

2020 Total Rewards Statement

Summary was personally prepared for Joe Sample

Dear Joe Sample,
You are a valued employee of Health&Wellness Benefits Group, and I am pleased to present you with your personalized 2020 compensation statement.

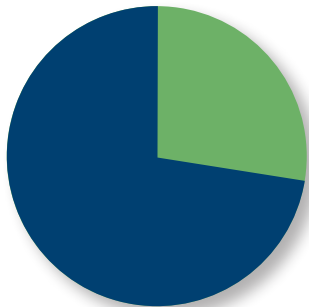
This benefits statement is a brief outline of your company provided benefits. We believe our total compensation package reflects an ongoing effort to show the same dedication to our employees that they show to their work. Please review the information carefully and contact the Human Resources department if you have any questions.



Sincerely,

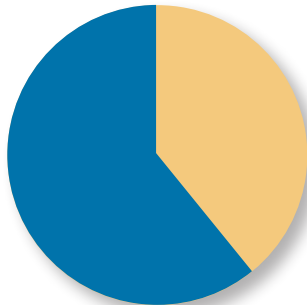
Mary B. Smith
Vice President, Human Resources

Total Compensation



Benefits: **27%**
Cash Compensation: **73%**

Total Benefits Cost



Your Share: **36%**
Company Share: **64%**

Your 2020 Total Compensation

Your total compensation is more than your salary. It's the aggregate dollar value of your cash compensation and your benefits. Below is a detailed breakdown of what Health&Wellness Benefits Group contributed to you last year.

Benefit	Your Cost	Company's Cost
Medical, Rx Coverage	\$904.38	\$7,269.82
Dental Coverage	\$90.40	\$452.35
Vision Coverage	\$16.95	\$56.50
Basic Life and AD& D Insurance	\$0.00	\$1,235.00
Supplemental Life Insurance	\$150.00	\$0.00
Long-Term Disability	\$0.00	\$2,835.00
401(k) Contributions	\$1,350.00	\$1,350.00
Social Security & Medicare	\$3,720.00	\$3,720.00
State & Federal Unemployment	\$0.00	\$289.25
Total 2020 Benefits Value	\$6,231.73	\$17,207.92

Cash Compensation

2020 Actual Wages		\$60,000.00
2020 Performance Bonus		\$3,000.00
Total Compensation		\$80,207.92

Paid Time Off

In addition to the cash compensation and benefits described above, in 2020 your paid time off benefits rate was as follows:

Paid Time Off	Days	Value
Vacation	15	\$3,461.55
Sickness	5	\$1,153.85
Company Paid Holidays	10	\$2,307.70
Total Paid Time Off	30	\$6,923.10

We have provided a more detailed description of your benefits on the reverse of this statement.

Health Benefits

You have elected to participate in our Comprehensive Health and Welfare Plan. You have elected coverage for Employee + Spouse through ABC Health System of Pennsylvania. Dental benefits are provided through the Zenith Dental. Vision care benefits are covered by Visual Technologies, Inc.

Life and AD&D

Life and AD&D insurance coverage provides financial protection for you and your family in the event of accident or death. All eligible employees are covered by basic life and AD&D insurance, paid by the Company, with a benefit to four times (4x) your annual earnings up to maximum of \$1,000,000. The value of your basic life insurance is \$240,000. The value of your AD&D benefit is \$240,000.

The Company offers additional life insurance coverage for you, your spouse and/or dependents, at your cost. You are currently enrolled in the following supplemental life insurance programs:

- Employee Life value: \$150,000
- Spouse Life value: \$100,000
- Dependent Life value: \$0

401(k) Profit Sharing & Retirement Plan

Employees are eligible to participate in the 401(k) Plan via salary deduction the first day of the month following 90 days of service and are eligible for the “per pay-period” match after completion of 6 months of service. The Company’s matching contribution to the 401(k) Plan for 2020 is \$1 for every \$1 that an employee contributes to the Plan, up to a maximum of 3% of you annual base salary. The participant’s contributions, and any Company matching contribution, are 100% vested when made.



Different lifestage images can be represented here

Paid Time Off

Based solely on your length of service you accrue approximately 30 days of PTO annually with an approximate value of \$6,923.

Other Benefits

- Employee Assistance Program
- Flexible Spending Account
- Business Travel Accident Plan
- On-Site Day Care Center
- Annual Company Picnic
- Performance Awards
- Direct Deposit
- Qualified Commuter Allowances
- Fitness Club Discount
- Optional Pet Insurance

Short- and Long-Term Disability

Short-Term Disability (STD) salary compensation, paid by Health&Wellness Benefits Group is provided to all employees after 60 days of service. The current maximum value of your total STD payments is approximately \$15,000. Long-Term Disability (LTD) benefits are available at 70% of your monthly earnings up to a maximum of \$20,000 per month. The current value of your monthly LTD payments is \$3,500.

Benefit Statement Summary

Your benefits contribute to your annual compensation and to your quality of life. The purpose of this report is to help you better understand the true value of your benefit package. While we have made every effort to communicate these benefits accurately, errors do occasionally occur. If you believe that there are discrepancies in this report, please contact the Human Resource Manager at 555-555-5555.

This report is a summary. Actual determination of benefits is based solely on the plan documents provided by the plan carriers. This summary is not legally binding, and does not alter or amend any original documents.

Health & Wellness
B E N E F I T S G R O U P

123 Main Street
Anytown, PA 19404

[FirstName] [LastName]

[Addr1]

[Addr2]

[City], [State] [Zip]