

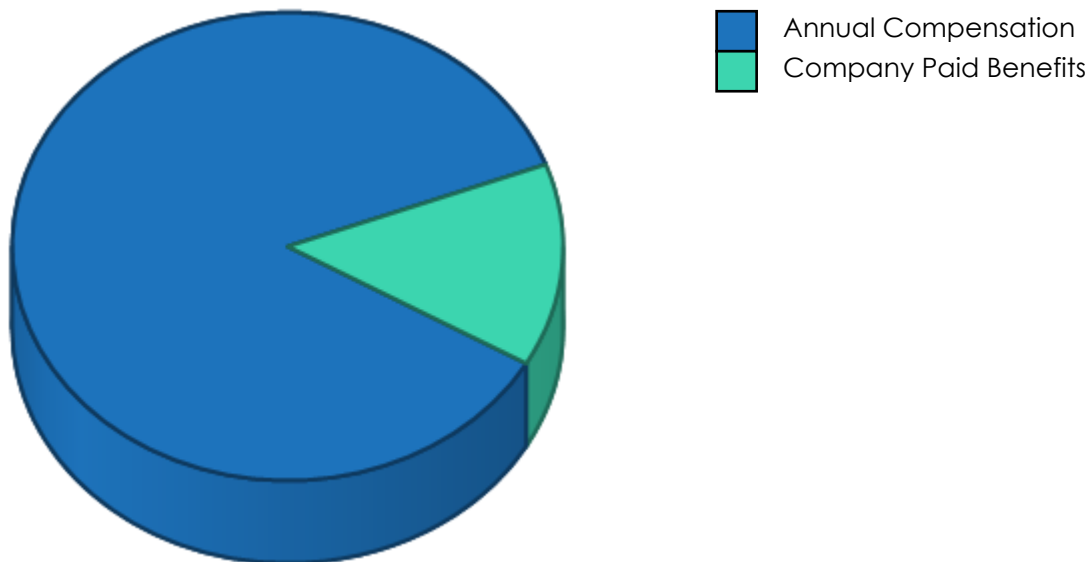
# Total Compensation Statement

Employee Jane Doe

## Compensation Summary

<b>Annual Compensation:</b>	<b>\$70,000.00</b>
<b>Company Paid Benefits:</b>	<b>\$11,427.64</b>
<b>Total Compensation:</b>	<b>\$81,427.64</b>

Your benefit compensation represents a 16.33% increase to your total compensation.



## **Benefits (Annual Company Contribution: \$6,072.64)**

### **Medical - Choice Plus Direct - \$1,000**

Coverage: Employee

Annual Company Contribution: \$4,207.80

### **Health Reimbursement Account - HRA Plan**

Coverage: Employer: \$1,000.00  
Employee

Annual Company Contribution: \$1,000.00

### **Dental - PPO High Dental Plan**

Coverage: Employee

Annual Company Contribution: \$372.48

### **Vision - Vision Insurance**

Coverage: Employee

Annual Company Contribution: \$69.48

### **Life/AD&D - Basic Term Life and AD&D**

Coverage: Employee: \$105,000

Annual Company Contribution: \$138.60

### **Short Term Disability - Short-Term Disability Insurance**

Coverage: Employee: \$942.00 per week

Annual Company Contribution: \$158.28

### **Long Term Disability - Long-Term Disability Insurance**

Coverage: Employee: \$3,500.00 per month

Annual Company Contribution: \$126.00

**Social Security (Annual Company Contribution: \$5,355.00)**

**FICA**

Annual Company Contribution: \$4,340.00

**Medicare**

Annual Company Contribution: \$1,015.00