

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
Emergency Fees (avg amount paid per intern/associate per year over the past 3 years)	Depends on # of
Other Income (horse shows, regulatory work)	N/A
SUBTOTAL	0.00
Retirement Match Percentage (avg amount paid per intern/associate per year over the past 3 years)	<input type="text" value="3"/> % 0.00
Retirement Match Flat Amount (avg amount paid per intern/associate per year over the past 3 years)	
Signing/Relocation Stipend	
CE Expense Budget	
AAEP Dues	PAID
AVMA Dues	PAID
Other Association Dues (non-AAEP/AVMA)	
State Licenses	MD & PA / PAID
DEA Fees	PAID
Liability Insurance	PAID
Medical Insurance/HSA	50% of premium / employer
Dental Insurance	50% of premium
Vision Insurance	50% of premium
Disability Insurance	N/A
Apparel Stipend (or estimated value of provided logo wear)	Provided
Cell Phone Stipend (or estimated value of provided phone)	Provided
Housing (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)	No Housing / Stipend \$500 / month
Peer Group Expenses Paid by Practice	
Total \$	0.00