

Mary L. Smith  
123 Home Address  
City, State 12345

**Confidential Information Enclosed**

We are pleased to provide you with this personalized total compensation statement for 2016. 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.

Your employee benefits contribute greatly to your annual compensation and to your personal well being. This statement not only gives you a brief summary of your personal benefit elections, but also provides “costs of benefits” information, which is important when considering your total compensation.

We are constantly working to provide you with a benefit package that is competitive and progressive within our industry and our community. We appreciate your service and dedication to the company.

**Value of your 2016 Total Compensation Package from yourCompany**

	<i>company cost</i>	
<b>Earnings:</b>		
Current Annual Income	\$39,172.22	
2015 Bonus	\$400.00	
<b>Total Earnings</b>	<b>\$39,572.22</b>	
<b>Benefits:</b>		
Total Employer Provided Insurance	\$9,767.64	
Statutory Benefits	\$3,255.41	
Health Savings Account	\$1,500.00	
401(k) Retirement Match	\$1,175.17	
Cell Phone Allowance	\$600.00	
<b>Total Employer Provided Benefits:</b>	<b>\$16,298.22</b>	
<b>Your Total Compensation</b>	<b>\$55,870.44</b>	

	earned income	65.7%
	company paid benefits	29.2%
	time off	5.1%

Summary of Your Compensation & Benefits

*Employer Provided Benefits:* *company cost*

Medical	HDHP plan - family	\$8,498.04
Dental	family	\$818.64
Short-Term Disability	60% of weekly pay	\$135.60
Long-Term Disability	60% of monthly pay	\$219.36
Basic Life & AD&D	two-times earnings	\$96.00
401(k) Retirement*		\$1,175.17
Social Security & Medicare		\$2,905.41
Unemployment		\$227.00
Workers' Compensation		\$123.00
Cell Phone Allowance		\$600.00
Health Savings Account		\$1,500.00

**Total Benefits** **\$16,298.22**

*Time Off:*

Paid Time Off	10 days	\$1506.62
Holidays	8 days	\$1,205.30
Floating Holiday	1 day	\$150.66

**Total Time Off Value** **\$2,862.58**

(included as part of base annual income)

\*estimated value based on your income, your contribution to the plan, the company match and IRS guidelines

Employer Provided Benefits & Time Off:

- **Medical & Dental:** Your Company pays a substantial portion of the cost for your medical and dental insurance.
- **Life & AD&D Insurance:** Provides 2 times earnings to a maximum of \$200,000.
- **Short-Term Disability:** After the waiting period, you may be eligible to receive a weekly benefit of 60% of eligible earnings to the maximum weekly benefit.
- **Long-Term Disability:** After the waiting period, you may be eligible to receive a monthly benefit of 60% of eligible earnings to the maximum monthly benefit.
- **Social Security & Medicare:** Both employers and employees are required to pay taxes to help fund Social Security and Medicare (FICA taxes) Your Company's estimated share is shown.
- **Workers Comp & Unemployment:** Your Company pays 100% of the cost as required by current laws.
- **401(k) Retirement:** Your Company will match \$.50 for every \$1.00 you contribute up to the first 6% of your salary (after six months of service).
- **Health Savings Account:** Your Company contributes \$1,500 annually to your HSA.
- **Time Off:** Paid Time Off is earned based on your length of service.

About your Statement: The actual determination of your benefits is based solely on the plan documents provided by the carrier of each plan. In case of a discrepancy between this statement and the plan documents, the plan documents will prevail.

Contacts

<u>contacts:</u>	<u>website:</u>	<u>phone:</u>
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