

**EMPLOYEE SURVEY FORM  
FOR FLEXIBLE SPENDING PLANS**

A section of the Internal Revenue Code allows you to increase your bottom line, pay less taxes, and therefore, have more income. This can be done by redirecting your taxable income to a non-taxable status to help you pay for certain expenses, such as: medical and dental premiums, unreimbursed medical, dental, vision, and childcare expenses. For example, if you are in the 20% federal income tax bracket and pay medical insurance premiums or have other unreimbursed expenses of \$100 per month, Uncle Sam has given you a \$20 raise each month.

1. ESTIMATE YOUR UNREIMBURSED MEDICAL, DENTAL, AND VISION EXPENSES:

**All Insurance Deductibles** ..... \$ \_\_\_\_\_

**All Co-Payments, co-insurance** ..... \$ \_\_\_\_\_

**Prescription Drugs Co-Payments**  
(Including birth control)..... \$ \_\_\_\_\_

**Dental Care**  
(Such as examinations, cleaning, x-rays, fillings, crowns, braces, etc.) ..... \$ \_\_\_\_\_

**Vision Care**  
(Eye exams, contacts, eyeglasses)..... \$ \_\_\_\_\_

**Other Eligible Expenses**  
(See list on other side of sheet.) ..... \$ \_\_\_\_\_

**TOTAL OF MEDICAL, DENTAL, AND VISION EXPENSES**..... \$ \_\_\_\_\_

2. ESTIMATE YOUR DEPENDENT CARE EXPENSES ANNUALLY:

If you are a single parent or if your spouse works, how much  
do you pay annually for Dependent Day Care for children 12 years  
or younger? ..... \$ \_\_\_\_\_

3. TOTAL SECTION (1) AND SECTION (2) ..... \$ \_\_\_\_\_ \*

\* This is the amount you may wish to deposit into the Reimbursement Account. Please be conservative when choosing an amount, as any unused dollars in your account at the end of the plan year must be forfeited.

**Remember, to receive reimbursement, you must submit copies of paid receipts with your Claim Supporting Statement. For the over-the-counter medications, please circle item name, amount paid, and date of purchase on the receipt. If the receipt does not include the place of purchase please include the name.**

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## **FLEXIBLE SPENDING PLAN ELIGIBLE EXPENSES**

Acupuncture	Psychiatric care
Ambulance costs	Psychologist's fees
Artificial limbs	Routine physicals and other non-diagnostic services or treatments
Artificial teeth	"Seeing-Eye" dog and its upkeep
Birth control pills	Smoking Cessation Program, if prescribed to treat a diagnosed medical condition
Braces	Special communications equipment for the deaf
Braille books and magazines	Special education for the blind
Care for mentally handicapped child	Special plumbing for the handicapped
Child care expenses	Sterilization fees
Chiropractors	Sunglasses, prescription
Co-insurance	Surgical fees
Co-payments	Telephone for the Deaf
Contact lenses	Television with audio display for the hearing impaired
Crutches	Therapy treatment
Deductible	Transplant of organs
Dental exams, cleaning and fees	Transportation for medical care
Dentures	Tuition at special school for handicapped
Diagnostic tests	Vaccinations
Drug & Alcoholism treatment	Walkers
Eyeglasses, including exams	Wheelchairs
Hearing devices and batteries	Wigs if prescribed
Home improvements necessitated by medical condition	X-rays
Hospital bills	
Insulin	
In vitro Fertilization	
Laboratory fees	
Laetrile by prescription	
Lasik Eye Surgery	
Lead base paint removal from walls to prevent lead poisoning	
Obstetrical expenses	
Operations if medically necessary	
Orthodontia	
Orthopedic shoes	
Oxygen	
Physician fees	
Prescribed medicine (including vitamins and contraceptives)	

FLEXIBLE SPENDING PLAN  
OVER THE COUNTER EXPENSES

Over-the-counter items for a SPECIFIC medical condition:

Band-aids, gauze, medical tape  
Braces for wrists, ankles, knees, elbows, neck  
Bunion & Corn Cushions  
Contact Lens Solutions  
Home Diagnostics Kits/Tests (pregnancy tests, ovulation kits, blood pressure monitors)  
Hydrogen Peroxide  
Ice Packs for injuries  
Isopropyl Alcohol  
Incontinence supplies  
**Menstrual care products (tampons and pads)**  
Non-prescription contraceptives  
**Over-the-Counter drugs and medicines**  
Ophthalmic Preparations (eye drops)  
Pre-Natal Vitamins  
Reading Glasses  
Sunburn relief/ sunscreens  
Surgical Stockings

**\*\* Effective 3/27/2020, Over-the-Counter drugs and medicines no longer require a letter of medical necessity.**

**Menstrual care products, (such as tampons and pads) are now an eligible expense.**

\*Special Foods (cost difference of common product with medical certification)

\*Vitamins & Supplements (to treat a specific diagnosis and those purchased at a chiropractor's office)

**\* Must have a written prescription from physician in order to be reimbursed.  
Diagnosis must be listed on prescription.**