

# Election Worksheet

The Health LPFSA and Dependent Care FSA Election Worksheets can help you determine how much to set aside in your Flexible Spending Accounts.

Important: Make a conservative election, only considering expenses that are expected to be incurred by you and your LPFSA eligible dependents while you are enrolled during the LPFSA plan year. LPFSA funds do not rollover year to year, so you will have to spend your election amount by the end of the year.

Reference our [FSA eligible expense list](#) to see what type of expense are eligible. Some expenses and services are eligible for a reimbursement with a prescription from a qualified healthcare professional and/or a Letter of Medical Necessity signed by your doctor.

## Health FSA Worksheet

	For you	For your spouse	For your dependents
Dental deductibles	\$	\$	\$
Dental work	\$	\$	\$
Orthodontia	\$	\$	\$
Eye exam, LASIK surgery	\$	\$	\$
Prescription glasses, reading glasses, contact lenses	\$	\$	\$
Vision solution and supplies	\$	\$	\$
Medical deductibles	\$	\$	\$
Medical copays	\$	\$	\$
Prescription drugs	\$	\$	\$
Over-the-counter (OTC) products, including medicines and drugs	\$	\$	\$
Medical supplies	\$	\$	\$
Chiropractic care and acupuncture	\$	\$	\$
Other expenses	\$	\$	\$
Total each family member columns	(A) \$	(B) \$	(C) \$
Total anticipated cost of eligible health care expense for the plan year (A) + (B) + (C)	(D) \$		
Enter the maximum permitted Health FSA election.	(E) \$		
<b>Election Amount. Enter (D) or (E), whichever is less.</b> This is the amount you will enroll with during open enrollment	(F) \$		
Number of pay periods in a plan year	(G)		

Payroll deduction amount per pay period (F) / (G)	\$
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Important: Make a conservative election, only considering expenses that are expected to be incurred for dependent care expenses for the plan year. Dependent Care FSA funds do not rollover year to year, so you will have to spend your election amount by the end of the year.

Reference our [Dependent care eligible expense list](#) to see what type of expense are eligible.

Dependent Care FSA Worksheet	
Eligible weekly dependent care cost	(A) \$
Weeks of dependent care you will have in the plan year	(B)
Total anticipated cost of dependent care for the plan year (A) X (B)	(C) \$
Enter the maximum permitted Dependent Care FSA election	(D) \$
<b>Election Amount. Enter (C) or (D), whichever is less.</b> This is the amount you will enroll with during open enrollment	(E) \$
Number of pay periods in a plan year	(F)
Payroll deduction amount per pay period (E) / (F)	\$

Flexible Spending Accounts offered by Voya Benefits Company, LLC (in New York, doing business as Voya BC, LLC). Administration services provided in part by WEX Health, Inc.

This highlights some of the benefits of a Flexible Spending Account. If there is a discrepancy between this material and the plan documents, the plan documents will govern. Subject to any applicable agreements, Voya and WEX Health, Inc. reserve the right to amend or modify the services at any time.

The amount saved in taxes will vary depending on the amount set aside in the account, annual earnings, whether or not Social Security taxes are paid, the number of exemptions and deductions claimed, tax bracket and state and local tax regulations. Check with a tax advisor for information on whether your participation will affect tax savings. None of the information provided should be considered tax or legal advice.

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