FRINGE BENEFIT COST WORKSHEET – FSMC

(To be completed by FSMC for FSMC employees)
List Annual Cost for the Year _2026_ - _2027_

EMPLOYEE NAME	HOSPITALIZATION (Medical) $	DENTAL $	VISION $	LONGEVITY OR ANNUITY $	LIFE $	RETIRE-MENT $	OTHER[1] $	TOTAL $
HOURLY EMPLOYEES								14,060.64
TOTAL COSTS	$	$	$	$	$	$	$	$

[1] Include Paid Time Off (PTO), Holiday pay and Sick pay
If Workers' Compensation cost is charged to food service, what is percentage? ___%
NOTE: Use actual rates for FSMC; do not use a prorated statewide average benefit rate.