

# Pharmacy Benefits Analysis

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Pharmacy: \_\_\_\_\_

*Please check which benefits you currently offer at your pharmacy and provide relevant details for each.*

## Benefits

## Description

<input type="checkbox"/> 401k	_____
<input type="checkbox"/> Cafeteria Plan	_____
<input type="checkbox"/> Day Care	_____
<input type="checkbox"/> Dental/Vision	_____
<input type="checkbox"/> Employee Assistance Program	_____
<input type="checkbox"/> Financial Planning	_____
<input type="checkbox"/> Flexible Spending Account	_____
<input type="checkbox"/> Golden Handcuffs	_____
<input type="checkbox"/> Group Disability Insurance	_____
<input type="checkbox"/> Group Health Insurance	_____
<input type="checkbox"/> Group Life Insurance	_____
<input type="checkbox"/> Maternity/Paternity Leave	_____
<input type="checkbox"/> Paid Holidays	_____
<input type="checkbox"/> Paid Time Off	_____
<input type="checkbox"/> Philanthropy Days	_____
<input type="checkbox"/> Profit Sharing	_____
<input type="checkbox"/> Team Bonding	_____
<input type="checkbox"/> Tuition/Student Loan Assistance	_____
<input type="checkbox"/> Wellness Program	_____
<input type="checkbox"/> Work From Home	_____
<input type="checkbox"/> Other	_____

**At Pharmacy401k, we offer a full pharmacy benefits program.  
Contact us today for details!**

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Email: [info@waypointus.com](mailto:info@waypointus.com)



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**ELITE**

Your Pharmacy Benefits Partner