

[REDACTED]  
[REDACTED]

Employee Benefit / Compensation Statement As of 1/11/2008

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Social Security Number: [REDACTED]

Date of Hire: [REDACTED]

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<u>Summary of Benefits</u>	<u>Your Annual Cost</u>	<u>Employer's Annual Cost</u>
Basic Life	\$0.00	\$48.60
Basic ADD	\$0.00	\$5.40
Dep Basic Life	\$0.00	\$27.60
Voluntary Life	\$1,212.64	\$0.00
Voluntary ADD	\$97.76	\$0.00
Dep Vol Life	\$90.22	\$0.00
Dep Vol ADD	\$33.02	\$0.00
* Vol Disability	\$1,199.90	\$0.00
* LTD	\$0.00	\$297.60
[REDACTED] Dent FA - FA	\$251.88	\$786.96
BS C NS FA - FA	\$3,855.72	\$8,768.04
BS GW BL/ADD - GW BL/A	\$0.00	\$62.40
401k ** - EE contrib	\$2,880.00	\$0.00
401k match** - Er match	\$0.00	\$500.04
[REDACTED] Vis EE - EE	\$90.60	\$0.00

\* The amount shown represents covered salary. For covered benefit please refer to your schedule of benefits.

<b>Total cost of benefits:</b>	<b>\$9,711.74</b>	<b>\$10,496.64</b>
Annual Salary		\$96,000.06
<b>Total Benefit Package:</b>		<b>\$106,496.70</b>

Your total benefit package equals an additional 10.93% of your annual salary.

\* Questions regarding your Benefit Statement should be directed to Human Resources, [REDACTED]