

Mary Smith
123 Home Address
City, State 12345

Confidential Information Enclosed



Dear Mary,

We are pleased to provide you with your Total Rewards statement for 2016. This statement has been prepared and personalized specifically for you. It is our sincere hope that the protection and security these benefits provide 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 benefits and personal elections, but also provides "costs of benefits" information, which is important when considering your total compensation. Most importantly, this booklet gives you information about you – about your earnings, your benefit elections and your future.

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 continued service and dedication to the company.

Sincerely,

Jackie Danieley
President

Value of your 2016 Total Compensation from Your Company

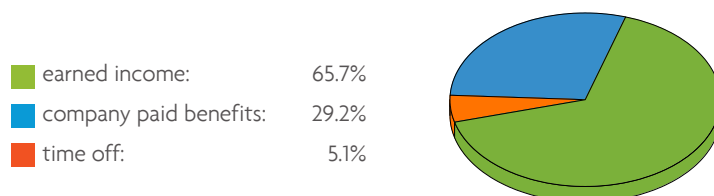
		<i>your cost</i>	<i>company cost</i>
Annual Earnings			
Current Annual Income			\$39,172.22
2015 Bonus			\$400.00
Total Earnings			\$39,572.22
Employer-Provided/Shared		Your Election/Benefit	
Medical	HDHP plan - family	\$1,404.00	\$8,498.04
Dental	family	\$189.00	\$818.64
Employee Assistance Program		\$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
Social Security & Medicare		\$2,905.41	\$2,905.41
Unemployment		\$0.00	\$227.00
Workers' Compensation		\$0.00	\$123.00
401(k) Retirement	Your Contribution - 6%	\$2,350.33	\$1,175.17
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	not 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
Your Total Compensation			\$55,870.44

Paid Time Off

Paid Time Off	10 days*	\$1,506.62
Holidays	8 days	\$1,205.30
Floating Holiday	1 day	\$150.66
Total Time Off Value		\$2,862.58
(value included in current annual income shown above)		

*estimated annual number of days you earn based on length of service

Summary / About Your Statement



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