

SNF WAGE RELATED COSTS		PROVIDER CCN:	PERIOD : FROM _____ TO _____	WORKSHEET S-3 PART IV
Part A - Core List				Amount Reported
RETIREMENT COST				
1	401k Employer Contributions			1
2	Tax Sheltered Annuity (TSA) Employer Contribution			2
3	Qualified and Non-Qualified Pension Plan Cost			3
4	Prior Year Pension Service Cost			4
PLAN ADMINISTRATIVE COSTS (Paid to External Organizations)				
5	401K/TSA Plan Administration fees			5
6	Legal/Accounting/Management Fees-Pension Plan			6
7	Employee Managed Care Program Administration Fees			7
HEALTH AND INSURANCE COST				
8	Health Insurance (Purchased or Self Funded)			8
9	Prescription Drug Plan			9
10	Dental, Hearing and Vision Plan			10
11	Life Insurance (If employee is owner or beneficiary)			11
12	Accidental Insurance (If employee is owner or beneficiary)			12
13	Disability Insurance (If employee is owner or beneficiary)			13
14	Long-Term Care Insurance (If employee is owner or beneficiary)			14
15	Workers' Compensation Insurance			15
16	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106 Non cumulative portion)			16
TAXES				
17	FICA - Employers Portion Only			17
18	Medicare Taxes - Employers Portion Only			18
19	Unemployment Insurance			19
20	State or Federal Unemployment Taxes			20
OTHER				
21	Executive Deferred Compensation			21
22	Day Care Cost and Allowances			22
23	Tuition Reimbursement			23
24	Total Wage Related cost (sum of lines 1 -23)			24
Part B Other than Core Related Cost				Amount Reported
25	Other Wage Related Costs (specify)			25