FSA Contribution Worksheet

Employee Worksheet 2026

The amount of savings you can achieve through your FSA depends on your spending on health and dependent care, as well as your individual tax situation. To get an idea of your potential savings, you can use the worksheets provided below to determine the appropriate contribution to your account(s).

Calculate the expected expenses for eligible out-of-pocket medical and/or dependent care during the plan year. Please ensure that this calculated amount does not exceed the established IRS and plan limits. It is advisable to be conservative in your estimates to avoid contributing more than necessary, as any unused funds in your accounts cannot be refunded to you.

Medical / Health FSA

Provide an estimate of your eligible, out-of-pocket medical expenses that you expect to incur for the plan year in which you are electing. It's crucial to keep in mind that the IRS contribution limits for the Health Care FSA are determined based on the plan year.

Annual Estimated Out of Pocket Medical Expenses:

Deductibles: _____

Coinsurance or Copayments: _____

Vision Care (glasses, contacts, supplies): _____

Dental Care: _____

Prescription Drugs: _____

Over the Counter Eligible Expenses: _____

Total: _____
Max of $3,400

Medical/ Health FSA Paycheck Contribution _____
Divide Total by number of yearly paychecks:

Dependent FSA

Provide an estimate of your eligible dependent care expenses for the plan year. Keep in mind that the calculated amount must not surpass the calendar year limits set by the IRS.

Annual Estimated Dependent Care Expenses:

Day Care Expense: _____

Summer Camp(s): _____

Before and/or After School Care: _____

Preschool: _____

Elderly Day Care Expense _____

In Home Elderly Care: _____

Total: _____
Max of $7,500

Dependent FSA Paycheck Contribution _____
Divide Total by number of yearly paychecks:

Notes: