



January 25, 2022

EMPLOYEE NAME
123 FAKE ST.
SPRINGFIELD MO. 90210

Dear Employee Name,

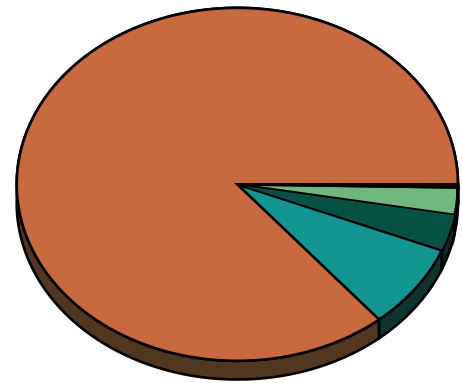
We are pleased to present you with your 2021 Total Compensation Statement. This statement was prepared to help you better understand the true value of your compensation.

If you have any questions, please contact Jane Doe at (555) 555-5555.

2021 Total Compensation Statement

	Your Deductions	Company Compensation
Cash Compensation		
Base Pay	\$0.00	\$155,000.04
Year-End Bonus	\$0.00	\$42,500.13
Other Income	\$0.00	\$630.22
Total Cash Compensation	\$0.00	\$198,130.39
Health, Insurance and Pre-Tax Benefits		
Health (Medical, Dental, Vision)	\$5,711.72	\$17,161.28
Life Insurance and AD&D	\$0.00	\$482.80
Long-Term Disability	\$542.52	\$0.00
Total Health, Insurance and Pre-Tax Benefits	\$6,254.24	\$17,643.68
Mandatory Taxes and Insurance		
Social Security and Medicare (FICA)	\$8,048.40	\$7,216.73
Federal and State Income Tax Withholding	\$52,201.21	\$21.00
Other Mandatory Withholdings (SUI, SDI)	\$769.79	\$161.00
Total Mandatory Taxes and Insurance	\$61,019.40	\$7,398.73
Retirement Benefits		
401(k) and/or 401(k) Roth	\$9,750.00	\$2,437.52
401(k) Year-End Profit Sharing (June 2021)	\$0.00	\$3,079.48
Total Retirement Benefits	\$9,750.00	\$5,517.00
Shareholder Benefits		
Distributions on 2021 Earnings	\$0.00	\$1,500.00
Total Shareholder Benefits	\$0.00	\$1,500.00
2021 Total Compensation	\$77,23.64	\$230,189.80

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



Cash Compensation	\$198,130	86.1%
Health, Insurance and Pre-Tax Benefits	\$17,644	7.7%
Mandatory Taxes and Insurance	\$7,399	3.2%
Retirement Benefits	\$5,517	2.4%
Shareholder Benefits	\$1,500	0.7%

Total may not be 100% due to rounding.

2021 Additional Benefits & Perks

- \$80 Monthly cell phone reimbursement
- Monthly disability benefit
- Company paid life insurance benefit \$75,000
- 12 paid holidays and 2 personal days
- Paid vacation and sick time off
- Professional Development & Tuition Reimbursement
- Company car and mileage plan
- 401k with 6% employer match

*As of December 31st 2021, you have 100 shares valued at \$15,439 of Company Name

YOUR LOGO HERE

Employee Name

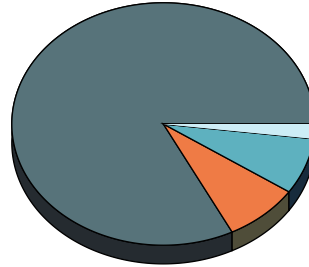
January 22, 2022

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.



Your Total Rewards Statement for 2021

	Your Contributions	Company Contributions
Cash		
Annual Earnings (pro-rated)	\$0	\$62,293
Paid Bonus (pro-rated)	\$0	\$57,000
Total Cash	\$0	\$119,293
Benefits		
Actual Medical/Dental/Vision Cost	\$283	\$3,004
Total Benefits	\$283	\$3,004
Income Protection		
Life Insurance/AD&D	\$0	\$102
Short-Term Disability	\$0	\$56
Long-Term Disability	\$0	\$110
Total Income Protection	\$0	\$268
Retirement Benefits		
401(k) Contribution	\$3,143	\$1,691
Medicare	\$692	\$692
Social Security	\$2,961	\$2,961
Total Retirement Benefits	\$6,796	\$5,344
Total	\$7,079	\$127,605

Additional Benefits

COMPANY NAME offers additional perks to support both your personal and professional needs.

- Holidays – 11 per year
- Paid Time off - up to 15 days per calendar year
- Washington's paid sick leave
- Professional Training and Development
- Employee Recognition Program
- Vacation increase at 3 years
- Social Club events and fun activities
- Monthly on-site lunches and breakfasts
- Flexible Schedule

Dear Employee Name,

COMPANY NAME is pleased to present you with your personalized Total Rewards Statement for 2021 including projected earnings and targets for 2022. While cash compensation is the largest portion of your total compensation. A significant part of earnings are provided through equity as well as a comprehensive benefit including a competitive retirement plan with matching. COMPANY NAME prepared this statement to highlight the true value of your benefits package. You are a valuable asset and we thank you for your many contributions to COMPANY NAME's success!

Sincerely,

John Smith

John Smith, President
and CEO

2022 Cash Projections

Target Salary	\$125,400
Target Bonus \$	\$15,000
Target Bonus %	15%

Equity

2021* Annual Option Grant	3,622
2021* Annual RSUs	235
*pro-rated; granted 1/31/2021	
2021 New Hire Option Grant	6,400

ESPP Participation you may contribute up to 10% of base salary. An important component of your compensation includes the opportunity for ownership in the Company.

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.

401(k) Retirement Plan

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

TOTAL COMPENSATION STATEMENT

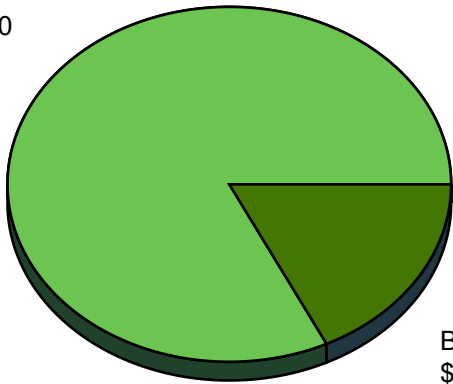
Dear EMPLOYEE NAME,

Below is a brief compensation statement outlining your current salary and benefits as of December 2022. Please take time to review this as it will outline for you the overall compensation received from COMPANY NAME. Thank you for being a valued employee and contributing to the success of our organization.

YOUR PERSONAL SUMMARY - Employee, Name

Total Compensation

Cash:
\$133,960



Benefits:
\$27,312

Cash Compensation

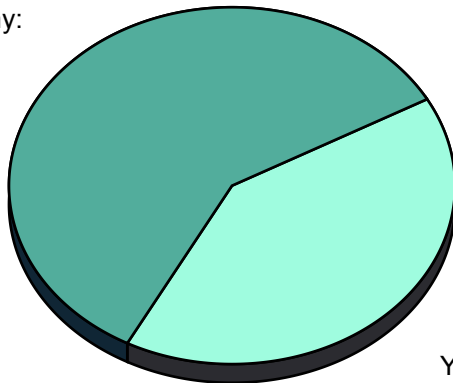
Current Base Salary	\$123,960
Incentives/Bonuses/Commissions	\$10,000
Total Cash Compensation	\$133,960

Benefit Compensation

Benefit Compensation	Your Share	Company Share
Company Benefits		
Health Insurance	\$6,500	\$11,321
401k/Roth/BEP	\$6,957	\$2,534
Total Company Benefits	\$13,457	\$13,855
Total Benefit Compensation	\$13,457	\$13,855

Total Benefits Costs

Company:
\$13,855



You:
\$13,457

Total Compensation

\$147,815

To round out your benefits package, we offer additional perks to support both your personal and professional needs.

- 12 paid holidays
- Vacation, Sick, Personal, Volunteer Leave
- Tuition Reimbursement
- Short Term and Long Term Disability
- Employee Life Insurance
- Employee Medical, Vision, and Dental

**YOUR
LOGO
HERE**

DISCLAIMER

This rewards statement is a sample only, prepared for general informational purposes. This is not a contract of guarantee for salary/benefits and your benefit rates, benefits options and tax rates may differ. This information is not to be misinterpreted as benefits advice. This statement reflects compensation from January 2022 to December 2022.



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

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 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.

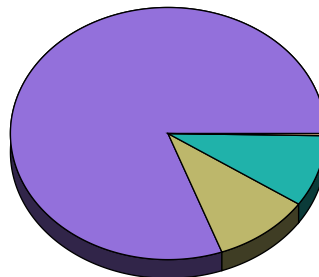
Long-Term Disability

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.



Cash Compensation	80.4%
Health Benefits	9.9%
Income Protection	0.6%
Retirement Benefits	9.1%
Total may not be 100% due to rounding.	

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

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 based 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.

YOUR LOGO HERE

January 05, 2022

Employee Name

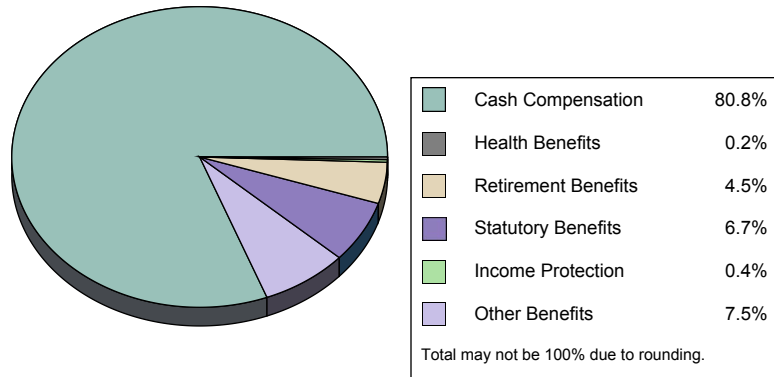
Your Total Compensation Statement for 2021

Your Total Compensation Statement for 2021		
Pay & Benefits	Your Contribution	Company Contribution
Cash Compensation		
Base Pay	\$0.00	\$19,878.28
Overtime	\$0.00	\$459.71
Variable Compensation	\$0.00	\$1,549.73
Other Cash Compensation	\$0.00	\$644.83
Total Cash Compensation	\$0.00	\$22,532.56
Health Benefits		
Vision	\$49.92	\$49.86
Flexible Spending Account	\$1,375.01	\$0.00
Total Health Benefits	\$1,424.93	\$49.86
Retirement Benefits		
401(k)	\$225.34	\$225.34
Discretionary Profit Sharing	\$0.00	\$1,017.92
Total Retirement Benefits	\$225.34	\$1,243.27
Statutory Benefits		
Medicare and Social Security (FICA)	\$1,619.20	\$1,619.20
Federal Unemployment Insurance	\$0.00	\$21.00
State Unemployment Insurance	\$0.00	\$220.12
Total Statutory Benefits	\$1,619.20	\$1,860.32
Income Protection		
Life and AD&D Income Benefits	\$0.00	\$52.60
Long-Term Disability	\$0.00	\$58.02
Total Income Protection	\$0.00	\$110.62
Other Benefits		
CFT Education	\$0.00	\$695.00
Tuition Reimbursement	\$3,470.00	\$1,388.00
Total Other Benefits	\$3,470.00	\$2,083.00
2021 Total Compensation	\$6,739.47	\$27,879.62

Additional Paid Benefits

Short Term Disability
 State Private Paid Leave plan
 Workers Compensation
 Employee Assistance program (EAP)
 Financial Planning Services
 Green Vehicle Incentive
 Covid 19 Supplemental Paid Sick Leave
 Professional Training and Development

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



PTO / Holiday

Time off benefits to help balance your work and personal life are included in your base pay.

Based on your position and salary the value of your time off eligibility can be:

PTO: 125.00 hours = \$2,025.43

**Holidays: 11.00 days= \$1,572.54

**For this calculation, full-time holiday value is based on a 8 hour day.



Dear John,

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.

January 1, 2023

JOHN SMITH
123 MAIN STREET
SUNNYSIDE, CA 12345

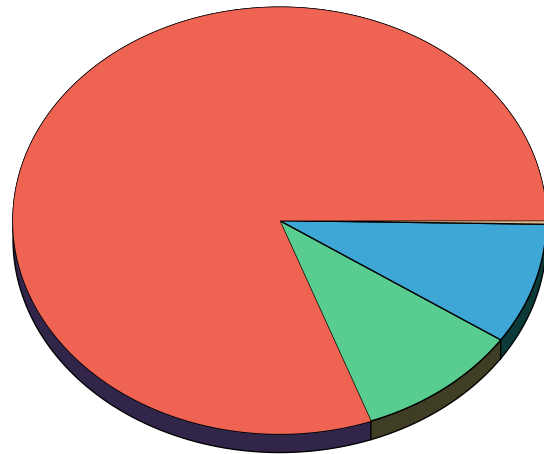
If you have any questions, please contact Jane Doe in Human Resources by phone at 888-667-5884 or JaneDoe@businessexampleinc.com.

Sincerely,
Jane Doe

Your 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	\$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

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



Cash Compensation	80.4%
Health Benefits	9.9%
Income Protection	0.6%
Retirement Benefits	9.1%
Total may not be 100% due to rounding.	

