
TOTAL COMPENSATION STATEMENT

JOE SMITH
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**BENEFIT STATEMENT**

Wednesday, September 16, 2009

Annual Cost

Benefit	Annual Cost	
	Employee Deduction	Employer Contribution
2008-09 Medical Insurance	\$5,816.72	\$7,109.18
2008-09 Dental Insurance	\$1,144.80	\$0.00
\$25,000 Life Insurance	\$0.00	\$33.00
401K	\$1,500.00	\$1,500.00
Group Long Term Disability	\$0.00	\$250.00
Annual Bonus	\$0.00	\$1,000.00
Employee Benefit Allowance (Benefit Bank)	\$0.00	\$1,200.00
Unemployment	\$0.00	\$7.00
Uniform Allowance	\$0.00	\$260.00
Worker's Compensation	\$0.00	\$20.00
Social Security	\$145.76	\$145.76
Medicare	\$34.09	\$34.09
	Total Cost	\$8,641.37
	Annual Income	\$30,000.00
	Total Compensation	\$41,559.03

Your employer contributes an additional 38.53% of your annual income toward your benefits, which results in your total compensation of \$41,559.03

Other Compensation

You also receive these other benefits, not tallied in your total contribution above.

Vacation Days -	\$0.00	\$1,153.80
Holidays -	\$0.00	\$576.90
Sick Leave -	\$0.00	\$230.76
	Additional Value	\$1,961.46

Benefit Descriptions**401K**

The company matches the employee's contribution up to a maximum of 5% for the employee's income.

Annual Bonus

This benefit amount is not guaranteed, and is a projected estimate. The total will be calculated annually in December and is effected by a number of things, including the company's production.

Employee Benefit Allowance (Benefit Bank)

This benefit amount is applied toward Colonial Coverages only. Any or all of the remaining amount not applied to Colonial Benefits is forfeited.

Vacation Days

The total amount for this benefit is already calculated into your Annual Income listed above.