

Jane Doe

Dear Jane,

We are 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 may have a better understanding of the benefits provided by XYZ Company.

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 the statement or require additional information on any of the benefits offered, please contact Human Resources.

Sincerely,
Alex Smith
President and CEO

Health Benefits

Medical Insurance

XYZ Company provides you with a comprehensive health care plan that includes prescription drug coverage to minimize the potential financial impact of medical costs for you and your eligible family members. The Company offers a choice between two plans, plan A and plan B.

You are currently enrolled in medical plan A with Employee and Family coverage.

XYZ's Contribution **\$6,000**

Dental Insurance

In addition to medical coverage, XYZ Company offers a dental plan to help reduce your out-of-pocket dental care costs.

You are currently enrolled in the dental plan with Employee and Family coverage.

XYZ's Contribution **\$420**

Flexible Spending Plan

XYZ's Flexible Spending Accounts allow you to pay for unreimbursed medical and dependent care expenses with pre-tax dollars. All administrative expenses are paid by XYZ.

You are currently participating in the medical care and dependent care flexible spending accounts.

XYZ's Contribution **\$98**

Income Protection Benefits

Short Term Disability

XYZ Company provides eligible employees with short term disability insurance, which is designed to stabilize your income in the event that you are disabled due to an off-the-job injury or illness. In the event of an off-the-job disability, you could be eligible for payments up to **\$500** per week for a maximum of 26 weeks.

XYZ's Contribution **\$88**

Long Term Disability

Under the Company's long term disability plan, if you are disabled for more than 180 days, you may be eligible to receive up to **\$1,750** (60% of your monthly earnings up to \$6,000) per month until the age of 65, or until your disability ends, as defined in the contract. Please be aware that this benefit is integrated with statutory disability benefits such as Workers' Compensation and Social Security.

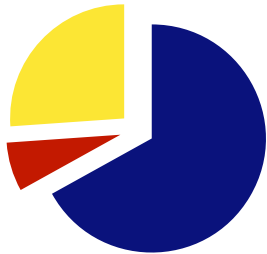
XYZ's Contribution **\$193**

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.

XYZ's Contribution **\$671**

Your benefits, including paid time off, represent approximately 33% of your total compensation.



YOUR TOTAL COMPENSATION

 Pay for Time Worked:	\$31,635
 Paid Time Off:	\$3,365
 Other Benefits:	<u>\$12,107</u>
Total Compensation:	\$47,107



Retirement Benefits

XYZ Company maintains a 401(k) Savings Plan for eligible employees to assist you during your retirement years. In order to participate in the plan, you must be at least twenty-one years of age, have completed one full year of service, and have worked at least 1,000 hours during the plan year. The plan consists of two parts:

- You can set aside a percentage of your total wages up to the IRS limitation each year. Your contributions are made with pre-tax dollars and grow tax-deferred in your account.

You are currently contributing 10% of your salary to your 401(k) Plan.

- XYZ Company will match 50% of your contributions not to exceed 6% of your total compensation. You will be fully vested in the company's contributions after five years of service.

XYZ Company's annual match is anticipated to be \$1,750.

XYZ's Contribution **\$1,750**

Paid Time Off

You are eligible for the following paid time off:

15 Vacation Days

10 Holidays

XYZ's Contribution **\$3,365**

Special Programs

- DIRECT DEPOSIT
- TUITION REIMBURSEMENT
- EMPLOYEE ASSISTANCE PROGRAM (EAP)

Social Security & Medicare

XYZ Company contributes an amount equal to your own total Social Security and Medicare contributions. A monthly Social Security benefit may go to you and/or your dependents when you retire, become severely disabled, or die. The amount of any benefits will depend on prior earnings, adjusted to account for changes in wages since 1951.

XYZ's Contribution **\$2,678**

Survivor Benefits

XYZ Company provides eligible employees with Life & Accidental Death and Dismemberment Insurance. Your beneficiary may be entitled to receive \$50,000 in the event of your death. If you are injured in an accident, your beneficiary may receive an additional \$50,000 for loss of life or dismemberment.

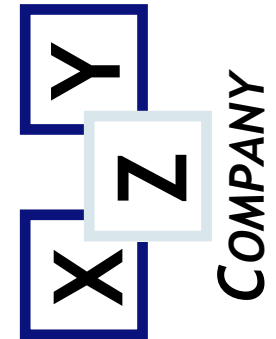
In addition, the Company offers you the option to purchase Voluntary Life Insurance coverage for yourself, spouse and dependent child(ren) through payroll deduction.

You elected to purchase \$50,000 of additional coverage on yourself, \$25,000 on your spouse, and \$10,000 of coverage on your child(ren).

XYZ's Contribution **\$210**

NOTE: Every effort has been taken to ensure that the information in this statement is accurate; however, no warranty or guarantee is implied or intended. Calculations are based on benefit plan provisions and your compensation as of 12/31/200X. If a discrepancy is found to exist between your benefit statement and the benefit booklets or summary plan descriptions, the provisions of those documents will govern.

EB Services
A member of The POMCO Group
315-432-9171 Toll free 1-800-934-2459 x4451
Contact: Elsa Steo Email: esteo@pomcogroup.com



Your Personal Benefit Statement

Jane Doe
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