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

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 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.

Your Total Compensation Statement

**YOUR
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Next Year Projections

	Contributions	
	Employee	Company
Cash		
Annual Earnings (pro-rated)	\$0	\$177,035
Corporate Bonus (pro-rated)	\$0	\$57,227
Total	\$0	\$234,262
Benefits		
Medical	\$2,666	\$17,214
Dental	\$206	\$1,313
Vision	\$0	\$184
Wellness Allowance	\$0	\$311
Cell Phone	\$0	\$585
Voluntary Additional Coverage	\$110	\$0
FSA Plan Deductions (pre-tax)	\$6,969	\$0
Total	\$9,951	\$19,644
Income Protection		
Life Insurance/AD&D	\$0	\$330
Short-Term Disability	\$0	\$190
Long-Term Disability	\$0	\$374
Total	\$0	\$894
Retirement Benefits		
401(K) Traditional/Roth Contribution	\$16,366	\$7,082
Medicare	\$2,436	\$2,436
Social Security	\$8,094	\$8,094
Total	\$26,896	\$17,612
Total	\$36,854	\$271,662

	Contributions	
	Employee	Company
Projected Cash		
Target Earnings	\$0	\$265,220
Target Corporate Bonus	\$0	\$72,883
Total	\$0	\$337,067
Projected Benefits		
Medical	\$4,199	\$27,194
Dental	\$309	\$1,973
Vision	\$0	\$277
Wellness Allowance	\$0	\$534
Cell Phone	\$0	\$854
Voluntary Additional Coverage	\$166	\$0
FSA Plan Deductions (pre-tax)	\$7,159	\$0
Total	\$11,845	\$30,880
Projected Income Protection		
Life Insurance/AD&D	\$0	\$496
Short-Term Disability	\$0	\$286
Long-Term Disability	\$0	\$561
Total	\$0	\$1,345
Projected Retirement Benefits		
401(K) Traditional/Roth Contribution	\$26,700	\$10,590
Medicare	\$2,436	\$2,436
Social Security	\$8,094	\$8,094
Total	\$37,230	\$21,121
Total	\$49,076	\$391,407

Equity

An important component of your compensation includes the opportunity for ownership in the Company.

Annual Option Grant* 14,772
Annual Restricted Stock Units 2463
 *pro-rated; granted February

Employee Stock Purchase Plan Participation**
 **you may contribute up to 10% of base salary
 (subject to IRS limits)

Competitive Health and Financial Wellness Benefits

Medical Plans (HMO/PPO)

- Company covers 90% for employees and 85% for dependents

Dental PPO (adult/child)

- Company covers 90% for employees and 85% for dependents

Paid VSP Vision PPO

Paid Short-Term Disability & Long-Term Disability

Paid Basic Life and AD&D Insurance (2x annual earnings)

Paid Employee Assistance Program (EAP)

Paid Parental Leave up to 4 weeks

Paid Pregnancy Leave up to 8 weeks

401(K)

- Company offers a match of 100% on the first 4% of contributions. Immediate Vesting.

Employee Stock Purchase Plan (ESPP)

Pre-Tax Flexible Spending Account (FSA)

Employee Referral Bonus

On-site Daycare

Voluntary Life/AD&D

Voluntary Critical Illness & Accident

Animal Vet Insurance

Personal Wellness and Development Perks

We support your personal and professional needs by offering time-off opportunities for development and recognition plus perks.

- Holidays - 11 per year
- LinkedIn Learning - unlimited
- Events and fun activities
- Fitness club membership
- Vacation Time - up to 18 days per 12 months
- Monthly on-site lunches and breakfasts
- Professional Training and Development
- Continued education assistance
- Sick Time - up to 12 days
- Wellness Allowance
- Hybrid work schedule
- Bowling Club

Compensation and benefits numbers in this statement are based on your pay and benefits as of December 31 of prior year. While every effort has been made to ensure the accuracy of this statement, such accuracy is not guaranteed. Some benefit figures were estimated for the year based on your annual elections. Projected compensation and benefits numbers are only estimates and may change based on numerous factors. Nothing in this document is intended to alter the at-will nature of the employee/employer relationship.

COMPANY NAME
5678 EXAMPLE AVENUE SUITE A
SPRINGFIELD, MO 95661

Employee Name
123 Fake Street
Suite A
Springfield, MO 95661

**YOUR LOGO
HERE**

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 johnsmith@businessexampleinc.com.

Sincerely,

John Smith
John Smith