

How Flex Works

	Without Flex	With Flex
Annual Income	\$ 30,000	\$ 30,000
Out-of-Pocket * Pre-Tax Expenses	\$ 0	\$ 3,000
Remaining Income To Be Taxed	\$ 30,000	\$ 27,000
Estimated Taxes (26%) FICA, Federal & State **	\$ 7,800	\$ 7,020
Out-of-Pocket After-Tax Expenses	\$ 3,000	\$ 0
Take Home Pay	\$ 19,200	\$ 19,980
YOUR ANNUAL TAX SAVINGS	\$ 0	\$ 780

Please Note: The example shown above is for illustrative purposes only.

** The expenses in this example include Insurance Premiums, Health Care FSA and Dependent Day Care FSA.*

*** Varies According to State Regulations*

The above example illustrates the advantage of participating in your employer's Flexible Benefits Plan. This Illustration demonstrates how a participating employee might save \$780 in taxes during the Plan Year by paying for his expenses with pre-tax dollars.



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How Much Can I Save?

Employee Tax Savings Worksheet

I. Health Care FSA Expenses:

Estimated family annual medical/dental/vision expenses **not covered** by insurance:

Co-pays, deductibles, co-insurance	\$ _____
Prescription drugs	\$ _____
Over-the-counter drugs/medicines	\$ _____
Doctor office visits	\$ _____
Physical exams	\$ _____
Well-baby care	\$ _____
Chiropractic care	\$ _____
Dental care	\$ _____
Orthodontia	\$ _____
Vision Exams	\$ _____
Eyeglasses, Contact lenses, solution	\$ _____
Insulin and related supplies	\$ _____
Hearing care	\$ _____
Other Medical Expenses	\$ _____

Total Annual Medical, Dental, Vision Expenses: \$ _____

II. Dependent Day Care FSA Expenses

Weekly expenses \$ _____

x 52

Total Annual Dependent Day Care Expenses: \$ _____

III. Total Flex Savings

Total eligible annual expenses from above \$ _____

Multiply by an estimated tax savings of 26% x 26%

Your Estimated Annual Tax Savings: \$ _____

