

6. Fringe Benefits
Specify amount paid by employer (annually) on behalf of terminated employee.

	Pre-Termination	Post
1. Group Health/Hospitalization Insurance	\$ _____	\$ _____
2. Life Insurance	\$ _____	\$ _____
3. Retirement Plan (401K, IRA, or other)	\$ _____	\$ _____
4. Stock Options	\$ _____	\$ _____
5. Social Security	\$ _____	\$ _____
6. Workman's Compensation	\$ _____	\$ _____
7. Vacation	\$ _____	\$ _____
8. Sick Pay	\$ _____	\$ _____
9. Other(explain)	\$ _____	\$ _____

7. Other Considerations:
Please include any of the following records if possible.
1. Interrogatories
 2. Deposition transcripts of parties
 3. Fringe benefit booklets
 4. Retirement booklets
 5. Other relevant documents as needed/specified