

**YOUR LOGO
HERE**

Employee Name

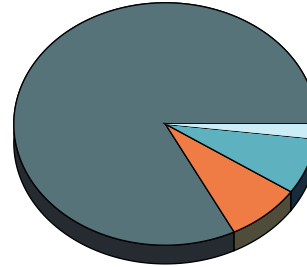
January 22, 2022

Dear Employee Name

As a valued employee, Company Name is pleased to present you with your personalized 2021 Total Compensation Statement. While cash compensation is the largest portion of your total compensation, a significant portion is provided through indirect pay for health insurance, retirement and other benefits including Paid Time Off and paid holidays.

We prepared this statement to help you better understand the true value of your compensation. If you have any questions, please contact Human Resources.

Your Total Compensation Statement for 2021		
Pay & Benefits	Your Contribution	Company Contribution
Annual Gross Income		
Regular Earnings	\$0.00	\$35,135.83
Cell Phone Allowance	\$0.00	\$749.95
Other Bonus	\$0.00	\$500.00
Fringe Benefits	\$0.00	\$137.50
Total Annual Gross Income	\$0.00	\$36,523.28
Earned Hours		
PTO	0 hrs	205 hrs
Holiday	0 hrs	12 hrs
Total Earned Hours	0 hrs	217 hrs*
Health Benefits		
Medical Premium	\$464.49	\$2,631.65
Dental Premium	\$155.61	\$622.33
Vision Premium	\$0.00	\$56.57
Employee Assistance Plan Premium	\$0.00	\$14.40
Total Health Benefits	\$620.10	\$3,324.95
Retirement Benefits		
Medicare	\$527.11	\$527.11
Social Security	\$2,251.72	\$2,251.72
401(k) Traditional Contributions	\$730.47	\$730.47
Total Retirement Benefits	\$3,509.30	\$3,509.30
Income Protection		
Life Insurance Premium	\$0.00	\$154.34
Long-Term Disability Premium	\$0.00	\$138.08
AD&D Premium	\$0.00	\$26.16
Workers' Compensation	\$0.00	\$472.53
Federal Unemployment Insurance	\$0.00	\$21.00
State Unemployment & Disability Insurance	\$430.84	\$94.50
Total Income Protection	\$430.84	\$906.61
Other Benefits		
401(k) Loan Repayment	\$1,689.61	\$0.00
Total Other Benefits	\$1,689.61	\$0.00
2021 Total Compensation	\$6,249.85	\$44,268.14



Annual Gross Income	82.5%
Health Benefits	7.5%
Retirement Benefits	7.9%
Income Protection	2.0%
Total may not be 100% due to rounding.	

Your Benefits Details

Healthcare Benefits

Company Name's Blue Cross Blue Shield PPO plans offer a \$20 co-pay for in network office visits, a prescription copay of \$10/\$35/\$60 for generic/preferred/non-preferred, an annual deductible for individuals of either \$250 or \$1,000, coinsurance of 100% after the deductible is met, and an unlimited lifetime maximum. Company Name also offers Health Savings Account (HSA) with a deductible of \$2,500 for an individual. 100% coverage after the deductible is met. As an incentive, Company Name contributed to each participant's HSA account.

Dental Benefits

In-network preventative care is paid at 100%; basic restorative is covered at 90%; and major restorative at 60%.

Vision Benefits

Full service plan with generous in-network allowances for frames and contact lenses. Low in-network co-pays: \$10 for exams and \$10 for materials.

Life & AD&D Insurance

Life & AD&D insurance is provided at 1 times your annual pay up to \$50,000.

Long-Term Disability

Company Name provides a Long-Term Disability benefit which covers 60% of your pay after a 60-day elimination period.

401(k) Retirement Plan

Company Name will match 50% of a participating employee's deferral up to 2%.

**VOTED BEST
CUSTOMER
SERVICE 2021**



Thanks to You

This statement is based on your pay and benefits as of Jan 10, 2021. Every effort has been made to ensure the accuracy of this statement. Some benefit figures were estimated for the year based on your annual election. Nothing in this document is intended to alter the at-will nature of the employee/employer relationship.