



## YOUR PERSONAL STATEMENT OF BENEFITS

Dear Janet,

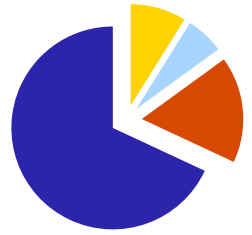
I am pleased to present to you this personalized statement of benefits. The benefits you enjoy represent a significant portion of your total compensation package. This annual statement was prepared so that you have a better understanding of the benefits provided by XYZ Corporation.

I encourage you to review your benefit statement carefully and keep it in a safe place for future reference. If you have any questions about this statement please contact Human Resources.

Sincerely,  
John Jones, President/CEO

**Janet Smith**  
123 Any Street  
Anytown, US 00000

Your benefits, including paid time off and incentive pay, represent approximately 32% of your total compensation.



### TOTAL PROJECTED COMPENSATION

<span style="color: blue;">■</span> Pay for Time Worked:	\$27,600
<span style="color: yellow;">■</span> Pay for Time Off:	\$3,600
<b>Wage Annualized:</b>	<b>\$31,200</b>
<span style="color: lightblue;">■</span> Incentive Pay:	\$2,500
<span style="color: orange;">■</span> Other Benefits:	\$6,664
<b>Total Compensation*:</b>	<b>\$40,364</b>

\*The data presented is based on your compensation as of 01/01/2xxx.

## HEALTH CARE BENEFITS

Company's  
Contribution

### Medical Insurance

XYZ Corporation provides you with health care coverage to minimize the potential financial impact of medical costs for you and your eligible family members. The Company offers you a PPO or HMO for your medical plan options.

\$2,700

You are enrolled in the PPO Plan with family coverage.

### Dental Insurance

In addition to our health coverage, XYZ Corporation offers a dental program to help reduce your "out-of-pocket" dental care costs. This plan is designed to encourage preventive care which will diminish your need for costly corrective treatment in the future.

\$150

You are enrolled in the Smile Saver dental plan with family coverage.

### Flexible Benefits Plan

Through XYZ Corporation's Flexible Benefits Plan you are able to pay your share of medical and dental premiums, unreimbursed medical expenses, and dependent care expenses with pre-tax dollars. Taxable earnings are reduced so you pay less taxes on earnings and your take home pay is increased. You may elect to have up to \$5,000 deducted pre-tax per year for eligible dependent care expenses and up to \$2,500 deducted pre-tax per year for eligible medical and dental care expenses.

You have chosen not to contribute toward the medical or dependent care flexible spending accounts.

## INCOME PROTECTION BENEFITS

Company's  
Contribution

### Short Term Disability

XYZ Corporation provides eligible employees with short term disability insurance. This insurance is designed to stabilize your income in the event that you are disabled due to a non-work related injury or illness. Following a seven day waiting period, you could be eligible for payments equal to 60% of your wages, up to a maximum of \$650 per week for a maximum of 26 weeks.

\$90

### Long Term Disability

Under the Company's Long Term Disability plan, if you are disabled for more than six months, you may receive 60% of your average monthly wage up to \$6,000 until the age of 65, or until your disability ends, as defined in the contract. If you were to become disabled, you may be eligible to receive up to **\$1,500** per month. Please be aware that this benefit is integrated with statutory disability benefits such as Workers' Compensation and Social Security.

\$203

### Workers' Compensation

In the event of disability due to a work related injury or illness, you may be eligible for a weekly benefit, up to the State maximum, depending on the nature of the disability or accident. These benefits are generally paid for as long as the disability exists.

\$131

