

Benefits Worksheet: Total Annual Compensation for Interns & Associates

In addition to base salary, total compensation includes all benefits provided by the employer. Use this worksheet to evaluate the total compensation provided with an employment offer to ensure it meets your financial needs.

Compensation or Benefit Type	Annual Amount
Base Salary	45,000.00
Emergency Fees (<i>avg amount paid per intern/associate per year over the past 3 years</i>)	
Other Income (<i>horse shows, regulatory work</i>)	4,000.00
SUBTOTAL	49,000.00
Retirement Match Percentage (<i>avg amount paid per intern/associate per year over the past 3 years</i>) <input type="text"/> %	0.00
Retirement Match Flat Amount (<i>avg amount paid per intern/associate per year over the past 3 years</i>)	
Signing/Relocation Stipend	1,000.00
CE Expense Budget	1,500.00
AAEP Dues	
AVMA Dues	
Other Association Dues (<i>non-AAEP/AVMA</i>)	1,350.00
State Licenses	
DEA Fees	
Liability Insurance	
Medical Insurance/HSA	
Dental Insurance	1,000.00
Vision Insurance	1,000.00
Disability Insurance	
Apparel Stipend (<i>or estimated value of provided logo wear</i>)	250.00
Cell Phone Stipend (<i>or estimated value of provided phone</i>)	1,200.00
Housing (<i>if housing provided, use https://www.huduser.gov/portal/datasets/fmr.html to estimate value of that housing, otherwise include amount of stipend or assistance provided</i>)	18,000.00
Peer Group Expenses Paid by Practice	
Total \$	74,300.00



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