



Capital Expenditure Determination Form

This must be accompanied with a completed Medical Determination Form – www.taxesaverplan.com.

You may submit this completed form to TaxSaver Plan via facsimile at 214-528-8122.

Patient Name

Participant Name

Participant Employer

Participant Social Security Number

Please answer the following questions. Please print legibly to expedite processing.

1. List the total amount of the expenditure / expense.

\$ _____

2. List the percentage of use that will be for the patient in relation to other household members.

_____% for patient use; ____% for other household member use

3. List the cost differential between the expenditure and the increased value of the participant's home if applicable (please attach the third party appraisal documentation).

Amount of expenditure \$ _____

Increased value of home -\$ _____

Difference amount \$ _____

4. List the name and detailed description of the expense.

I certify that the above information is true to my knowledge.

Participant Signature

Date