

February 20, 2009

John J. Dorning 1200 Bunting Way Atlanta, GA 30304 Dear John,

As a valued employee, ABC Company is pleased to present you with your personalized Total Compensation Statement. While cash compensation is the largest portion of your total compensation, a significant portion is provided through indirect pay for health insurance, retirement and other benefits.

We prepared this statement to help you to better understand the true value of your compensation. If you have any questions, please contact Susan Robins at 999.999.9999.

Sincerely, **Mike Michaels** President

# Your Total Compensation Statement

	Your Contribution	Company Contribution	
Cash Compensation			
Base Pay		\$85,000.00	
Commission		8,000.00	
Bonus		5,000.00	
Total Cash Compensation		\$98,000.00	
Health Benefits			
Medical	\$2,000.00	\$5,000.00	
Health Savings Account	\$500.00	\$1,000.00	
Dental	300.00	8,000.00	
Vision	100.00	300.00	
Total Health Benefits	\$2,900.00	\$14,300.00	
Income Protection			
Life Insurance	\$1,000.00	\$350.00	
Short-Term Disability	0.00	500.00	
Long-Term Disability	0.00	2,000.00	
Total Income Protection	\$1,000.00	\$2,850.00	
Government Insurance Benefits			
Workers' Compensation		138.72	
Social Security and Medicare	6,652.87	6,652.87	
Total Government Benefits	\$6,652.87	\$6,791.59	
Retirement Benefits			
401(k)	\$10,000.00	\$0.00	
Profit Sharing		\$1,500.00	
Total Retirement Benefits	\$10,000.00	\$1,500.00	
Total Compensation	\$	123,441.59	

## Your Benefits Details

### Medical

You are enrolled in the Blue Cross Blue Shield of Georgia PPO and have elected employee + spouse coverage.

#### Dental

You are enrolled in the Cigna Dental Plus and have elected employee + spouse coverage.

#### **Vision**

You are enrolled in the EyeMed Vision Platinum and have elected employee coverage.

#### **Basic Life Insurance and AD&D**

Eligible employees receive a Basic Life Insurance benefit of 2.5x Salary to a Maximum Value of \$150,000. AD&D coverage provides an additional \$50,000 if your death is the result of an accident.

### **Voluntary Life Insurance**

You have purchased voluntary life insurance. Employee coverage: \$500,000. Spouse coverage: \$5,000. Child(ren) coverage: \$5,000

# **Short-Term Disability**

You are eligible to receive 66% of your base pay up to a maximum of \$2,000/week for a disability beginning on day 8 of the disability for up to 90 days.

# **Long-Term Disability**

You are eligible to receive 50% of your base pay for a disability beginning on day 91 of the disability.

# 401(k)

Company contributions are vested 33% after 1 year, 66% after 2 years and 100% after 3 years of service. Your contributions vest immediately.

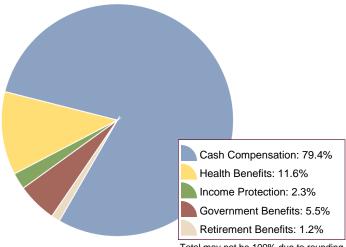
### **Profit Sharing**

Profit Sharing contributions are vested after you complete 5 years of service.

In addition to the compensation and benefits mentioned above, we also provide you with:

- 20 Days of Vacation (Cash value \$6,539)
- 8 Paid Holidays (Cash value \$2,615)
- 5 Sick Days (Cash value \$1,635)■ Employee Assistance Program
- Flexible Spending Account
- Tuition Reimbursement
- Health Risk Screening
- Smoking Cessation Program
- Flexible Work Schedules
- Credit Union

The chart below illustrates our contribution to your total compensation package in addition to your cash compensation:





February 20, 2009

Sally V. Smithson 2418-C Joy Lane Doraville, GA 30316 Dear Sally,

As a valued employee, ABC Company is pleased to present you with your personalized Total Compensation Statement. While cash compensation is the largest portion of your total compensation, a significant portion is provided through indirect pay for health insurance, retirement and other benefits.

We prepared this statement to help you to better understand the true value of your compensation. If you have any questions, please contact Susan Robins at 999.999.9999.

Sincerely, **Mike Michaels** President

# Your Total Compensation Statement

	Your Contribution	Company Contribution	
Cash Compensation			
Base Pay		\$75,000.00	
Commission		5,000.00	
Bonus		2,000.00	
Total Cash Compensation		\$82,000.00	
Health Benefits			
Medical	\$3,000.00	\$8,000.00	
Health Savings Account	\$1,000.00	\$1,500.00	
Dental	600.00	1,200.00	
Vision	200.00	800.00	
Total Health Benefits	\$4,800.00	\$11,500.00	
Income Protection			
Life Insurance	\$0.00	\$300.00	
Short-Term Disability	0.00	100.00	
Long-Term Disability	0.00	1,200.00	
Total Income Protection	\$0.00	\$1,600.00	
Government Insurance Benefits			
Workers' Compensation		116.94	
Social Security and Medicare	3,648.65	3,648.65	
Total Government Benefits	\$3,648.65	\$3,765.59	
Retirement Benefits			
401(k)	\$6,000.00	\$0.00	
Profit Sharing		\$1,000.00	
Total Retirement Benefits	\$6,000.00	\$1,000.00	
Total Compensation	\$99,865.59		

### Your Benefits Details

### Medical

You are enrolled in the Blue Cross Blue Shield of Georgia PPO and have elected family coverage.

#### **Dental**

You are enrolled in the Cigna Dental Plus and have elected family coverage.

#### **Vision**

You are enrolled in the EyeMed Vision Platinum and have elected family coverage.

#### **Basic Life Insurance and AD&D**

Eligible employees receive a Basic Life Insurance benefit of 2.5x Salary to a Maximum Value of \$150,000. AD&D coverage provides an additional \$50,000 if your death is the result of an accident.

### **Short-Term Disability**

You are eligible to receive 66% of your base pay up to a maximum of \$2,000/week for a disability beginning on day 8 of the disability for up to 90 days.

# **Long-Term Disability**

You are eligible to receive 50% of your base pay for a disability beginning on day 91 of the disability.

# 401(k)

Company contributions are vested 33% after 1 year, 66% after 2 years and 100% after 3 years of service. Your contributions vest immediately.

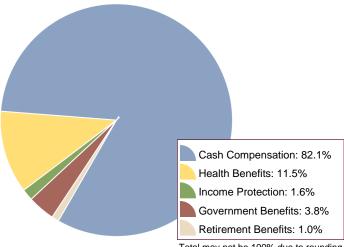
### **Profit Sharing**

Profit Sharing contributions are vested after you complete 5 years of service.

In addition to the compensation and benefits mentioned above, we also provide you with:

- 24 Days of Paid Time Off (Cash value \$6,923)
- 8 Paid Holidays (Cash value \$2,308)
- Employee Assistance ProgramFlexible Spending Account
- Tuition Reimbursement
- Health Risk Screening
- Smoking Cessation Program
- Flexible Work Schedules
- Flexible Work 3
  Credit Union

The chart below illustrates our contribution to your total compensation package in addition to your cash compensation:



Total may not be 100% due to rounding.