

Employer Contributions to Employee Benefits Premiums PER MONTH

Company Name: _____
Contact Providing Info: _____ **Email Address:** _____

1. What is your pay cycle? Monthly, Bi-monthly, on specific dates or days of the week?

2. Does your company pay a portion of your employees' benefit premiums?

3. If yes, is the company contribution the same for all employees?

NOTE: Below is a table that will help you provide AAASEBF your employer contribution amounts so we can accurately display the costs of benefit premiums to your employees. If the table does not accurately capture your current contributions, please submit a summary or description of your monthly contributions.

Your Company's Health Insurance Contribution Amount for Health Insurance Premiums

	Company contributes a % each month	<i>or</i>	Company Contributes a \$ amount each month
Employee	_____		_____
Employee +Spouse, Children or Family	_____		_____

Your Company's Health Insurance Contribution Amount for Dental Insurance Premiums

	Company contributes a % each month	<i>or</i>	Company Contributes a \$ amount each month
Employee	_____		_____
Employee + Family	_____		_____

Your Company's Health Insurance Contribution Amount for Vision Insurance Premiums

	Company contributes a % each month	<i>or</i>	Company Contributes a \$ amount each month
Employee	_____		_____
Employee +Spouse, Children or Family	_____		_____

Your Company's Health Insurance Contribution Amount for Life Insurance Premiums

	Company contributes a % each month	<i>or</i>	Company Contributes a \$ amount each month
Employee	_____		_____
Employee +Spouse, Children or Family	_____		_____