

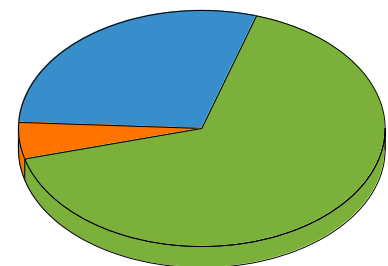
John Smith
123 Home Address
City, State 12345

Confidential Information Enclosed

We are pleased to provide you with this personalized benefit statement for 2015. It is our sincere hope that the protection and security of these benefits will make life better for you today as well as provide you with a more secure future. We appreciate your continued service and dedication to the company.

Your 2015 Total Compensation Package from Your Company

| | |
|--|--------------------|
| Earnings | |
| Current Annual Earnings | \$39,172.22 |
| 2014 Bonus | \$400.00 |
| Your 2014 Total Earnings: | \$39,572.22 |
| Benefits | |
| Total Employer Provided Insurance | \$9,767.64 |
| Statutory Benefits | \$3,255.41 |
| Retirement | \$1,175.17 |
| Additional Benefits | \$2,100.00 |
| Total Employer-Provided Benefits: | \$16,298.22 |
| Your Total Compensation: | \$55,870.44 |



Summary of Benefits for John Smith

Insurance: To help take care of you and those who depend on you, Your Company provides or shares in the cost for the following insurance benefits:

- Medical for you and your dependents
- Dental for you and your dependents
- Group Term Life & AD&D
- Short-Term Disability Income
- Long-Term Disability Income

Statutory Benefits: Both employers and employees are required to pay taxes to help fund Social Security and Medicare (FICA taxes). In addition, Your Company pays 100% of the cost for Unemployment insurance and Workers' Compensation insurance as required by law.

Retirement: In 2015, you may contribute up to \$18,000 of your compensation (plus a catch-up contribution if age 50 or over). Your employer will match \$.50 for every \$1.00 you contribute up to the first 6% of your salary. You may invest your contributions in several different investment options.

Paid Time Off: Your Company recognizes the value of taking time away from the work environment. PTO is earned and accumulated based on your years of service.

Voluntary: Voluntary insurance plans may be available through payroll deduction. Please consult the plan document for the details and eligibility requirements of each plan.

Contacts:

| | | |
|----------|-----------------|--------------|
| medical | bcbst.com | 800-565-9140 |
| dental | deltadental.com | 800-223-3104 |
| 401(k) | jhpensions.com | 800-395-1113 |
| LTD/STD | unum.com | 800-421-0344 |
| cancer | aflac.com | 800-992-3522 |
| accident | aflac.com | 800-992-3522 |

The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan.

| Employer-Provided/Shared | Your Election/Benefit | <i>your cost</i> | <i>company cost</i> |
|---|-------------------------|-------------------|---------------------|
| <u>Insurance:</u> | | | |
| Medical | HDHP plan - family | \$1,404.00 | \$8,498.04 |
| Dental | family | \$189.00 | \$818.64 |
| Employee Assistance Program | | \$0.00 | provided |
| Basic Life & AD&D | 2 times base earnings | \$0.00 | \$96.00 |
| Short-Term Disability | 60% of weekly earnings | \$0.00 | \$219.36 |
| Long-Term Disability | 60% of monthly earnings | \$0.00 | \$135.60 |
| <u>Statutory:</u> | | | |
| Social Security & Medicare | | \$2,905.41 | \$2,905.41 |
| State & Federal Unemployment | | \$0.00 | \$227.00 |
| Workers' Compensation | | \$0.00 | \$123.00 |
| <u>Retirement:</u> | | | |
| 401(k) Retirement | Your Contribution - 6% | \$2,350.33 | \$1,175.17 |
| <u>Additional Benefits:</u> | | | |
| Cell Phone Allowance | | \$0.00 | \$600.00 |
| Health Savings Account | | \$520.00 | \$1,500.00 |
| Voluntary Benefits | | | |
| Term Life Insurance | enrolled | \$260.00 | \$0.00 |
| Spouse Life Insurance | enrolled | \$90.00 | \$0.00 |
| Dependent Life Insurance | not enrolled | \$0.00 | \$0.00 |
| Cancer | enrolled | \$180.00 | \$0.00 |
| Accident | not enrolled | \$0.00 | \$0.00 |
| Medical FSA | not enrolled | \$0.00 | \$0.00 |
| Dependent FSA | enrolled | \$520.00 | \$0.00 |
| Total Benefits | | \$8,418.74 | \$16,298.22 |
| Paid Time Off | | | |
| Paid Time Off | 10.0 days | | \$1,506.62 |
| Holidays | 8.0 days | | \$1,205.30 |
| Floating Holiday | 1.0 days | | \$150.66 |
| Total Time Off Value | | | \$2,862.58 |
| (value included as part of current annual income) | | | |