



FSA Capital Expenditure Form
(03/2014)

Employer Name: _____

Table with employee information: Employee Name (LAST, FIRST, MI), SS#, Address (STREET, CITY, STATE, ZIP), Phone: ()

☐ Please check if this is a new address

NOTE: Information below must be completed

CAPITAL EXPENSE

This section must be completed if you are claiming a capital expense for yourself, your spouse or your tax-qualified dependent. It must accompany a Medical Necessity Form Letter. See the PBS FSA Capital Expenditure Form Example for instructions on how to complete.

Table with 5 rows for capital expense details: 1. Enter the amount you paid for the home improvement: \$; 2. Enter the value of your home immediately after your home improvement: \$; 3. Enter the value of your home immediately before your home improvement: \$; 4. Subtract line 3 from line 2. This is the increase in the value of your home due to the improvement: \$; 5. Subtract line 4 from line 1. These are your medical expenses due to the home improvement \$

I certify that the above information is a true and accurate representation of expenses for special equipment installed in a home or home improvement whose main purpose is medical care for myself, my spouse or my tax-qualified dependent.

Participant Signature: _____ Date: ___/___/___