or so that your spouse can attend school full-time. **DO NOT INCLUDE HEALTH EXPENSES IN THIS ACCOUNT.**

	ESTIMATED COSTS
Qualified Daycare Centers (child or dependent care adult)	\$ _____
Nursery School	\$ _____
Before School/After School Care*	\$ _____
Babysitter while you're at work	\$ _____
Other	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ _____

** Remember that the dependent care provider you choose for these services must be licensed and report their earnings to the Internal Revenue Service. You will be required to provide the Tax Identification number of your provider.*