**TexFlex Contribution Worksheet**

**Plan carefully when deciding how much to contribute.**

If you are considering enrolling in TexFlex, use this worksheet to help you estimate how much you want to contribute to your TexFlex account. TexFlex is a tax-savings program regulated by the IRS with strict guidelines on how and when you can use you TexFlex funds. So, it's important to calculate your annual TexFlex contribution carefully to avoid losing your TexFlex funds.

**TIPS:**
- Review your current and prior years’ expenses to help you estimate expenses for the coming year.
- Make sure to be conservative while planning your contribution.
- Keep in mind that you can carry over up to $500 in unused health care account funds to the next plan year.

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**TexFlex health care account**

Enter your annual out-of-pocket eligible expenses for each of the following:

- Medical care $ _____________
- Dental care $ _____________
- Vision care $ _____________
- Prescriptions $ _____________
- Medical supplies $ _____________

Total lines above $ _____________

This is the estimated annual amount eligible for your TexFlex health care account.

**NOTE:** TexFlex health care account contributions are limited to $2,750 per year.

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**TexFlex dependent care account**

Enter your out-of-pocket eligible expenses for each of the following:

- Your weekly child/elder cost $ _____________
- Other eligible weekly expenses $ _____________

Total lines above $ _____________

Number of weeks you will incur expenses _____________ weeks

Multiply total by # of weeks $ _____________

This is the estimated annual amount eligible for your TexFlex dependent care account.

**NOTE:** TexFlex dependent care account contributions are limited to $5,000 per year.

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*TCertain OTC drugs and medicines are considered ineligible unless you have a written prescription from your doctor. Please keep this in mind when deciding how much money you will put into your health care account.