

Background. Minimum Requirements

It is assumed that every family will incur *some* healthcare costs. Complete this form only if your family paid in 2023 or *will pay in* 2020526.2 656.74Ua6 65616 Tw 98 0 0 9Ua6.48 0 3.2423 0 1ev4Ct0m[2fu.)6945£6.0018 Tc 0 Tw 98mT2Tw 9fTw (8y9m4005 64)4.0; 8

In general, include insurance premiums <u>not paid</u> with "pre-tax" dollars (those deducted from salary), **and** expenses such as office visits, hospital, dental, prescription costs, etc. **as long as** they are not paid from your FSA or