

EMPLOYEE BENEFIT PACKAGE SUMMARY

Employee name: _____

Job title: _____

Date of hire: _____

Compensation

Hourly wage: _____

Annual compensation: _____

Benefits

Employer paid Medicare
and Social Security taxes: _____

Paid health insurance: _____

Profit-sharing contribution: _____

Paid time off: _____

Paid holidays: _____

Total compensation
with benefits:* _____

*Does not reflect bonuses, gifts or overtime.



FPM Toolbox To find more practice resources, visit <https://www.aafp.org/fpm/toolbox>.

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