



## Health Flexible Spending Account Payroll Deduction Worksheet Benefit Year July - June

FOR OFFICE USE ONLY

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<p>1. ESTIMATED HEALTH CARE EXPENSES. Money you may pay out-of-pocket for your health care.</p>			
	Deductible		\$
	Coinsurance Medical		\$
	Dental		\$
	Charges in excess of reasonable and customary		\$
	Vision Care (for extra money on frames or if you selected no vision, for exam, glasses, etc.)		\$
	Other eligible expenses (acupuncture, other alternative medicines not covered under the group plan—see booklet for a complete listing)		\$
<b>TOTAL ESTIMATED OUT-OF-POCKET HEALTH CARE EXPENSES</b>	<b>1</b>		\$ /12 months
2. ESTIMATED MONTHLY PAYROLL DEDUCTIONS. Divide line 1 by 12.	<b>2</b>		\$
3. SUBTRACT Monthly Leftover Benefit Credits.	<b>3</b>		\$
4. MONTHLY PAYROLL DEDUCTION.	<b>4</b>	Whole Number Only	
		\$	.00

**WARNING:** Overestimating your monthly payroll deduction will result in losing the balance in your health care reimbursement account at the end of the benefit year. Participants have 60 days after the end of a benefit year to file claims.