

# TOTAL COMPENSATION AND BENEFITS STATEMENT

Employee Name: \_\_\_\_\_ Year: \_\_\_\_\_

As an employee of \_\_\_\_\_ (COMPANY NAME), you receive regular pay for the services you provide. The other part of your total compensation is the value of the benefits that \_\_\_\_\_ (COMPANY NAME) makes available to you and, if applicable, your family. The value of these benefits is your "hidden paycheck." This personalized benefits statement describes your hidden paycheck and is intended to give you a summary and the value of the benefits you receive. If you have any questions about this statement, please contact Human Resources.

EMPLOYEE ANNUALIZED CONTRIBUTION	COMPANY ANNUALIZED COST/CONTRIBUTION
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## COMPENSATION

Annualized salary or hourly pay

Annual bonus *(estimated based upon an average of prior year payouts)*

Other *(shift differential, OT, etc.)*

## TOTAL COMPENSATION

## HEALTH AND WELFARE BENEFITS

Medical

Dental

Vision

Short-term disability

Long-term disability

Life insurance

Accidental death & dismemberment *(AD&D)*

Employee assistance program *(EAP)*

401(k) plan

Pension plan

Other

## TOTAL HEALTH AND WELFARE BENEFITS

## PAID LEAVE BENEFITS

Vacation/annual leave

Sick leave

Personal days

Holidays

Paid family leave

Other *(bereavement, jury duty, military leave)*

## TOTAL PAID LEAVE BENEFITS

## FEDERAL AND STATE-MANDATED BENEFITS

Social Security

Medicare

Unemployment insurance *(federal)*

Unemployment insurance *(state)*

Worker's compensation

## TOTAL FEDERAL AND STATE-MANDATED BENEFITS

## OTHER BENEFITS

Flexible spending accounts *(FSAs)* – pretax benefit

Other

Other

## TOTAL OTHER BENEFITS

## TOTAL VALUE OF EMPLOYER-PROVIDED BENEFITS

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