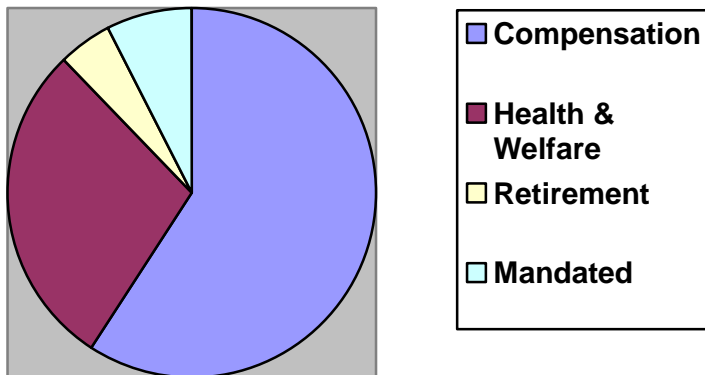


Your Personalized 2009 Benefit Statement

THIS STATEMENT WAS PREPARED FOR:

Employee Name
Address
City State Zip

Total Compensation



Dear Employee ,

This detailed statement of your benefits was prepared just for you. It is designed to show you the value of your benefits package, which is a significant part of your total compensation. This summary will help you answer questions about your benefits.

We hope you will find this statement informative and helpful. If there is anything here you question or don't understand, please contact Human Resources.

Note: Total Salary has been approximated for the remainder of the year.

Annual Breakdown of Benefits Cost	Employer Contribution	Your Contribution
Compensation		
Total Salary (including PTO, Holiday, etc.)	\$ 39,612.95	\$
Health and Welfare Benefits		
Health premium	\$ 14,674.08	\$ 3,216.00
Dental premium	\$ 758.28	\$ 408.00
Life insurance (2.5 x annual salary)	\$ 240.00	\$
Accidental Death & Dismemberment	\$ 24.00	\$
Short Term Disability	\$ 214.81	\$
Long Term Disability	\$.00	\$ 234.58
Retirement Benefits		
401(k) Retirement Savings Plan: 3%	\$ 1,188.39	\$ 2,376.76
Mandated Benefits		
FICA – Social Security	\$ 2,208.28	\$ 2,208.28
FICA – Medicare	\$ 516.45	\$ 516.45
Unemployment Compensation	\$ 86.00	\$
TOTAL COMPENSATION	\$ 59,523.24	\$ 8,960.07

