

**Anticipated Medical Expenses**

Co-Pays		Crowns, Caps, Bridges	
Deductibles		Chiropractic Care	
Orthodontia		Eye Exams	
Prescription Drugs		Hearing Aids	
Dental Exams/ Cleaning		Contact Lens Supplies	
X-ray or lab fees		Contact Lenses	
Rx Eyeglasses or Sunglasses		Other	
TOTAL ESTIMATED MEDICAL EXPENSES			\$ -

**Anticipated Daycare Expenses**

Babysitters		NurserySchool	
After School Programs		Elder Care	
Day Camp		Other	
TOTAL ESTIMATED DAYCARE EXPENSES			\$ -

**Anticipated Premium Expenses**

Non-employer sponsored health insurance		College Health Fees	
Non-employer sponsored disability insurance		Other	
TOTAL ESTIMATED PREMIUM EXPENSES			\$ -

**Anticipated Adoption Expenses**

Reasonable and Necessary Adoption Fees		Travel Expenses	
Court Costs		Other	
TOTAL ESTIMATED ADOPTION EXPENSES			\$ -