

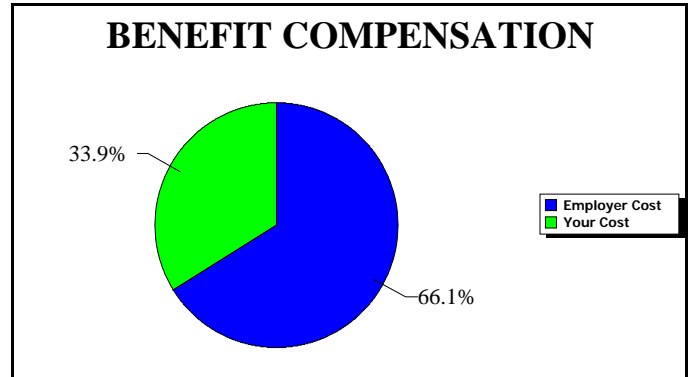
**Sample Company**  
**Total Compensation Statement**  
**For: John Doe**

Social Security # 222-22-2222

Date of Hire: July 20, 1999

Date of Birth: April 10, 1965

Program	Employer Cost	Your Cost
Medical	\$4,375	\$1,875
Dental	\$0	\$309
Life/AD&D	\$83	\$0
Short Term Disability	\$76	\$76
EAP	\$15	\$0
Workers Comp.	\$180	\$0
Unemployment	\$166	\$0
Social Security/Medicare	\$2,303	\$2,303
401(k)	\$142	\$685
<b>Programs Total</b>	<b>\$7,340</b>	<b>\$5,248</b>



Employer Cost: \$10,233

Your Cost: \$5,248

**Total Cost of Your Benefits: \$15,481**

Paid Time Off	Employer Cost	Days
Vacation Days	\$1,808	15
Personal Days	\$121	1
Paid Holidays	\$964	8
<b>Paid Time Off Total</b>	<b>\$2,893</b>	

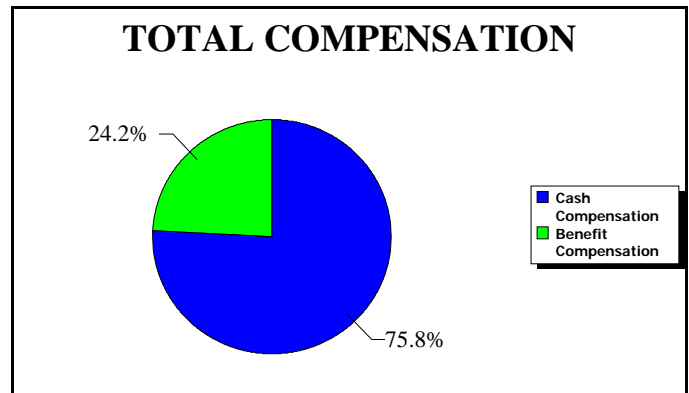
Cash Compensation	Amount
Base Pay (Excluding Paid Time Off \$)	\$31,343
Bonus & Other Compensation	\$740
<b>Cash Compensation Total</b>	<b>\$32,083</b>

**401(k) Profit Share Plan**

You are currently contributing 6% of your pay before taxes.

You are always 100% vested in the value of your contributions.

You are 100% vested in the value of your employer's contributions.



Benefit Compensation: \$10,233

Cash Compensation: \$32,083

**Total Compensation: \$42,315**

**ABOUT YOUR REPORT:**

Projections based on data as of: 1/1/10

Report Run On: 6/3/2010

Please review the information shown and report any discrepancies to your Human Resources Department. Every effort has been made to assure the information is accurate, however, this statement is subject to correction for any errors in data or benefit calculations. This statement presents a brief overview of your benefits, based on current plans and contracts. Your actual benefits are governed by the provisions of the legal plan documents.

Your Total Compensation Statement is brought to you by Acadia Benefits.

# Company Logo

## Your Personalized 2012 Compensation Statement

### Benefits

#### HEALTH & WELFARE BENEFITS

##### **Medical**

Medical benefits are provided through \_\_\_\_\_.

##### **Dental**

Dental benefits are provided through \_\_\_\_\_.

##### **Life Insurance.**

Coverage is offered free of charge through \_\_\_\_\_ at one times annual earnings up to \$50,000.

##### **Short Term Disability**

Coverage is offered through \_\_\_\_\_.

##### **Long Term Disability**

Coverage is offered free of charge through \_\_\_\_\_ and it is available after 90 days of employment.

#### RETIREMENT BENEFITS

##### **401(k)**

Administrational costs for our company sponsored 401(k) plan are absorbed by (Sample Company) and not transferred to our employees. All employees age 21 or older are eligible to participate after 6 months of employment to the nearest entry date. All employees are eligible for a company match on contributions. (Sample Company) matches:

- Dollar for dollar on employees first 3% of contributions.
- 50 cents on the dollar for the next 2% of contributions.

Matched contributions after 2003 are 100% vested.

#### OTHER BENEFITS

##### **Vacation**

All full time employees are eligible for vacation time according to an established schedule.

##### **Holidays**

All full time employees are eligible for time off with pay for the six observed holidays after date of hire.

##### **Sick Days/ Personal Days**

All full-time employees are eligible for sick and personal pay according to an established schedule.

Within every successful organization, you will find hardworking and dedicated employees. At (Sample Company), we realize that employees such as you, who efficiently utilize their time and talents to further the growth of our organization, are our most valuable asset. That is why we provide competitive salaries and comprehensive employee benefits.

This total compensation statement will briefly outline the benefits that are provided by (Sample Company), as well as the cost of those benefits. Please read this information carefully and if you should have any questions, do not hesitate to contact \_\_\_\_\_ at \_\_\_\_\_.

It is our hope that your benefit package will provide added security for you and your family members.

We appreciate your contributions and dedication to our team.

Sincerely,

<Name>

<Title>

Statement Period: \_\_\_\_\_ to \_\_\_\_\_