

# John Smith

## 2005 Compensation & Benefit Statement

Total Worked Pay: .....\$30,073.04  
**Total Employer Benefits Cost: .....\$8,876.08**  
**Total Paid Time Off/Other Compensation: .....\$20,919.40**

**Total Compensation & Benefits .....\$59,868.52**

*Your total benefits package equals an additional 59% of your salary.*

### Additional Benefit Detail Balances as of Year End 2005

**Retirement Savings Plan:** ABC Company strives to provide its employees with a comprehensive and competitive retirement benefits package. As of December 2005, your account balance is \$9,963.92. Accounts are vested after 8 months of employment. ABC Company contributes 5% of gross wages to your account (maximum \$10,000 annually).

**Tax Deferred Annuity:** You are currently contributing to a tax deferred annuity annually in the amount of \$5,000.

**Deferred Compensation Program:** ABC Company contributes a yearly total of \$3,500. You are currently contributing annually in the amount of \$1,500.

**Group Term Life:** A term life insurance policy in the amount of 2 times your salary is carried on the employee for the duration of employment.

**Short Term Disability:** Short term disability becomes available after five weeks of benefit hours have been paid. The eligible benefit is 75% of base salary.

**Long Term Disability:** Long term disability is available beginning the 161<sup>st</sup> day of disability. The eligible benefit is 65% of base salary, not to exceed \$10,000 per month.

**Sick Bank:** At the end of the benefit plan year, all unused benefit hours will be transferred to your sick bank. As of the end of 2005 your sick bank hours balance is 72.

**About This Statement:**  
Every effort was taken to accurately report your benefits. In case of a discrepancy, the actual plan documents including any further changes will prevail. Please contact the Human Resources Department if there are any questions or if the data appears incorrect.

# Your Logo Here

## Your Benefit Value Statement

### Analysis of Annual Employer Paid Benefits

#### Employer Paid Benefits

Benefit	Cost	
	Employee	Employer
Health Care & Vision	\$1,000.00	\$4,000.00
Dental	\$0.00	\$100.00
Retirement Savings Plan	\$1,857.70	\$0.00
Group Term Life	\$0.00	\$27.40
Short Term Disability	\$0.00	\$39.00
Social Security	\$4,006.54	\$4,006.54
Medicare	\$703.14	\$703.14
<b>Total Employer Benefits Cost</b>		<b>\$8,876.08</b>

#### Paid Time Off

Benefit	Hours	Dollar Value
Vacation	80	\$3,388.69
Holiday	24	\$1,019.31
Sick	16	\$775.04
Sick Bank	0	\$0.00
Short Term Disability	0	\$0.00
Bereavement	0	\$0.00
<b>Total Value of Paid Time Off</b>		<b>\$5,183.04</b>

#### Other Compensation

Benefit	Dollar Value
Bonus	\$1,200.00
Health Club Reimbursement	\$0.00
Dues Reimbursement	\$1,300.00
Cell Phone	\$600.00
On-Call (Extra Shifts)	\$5,458.70
Self Directed (Non-Pension)	\$7,173.04
Tuition	\$0.00
Miscellaneous Other Pay	\$4.62
<b>Total Value of Other Compensation</b>	<b>\$15,736.36</b>

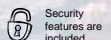
# Your Logo Here

2006

<b>AMOUNT</b>
\$ <b>\$59,868.52</b>

## Your Total Compensation and Benefit Value

For The Amount Reflects Your Total Provided Benefits Cost in 2005



**PAY TO THE ORDER OF:**

**John Smith**

**Non-Negotiable**