ABLE, INC. EMPLOYEE BENEFIT WORK SHEET

NAME: **EFFECTIVE DATE:**

SALARY: **$ 19,198.40** **WAGE:** **$ 9.23**

Fringe Benefits (33% of Salary)			$ 6,335.47	
1.) Social Security (7.65% of Salary)		$ 1,468.68		
2.) Workers Comp. (2.13% on 1st $20300)		$ 408.93		
3.) Unemployment Comp.(.50% on 1st $21,300)		$ 95.99		
Total Taxes			$ 1,973.60	
4.) Life Insurance (25,000 for $36.00) **HORACE MANN**	$ 3.00		$ 36.00	
5.) Disability Insurance (.0052 x Salary) **HORACE MANN**	$ 8.32		99.83168	
AMOUNT REMAINING	**YR/MO**	$ 4,226.04		$ 352.17

6.) Medical Insurance
BLUE CROSS/BLUE SHIELD

Employee	$366.40
Family	$1058.50
Emp/Spouse	$806.90
Emp/Child	$645.80

$ -

7.) Dental Insurance
BLUE CROSS

Single	$ 28.30
Family	$ 72.90

$ -

TOTAL INSURANCE $ -

Annual amount remaining for Retirement Annuity. (This amount will be paid by ABLE, Inc. if employee contributes same amount or more) $ 352.17

ANNUITY CONTRIBUTION BY ABLE, INC. $ 10.00

Amount to be deducted from my paycheck for my annuity contract $ -

Beginning:
Signature:
Date:

Amount to be deducted from my paycheck for insurance $ -

Additional amount deducted from paycheck: