

# YOUR CONFIDENTIAL EMPLOYEE BENEFIT STATEMENT

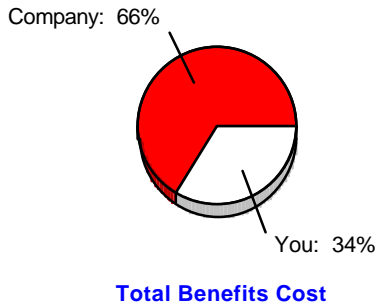
Dear ROBERT JONES:

This confidential benefit statement is a brief outline of your company-provided benefits. It is our way of showing you how much we appreciate your contribution to the success of Example Company. Should you have any questions regarding this report, please call the business office.

Sincerely, John Smith, President

## SUMMARY OF ANNUAL BENEFIT COSTS

<u>BENEFIT</u>	<u>COMPANY COST</u>	<u>YOUR COST</u>
Medical Premium	\$2,809.20	\$2,295.60
Dental Premium	134.04	80.40
Life Premium	45.60	0.00
Retirement/401(k)Contribution	1,050.00	1,050.00
Long Term Disability Premium	121.80	0.00
State Unemployment Tax	17.50	0.00
Federal Unemployment Tax	56.00	0.00
FICA Tax	3,105.14	3,105.14
Workers' Compensation	163.80	0.00
Bonus	5,000.00	0.00
<b>Total Benefits Cost</b>	<b>\$12,503.08</b>	<b>\$6,531.14</b>
Annual Salary	42,000.00	
<b>Actual Realized Income</b>	<b>\$54,503.08</b>	



The Example Company paid benefit amount of \$12,503.08 equals an additional 29.77% of your annual salary.

## HEALTH INSURANCE

You are eligible to receive health insurance through the Aetna HMO plan. The health insurance program includes low doctor copays, hospitalization and prescription coverage.

## DENTAL INSURANCE

Dental insurance benefits are provided by Secure Care and coverage is based upon type of plan (COPAY, PPO, or Indemnity) and scheduled copay amounts.

## LIFE INSURANCE

The policy will pay, subject to provisions, the stated beneficiary \$15,000 in the event of a death claim. The life insurance coverage also includes an AD&D provision.

## LONG TERM DISABILITY INSURANCE

Long term disability insurance is provided as a source of income protection. This coverage will provide you with \$2,100 per month (60% of salary) beginning 90 days after the onset of your disability subject to carrier underwriting approval.

## RETIREMENT - 401(k) PLAN

EXAMPLE COMPANY offers a tax-deferred investment and savings program. If you choose to participate, your contributions are pre-tax, reducing your taxable salary, and contributions and earnings grow tax-deferred until they are withdrawn.

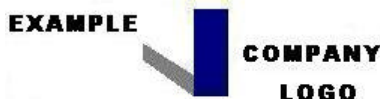
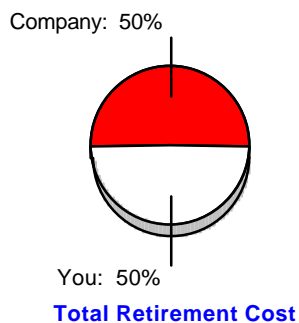
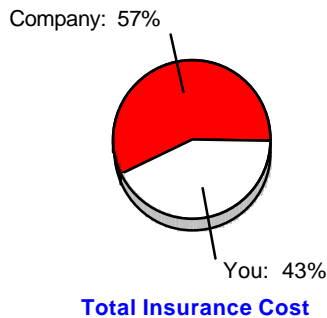
**IMPORTANT NOTE: If you contribute at least 3% of your salary to the 401(k) program, EXAMPLE COMPANY will match your contributions dollar for dollar up to \$1,260.00 annually, providing plan eligibility provisions are met.**

## MISCELLANEOUS BENEFITS

**Time-Off:** The total value of your time-off benefits (9 holidays, 10 vacation days, 5 sick days, and 2 personal days) is \$4,200.00. This amount is included as part of your regular annual income.

**FlexSpending:** Example Company offers the option of participating in a pre-tax FlexSpending account for reimbursement of out-of-pocket medical and/or dependent expenses. Your contribution of \$360 is reducing your taxable salary amount.

The benefits listed are available to all full time employees. Rates and programs are subject to change and other information can be obtained from the business office.



This Report Was Especially Prepared for ROBERT JONES