

## COMPENSATION AND BENEFITS ANALYSIS WORKSHEET

### Compensation:

Base Pay: \_\_\_\_\_ Does it meet my range? YES  NO

- Sign-on bonus: \$ \_\_\_\_\_
- Production Bonus: \$ \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Partnership potential

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Restrictive Covenant?
  - ✓ Length of time: \_\_\_\_\_
  - ✓ Geographic area: \_\_\_\_\_

If not at the high end of your range, what are compensating factors?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Benefits:

<b>FICA/Medicare paid</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Health Insurance</b>		
- Policy/Company: _____		
- Coverage: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- _____		
- Cost per month: _____		
<b>Life Insurance</b>		
- Policy/Company: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Face Value: _____		
<b>Dental Insurance</b>		
- Policy/Company: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
- Coverage: _____		

- _____ - Cost per month: _____		
<b>Short-term Disability</b> - Benefits begin: _____ - Percentage of pay: _____% - Continues for (# days or weeks) _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Long-term Disability</b> - Benefits begin: _____ - Percentage of pay: _____% - Continues for (# days or weeks) _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Pension Plan</b> - Defined Benefit: _____ - Defined Contribution: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>401(K) or other Retirement Savings</b> - Maximum %age Contribution: ✓ Before Tax: _____% ✓ After Tax: _____% ✓ Company Match: _____%	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Profit Sharing</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Student Loan Forgiveness</b> - %age or Dollar Amount: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Cellular Phone Expenses</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Non-financial Benefits</b> - Vacation Pay in Days: _____ - Sick Pay in Days: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## Practice Benefits:

<b>Malpractice Insurance</b> - Policy/Company: _____ - Annual Premium: _____ - Occurrence/Claims Made: _____ - _____ - Coverage Limitations: _____ - _____ - \$ _____ Individual - \$ _____ Aggregate	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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<b>Tail Coverage</b> - Previous Carrier: _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>Professional Dues and Licensing</b> - Notes: _____ _____ _____ _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>CME Allowance</b> - Notes: _____ _____ _____ - CME/Professional Development Days: _____ _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**Expenses that will be self-covered** (e.g., health care coverage, parking, professional dues?):

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