

HOSPITAL WAGE RELATED COSTS		PROVIDER CCN: _____	PERIOD FROM _____ TO _____	WORKSHEET S-3 PART IV
Part IV - Wage Related Cost				
Part A - Core List				
			Amount Reported	
RETIREMENT COST				
1	401k Employer Contributions			1
2	Tax Sheltered Annuity (TSA) Employer Contribution			2
3	Nonqualified Defined Benefit Plan Cost (see instructions)			3
4	Qualified Defined Benefit Plan Cost (see instructions)			4
PLAN ADMINISTRATIVE COSTS (Paid to External Organization):				
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
8.01	Health Insurance (Self Funded without a Third Party Administrator)			8.01
8.02	Health Insurance (Self Funded with a Third Party Administrator)			8.02
8.03	Health Insurance (Purchased)			8.03
9	Prescription Drug Plan			9
10	Dental, Hearing and Vision Plan			10
11	Life Insurance (If employee is owner or beneficiary)			11
12	Accident 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 Noncumulative 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 (Other Than Retirement Cost Reported on lines 1 through 4 above)(see instructions)			21
22	Day Care Cost and Allowances			22
23	Tuition Reimbursement			23
24	Total Wage Related cost (Sum of lines 1 through 23)			24
Part B - Other than Core Related Cost				
25	Other Wage Related Costs (specify)			25