

Benefits Summary Worksheet

Medical Insurance

Deductible _____
Coverage Limits _____
Employee Cost _____
Co-payment _____

Life Insurance

Coverage Amount Provided _____
Additional Coverage Available _____

Disability Insurance

SHORT TERM

Length of coverage _____
% of salary covered _____
Waiting Period _____

LONG TERM

Length of coverage _____
% of salary covered _____
Waiting Period _____

Company Retirement Plan

Amount allowed to contribute _____
Company Match _____

Employee Stock Option Plan

Employee Stock Savings Plan

Other Expenses

Travel _____
Transportation Pass _____
Parking _____
Education _____

