

WORKSHEET
DEPENDENT CARE ASSISTANCE

Qualifying expenses are those incurred in order for you to be gainfully employed for the care and well being of your dependent.

CHILD/DEPENDENT CARE REIMBURSEMENT ACCOUNT

- Annual payment to a child/dependent care facility or individual \$ _____
- Annual payment to other qualifying care providers \$ _____

Total Annual Estimated Child/Dependent Care Expenses \$ _____

My taxable wages will be reduced by the following amount each pay period:

_____	x	_____	=	\$	_____
Per Pay Period		# of pay			Annual Dependent Care
Deduction Amt.		pds. per yr.			Flex. Spending Acct. Amt.

Note: Please refer to the Summary Plan Description at www.mocafe.com for further information on qualifying expenses.

WORKSHEET
FLEXIBLE MEDICAL BENEFITS

Annual estimated expenses for services rendered in the upcoming plan year not reimbursed by your medical and dental plans:

- Medical expenses, such as:
 - Deductibles and co-pays \$ _____
 - Routine office visits or physicals \$ _____
 - Non-covered prescriptions (Birth Control, etc.) \$ _____
 - Hearing aids or exams \$ _____
 - Other eligible expenses* \$ _____
- Dental expenses, such as:
 - Deductibles and co-pays \$ _____
 - Routine check-ups \$ _____
 - Orthodontic (braces, etc.) —See **Summary Plan Description** \$ _____
- Vision care expenses, such as:
 - Exams \$ _____
 - Eyeglasses or contacts \$ _____

Total Annual Estimated Flexible Medical Expenses \$ _____

My taxable wages will be reduced by the following amount each pay period:

_____	x	_____	=	\$	_____
Per Pay Period		# of pay			Annual Flexible
Deduction Amt.		pds. per yr.			Medical Amount

*Eligible expenses include any expenses considered deductible by the IRS for federal income tax purposes other than insurance premiums and long term care expenses. See IRS Publication 502 at www.mocafe.com for more information.