

MEDICAL REIMBURSEMENT ACCOUNT

Estimate of Medical Expenses

Estimate your medical expenses for the upcoming plan year. Only include expenses not covered by insurance.

	LAST YEAR'S EXPENSES	PROJECTED EXPENSES
-Medical and Dental Deductibles:	\$ _____	\$ _____
-Your share of medical and dental co-payments:	_____	_____
-Surgical expenses:	_____	_____
-Prescription drugs:	_____	_____
-Vision examinations, glasses, contact lenses:	_____	_____
-Out patient care:	_____	_____
-Orthodontia:	_____	_____
-Physical examinations:	_____	_____
-Other expenses:	_____	_____
Total	\$=====	\$=====
Gross Salary:	\$ _____	\$ _____
Times	X <u> .20 </u>	X <u> .20 </u>

** **MAXIMUM AMOUNT ALLOWED:**
20% of gross salary or \$5,000, whichever is less.

Pay Period Salary Reduction Amount:		
Monthly Paid Employees: Divide annual reduction by 12	\$ _____	\$ _____
Biweekly Paid Employees: Divide annual reduction by 24	\$ _____	\$ _____