

SECTION 125 CAFETERIA PLAN FOR PLAN YEAR BEGINNING 20_____

CONFIDENTIAL EMPLOYEE WORKSHEET

Instructions:

Use this form to help you estimate the amount of medical, dental, and child care expenses you expect within the coming year. It will help if you start with the amount you spent last year and adjust it based on changes in your family situation.

1. How much is deducted each year for the following:		
a) Medical Insurance		
b) Dental Insurance		
2. TOTAL (sum of lines (a) through (b))		
3. How much (if anything) do you pay each year for child care for dependent children under age 13?		
4. How much (if anything) do you pay each year for the care of a dependent adult while you work?		
5. Medical costs not covered by your insurance, per year:		
a) Deductibles		
b) Percentages you must pay		
c) Vision care (contacts, glasses, etc.)		
d) Routine exams (physicals, well-baby care, etc.)		
e) Prescription drugs (including birth control pills)		
f) Acupuncture, Chiropractor, etc (does not include herbal treatments)		
g) Other anticipated expenses		
6. TOTAL (sum of lines (a) through (g))		
7. Dental costs not covered by your insurance, per year		
a) Examinations		
b) Fillings, crowns and bridges		
c) Dentures		
d) X-rays		
e) Flouride treatments		
f) Orthodontic work		
g) Other		
8. TOTAL (sum of lines (a) through (g))		
9. TOTAL (sum of lines 2, 3, 4, 6 and 8)		
10. Estimated percentage of salary that goes to federal, state, and social security taxes.		
11. Multiply line 9 by line 10.		
12. Estimated child care credit from federal income tax form (if itemized)		
13. Subtract line 12 from line 11 and enter the result on line 14		
14. Total tax dollars saved when deferring through the Cafeteria Plan		

****I understand this worksheet will be used only to help estimate my savings.****