

*XYZ Company*  
**BENEFIT STATEMENT FOR 2006**

**John Doe**  
123 Main Street  
Cherry Hill NJ 08003

**D/O/B** - 4/15/1947  
**D/O/H** - 1/1/1998  
**Salary** - \$83,200  
**Job Title** - Managing Director

**BENEFIT DESCRIPTION**

	<b>Annual Company Cost</b>
Group Life Insurance: <b>\$83,000</b>	<b>\$ 498</b>
Medical Insurance: You have <b>husband wife</b> coverage <b>PPO</b>	<b>\$ 9,600</b>
Dental Insurance: You have <b>husband wife</b> coverage	<b>\$ 791</b>
Vision: You have <b>family</b> coverage	<b>\$ 151</b>
Short Term Disability: You have <b>\$490</b> per week for up to 26 weeks	<b>\$ 108</b>
Long Term Disability: You have <b>\$4,157</b> per month, payable to age 65, combined with Social Security	<b>\$ 334</b>
401(k): We match your contribution, up to 3%, at <b>100%</b>	<b>\$ 2,080</b>
Social Security: Provides survivor, disability and retirement benefits. You and the company each contribute	<b>\$ 6,365</b>
Time Off: <b>10</b> holidays, <b>5</b> personal days, <b>15</b> vacation days	<b>\$ 12,000</b>
Workers' Compensation; Work breaks twice daily; Cell phones; Section 125 plan; Family Leave; Company lunch room; Employee Referral Award; Attendance Award; Education/Training Benefits	<b>\$ 671</b>
<b>Total Employer Cost of Benefits</b>	<b>\$ 34,676</b>
<b>Total Fringe Benefit Cost as % of Pay</b>	<b>42%</b>
<b>Total Compensation</b>	<b>\$117,876</b>