

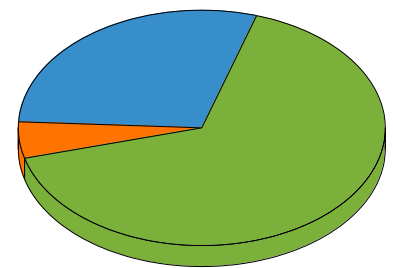
John Smith
123 Home Address
City, State 12345

Confidential Information Enclosed

We are pleased to provide you with this personalized benefit 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. We appreciate your continued service and dedication to the company.

Your 2016 Total Compensation Package from Your Company

Earnings	
Current Annual Earnings	\$39,172.22
2015 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



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

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 2016, 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)			