

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------|
| Benefits Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                |                               |
| for: [Name of Employee]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                               |
| for the Year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                |                               |
| (Formulas included)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                               |
| As an employee of [name of company], you receive regular pay for the services you provide. The other part of your total compensation is the value of the benefits that [name of company] makes available to you and, if applicable, your family. The value of these benefits is your "hidden paycheck." This personalized benefits statement describes your hidden paycheck and is intended to give you a summary and the value of the benefits you personally receive. If you have any questions about this statement, please contact Human Resources. |                                |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Employee Cost/<br>Contribution | Company Cost/<br>Contribution |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                               |
| HEALTH & WELFARE BENEFITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                               |
| Medical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                |                               |
| Dental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                               |
| Short-Term Disability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | N/A                            |                               |
| Long-Term Disability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N/A                            |                               |
| Life Insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | N/A                            |                               |
| Accidental Death & Disability (AD&D)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | N/A                            |                               |
| Employee Assistance Plan (EAP)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | N/A                            |                               |
| 401(k) Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                               |
| Pension Plan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N/A                            |                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                               |
| TOTAL HEALTH & WELFARE BENEFITS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                | 0.00                          |

# Sample Employee Benefit Statement Templates

**BM King**



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