

Name: _____

Date: _____

Period: _____

Insurance

H W O D D F J Z M U I M E R P D D
V Y Y E A C I F I I B I S A Q I Y
P J Z D H K Q D A A E F P V F A T
F L B U H C M A N C N J M Y E C I
L L F C Q E H V K A E T F Z K I R
Z O V T L H N H U C F F F X C D U
H R Y I A C W L M Q I Y O C X E C
A Y S B I Y E X F O C V Y G F M E
G A Z L S A Q U C E I N S I U Q S
Z P G E O P Z N W J A F S V I W L
L S P Y M P I L O T R O V T Z O A
P Q Y H N T P F U Z Y Y B P B V I
S E V E R A N C E P A C K A G E C
C O Q U E M P L O Y M E N T B D O
H V S U N E M P L O Y M E N T B S
Z T C O M P E N S A T I O N I A E
E C N A R U S N I O J X B D C E F

Severance Package
Compensation
Deductible
Medicaid
Trust
HMO

Social Security
Beneficiary
Insurance
Premium
FICA

Unemployment
Employment
Paycheck
Payroll
PPO