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 Typ	e	Annual Amount
Base Salary		
Emergency Fees (avg amount per year over the past 3 years)	paid per intern/associate	
Other Income (horse shows, re	egulatory work)	
SUBTOTAL		
Retirement Match Percentage (avg amount paid per intern/associate per year over the past 3 years) %)
Retirement Match Flat Amoun intern/associate per year over t		
Signing/Relocation Stipend		
CE Expense Budget		
AAEP Dues		
AVMA Dues		
Other Association Dues (non-A	AEP/AVMA)	
State Licenses		
DEA Fees		
Liability Insurance	See link in job description	
Medical Insurance/HSA	See link in job description	
Dental Insurance	See link in job description	
Vision Insurance	See link in job description	
Disability Insurance	See link in job description	
Apparel Stipend (or estimated	value of provided logo wear)	
Cell Phone Stipend (or estimate	ed value of provided phone)	
3	nttps://www.huduser.gov/portal/datasets/fmr.html to wise include amount of stipend or assistance provided)	
Peer Group Expenses Paid by	Practice	
	Total \$	3

