

**SKADDEN FOUNDATION BENEFIT WORKSHEET
SEPTEMBER 2024 - AUGUST 2025**

SKADDEN FELLOW NAME:							
FELLOW'S STARTING DATE:							
BENEFITS CONTACT AT ORGANIZATION:		Name:					
		Organization:					
		Title:					
		Address:					
		Email:					
		Phone:					
			Amount Needed		Amount Needed		Amount Needed
			For First Quarter		For Second Quarter		For Fourth Quarter
		Total for Year**	9/1/2024 to 11/30/2024***		12/1/2024 to 2/29/2025***		3/1/2025 to 5/31/2025***
							6/1/2025 to 8/30/2025***
SALARY	\$65,000.00	\$16,250.00	\$16,250.00	\$16,250.00	\$16,250.00	\$16,250.00	\$16,250.00
FICA	\$4,972.50	\$1,243.12	\$1,243.12	\$1,243.12	\$1,243.13	\$1,243.13	\$1,243.13
MEDICAL INSURANCE *							
DENTAL INSURANCE *							
LIFE INSURANCE *							
DISABILITY *							
GRAND TOTAL	\$69,972.50	\$17,493.12	\$17,493.12	\$17,493.12	\$17,493.13	\$17,493.13	\$17,493.13

SAMPLE

*** THE FOUNDATION COVERS THE FULL COST OF BOTH THE EMPLOYEE AND EMPLOYER CONTRIBUTION OF THESE BENEFITS. NO DEDUCTIONS SHOULD BE MADE FROM THE FELLOWS' SALARY OR WITHDRAWN FROM THEIR PAYCHECK TO COVER ANY EMPLOYEE CONTRIBUTIONS FOR MEDICAL, DENTAL, LIFE INSURANCE AND DISABILITY BENEFITS.**

** If costs change over the course of the year, please email the Skadden Foundation (SkaddenFellowship.Benefits@skadden.com) an updated benefit worksheet.

*** If any of the costs do not equal one quarter of the total cost for the year, please explain below.