

# 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:	_____	_____
<b>Total</b>	\$=====	\$=====
<b>Gross Salary:</b>	\$ _____	\$ _____
<b>Times</b>	X <u>    .20    </u>	X <u>    .20    </u>

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

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