



Workforce Solutions

EMPLOYEE [INSERT YEAR] TOTAL COMPENSATION STATEMENT

Dear [Employee Name],

The management of [Company Name] is pleased to present your personalized total compensation statement highlighting your total compensation package. Because your well-being is important to us, the benefit program is designed to furnish you with protection against financial devastation due to illness, disability, loss of work, retirement, or death. Some of the benefits are mandated by Federal or State legislation; others are provided by the Company to attract and retain quality individuals. Often our day-to-day responsibilities distract us from knowing what protection we have and the value of that protection to us.

Your personalized statement shows you a quick snapshot of the benefits program provided for you in the [Year] and the value of each benefit. The total Company provided benefits are added to your [Year] eligible earnings. If you find any inaccuracies or have questions regarding this information, please contact Human Resources.

The Company is very proud of its employees and recognizes the contribution each individual makes toward the success of the Company. We realize that our benefits program is one of the largest investments we make each year. We do our utmost to provide the best benefits possible for you individually, and with the best service possible. It is always our goal to keep the benefits program current as employee needs and expectations change.

I want to thank you for the valuable and essential role you have played this past year in helping this company once again accomplish excellent results. This is a team effort and it takes each of us doing our part to achieve success.

Thank you!

Sincerely,
[Signature]

[Name and Position Title]

Cash Compensation	Amount
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Earnings	\$
Benefits	Company Contribution
Medical Insurance	\$
Dental Insurance	\$
Vision Plan Insurance	\$
Life and AD&D Insurance	\$
Statutory Insurance*	\$
Short Term Disability Insurance	\$
Long Term Disability Insurance	\$
401(k) Plan Contribution	\$
Profit Sharing Contribution	\$
Pension Plan Contribution	\$
Employee Assistance Program	\$
Vacation/PTO	\$
Sick Leave	\$
Holiday	\$
[Other]	\$
Total Benefit Contributions	\$

Earnings as of [Date]. Benefit elections are as of [Date] and do not reflect any changes to coverage after that period. *Statutory Insurance includes FICA and Medicare, State, and Federal Unemployment Insurance.

THE TOTAL VALUE OF YOUR COMPENSATION	\$
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