



Employee Savings Worksheet

Answer these questions to find out just how much money you can save with FlexSystem!

Name _____ Marital Status _____

Company _____

I. Group Insurance

Circle

- 1) Do you currently pay an insurance premium for one of the following through a payroll deduction?
 - Health yes / no
 - Life Insurance yes / no
 - Disability yes / no
 - Accidental Death & Dismemberment yes / no
- 2) If so, approximately how much are these premiums annually? \$ _____

II. Medical Expenses

- 1) Do you or a member of your family incur medical expenses which are not reimbursed by insurance? yes / no
- 2) Approximately how much are these expenses annually, including your insurance deductible? \$ _____

III. Dependent Care

- 1) If you are married, does your spouse work or attend school on a full-time basis? yes / no
- 2) If you are not married, do you have a child or other dependent living in your home? yes / no
- 3) If the answer to number 1 or 2 is yes, do you have a child (under age 13) or other dependent (spouse or family member) living in your home who requires daycare or other similar expenses (Daycare center, babysitter, and/or housekeeper)? yes / no
- 4) If the answer to number 3 is yes, approximately how much are these expenses annually? \$ _____

IV. Add Amount Totals from I, II & III = \$ _____

Multiply total from IV x (22.65%) = \$ _____
Tax Savings