Contribution Worksheet

Plan carefully when deciding how much to contribute.

If you are considering enrolling in TexFlex, use this worksheet to help you estimate how much you want to contribute to your TexFlex account. TexFlex is a tax-savings program regulated by the IRS with strict guidelines on how and when you can use your TexFlex funds. So, it’s important to calculate your annual TexFlex contribution carefully to avoid losing your TexFlex funds.

TIPS
• Review your current and prior years’ expenses to help estimate expenses for the coming year.
• Make sure to be conservative while planning your contribution.
• Keep in mind that you can carry over up to $500 in unused health care FSA funds to the next plan year.

TexFlex health care FSA
Enter your annual out-of-pocket eligible expenses for each of the following:

Medical care $ ______________________
Dental care $ ______________________
Vision care $ ______________________
Prescriptions $ ______________________
Medical supplies $ ______________________

Total lines above $ ______________________

This is the estimated annual amount eligible for your health care FSA

NOTE: Health care FSA contributions are limited to $2,650 per year.

TexFlex dependent care FSA
Enter your out-of-pocket eligible expenses for each of the following:

Your weekly child/elder cost $ ______________________
Other eligible weekly expenses $ ______________________
Total lines above $ ______________________
Number of weeks you will incur expenses ____________ weeks
Multiply total by # of weeks $ ______________________

This is the estimated annual amount eligible for your dependent care FSA

NOTE: Dependent care FSA contributions are limited to $5,000 per year.

*Certain OTC drugs and medicines are considered ineligible unless you have a written prescription from your doctor. Please keep this in mind when deciding how much money you will put into your health care account.