YOUR LOGO HERE

January 1, 2020

EMPLOYEE NAME 123 Fake St. San Francisco, CA 94180

Your Total Compensation Statement for 2022

Pay & Benefits	Your Contribution	Company Contribution
Cash Compensation		
Regular Pay	\$0.00	\$45,516.40
Overtime	\$0.00	\$7,522.59
Doubletime	\$0.00	\$162.40
Commission	\$0.00	\$600.00
Paid Leave	\$0.00	\$1,449.00
Bonus	\$0.00	\$3,034.28
Other Cash Compensation	\$0.00	\$550.00
Total Cash Compensation	\$0.00	\$58,834.67
Health Benefits		
Medical	\$5,416.08	\$7,275.12
Dental	\$1,188.48	\$0.00
Vision	\$986.16	\$0.00
Other Health	\$80.00	\$0.00
EAP	\$250.00	\$0.00
Total Health Benefits	\$7,920.72	\$7,275.12
Income Protection		
Life Insurance	\$0.00	\$40.00
Long-Term Disability	\$0.00	\$185.60
Federal Unemployment Insurance	\$0.00	\$60.00
State Unemployment Insurance	\$0.00	\$138.38
Total Income Protection	\$0.00	\$423.98
Retirement Benefits		
Medicare	\$845.65	\$845.65
Social Security	\$2,449.47	\$2,449.47
Other Government Benefit	\$0.00	\$348.66
401(k)	\$2,981.88	\$2,981.88
Pension	\$1,793.00	\$0.00
Total Retirement Benefits	\$8,070.00	\$6,625.66
2019 Total Compensation	\$15,990.72	\$73,159.43

In addition to the compensation and benefits mentioned above, we also provide you with:

- Eleven (11) Paid Holidays
- Vacation, Sick Leave, Personal Days (non-exempt)
- Service Award Program
- Tuition Reimbursement
- Professional Development and Training

Dear Employee Name,

As a valued employee, Business Example Inc. is pleased to present you with your personalized Total Compensation Statement for 2022. 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. We prepared this statement to help you better understand the true value of your compensation and benefits.

If you have any questions, please contact Jane Doe in Human Resources by phone at 888-667-5884 or JaneDoe@businessexampleinc.com.

Sincerely, Jane Doe

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 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.

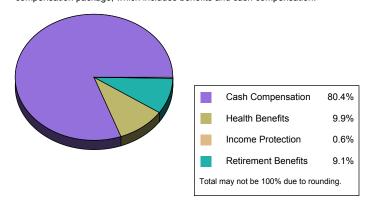
Long-Term Disability

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%.

The chart below illustrates all contributions to your total compensation package, which includes benefits and cash compensation.



This statement is based on your pay and benefits as of Dec 31, 2022. Every effort has been made to ensure the accuracy of this statement. Some benefit figures we estimated mated 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.