

New Jersey Department of Health  
Division of HIV, STD And TB Services

**FRINGE BENEFIT BREAKDOWN**

|                        |       |   |
|------------------------|-------|---|
| F.I.C.A.               | _____ | % |
| Health Insurance       | _____ | % |
| Unemployment Insurance | _____ | % |
| Disability Insurance   | _____ | % |
| Life Insurance         | _____ | % |
| Worker's Compensation  | _____ | % |
| Pension/Retirement     | _____ | % |
| Other (Explain): _____ | _____ | % |
| <br>                   |       |   |
| TOTAL *                | _____ | % |

\*This amount must equal the percentage shown on Schedule A, Page 1 of 2.