



## Personal Benefit Statement

Report Date: 10/01/2010

Employee: **Joe B. Sample**

Social Security # : 123-45-6789

Address: 1234 Main St. NE

Date of Birth: 01/01/1950

Albuquerque, NM 87111

Date of Hire: 01/01/2005

### Review Your Current Benefit Choices:

As of the Report Date, our records indicate that you have selected the following benefits at the specified monthly costs:

	Employer Cost:	Your Cost:	
<b>Medical Plan:</b>			<b>Flexible Spending Accounts:</b>
Single	\$375.00	\$0.00	Medical Flex Account: \$200.00
<b>Dental Plan:</b>			Dependent Flex Account \$300.00
Single	\$30.00	\$0.00	
<b>401 (k) Plan:</b>			<b>Vacation Days:</b> _____ Per Year
2% of Salary	\$50.00	\$50.00	<b>Sick Days:</b> _____ Per Year
<b>Basic Life and AD&amp;D</b>			<b>Dependents Covered Under the Plan:</b>
Life Amount: \$50,000.00	\$16.50	\$0.00	<b>Spouse:</b> Kelly
<b>Long Term Disability:</b>			<b>Children:</b> Jack Jake
Monthly Disability Benefit: \$3,000.00	\$35.50	\$0.00	Tiffany Terri
<b>Statutory Benefits:</b>			
Social Security	\$310.00	\$310.00	
Medicare:	\$72.50	\$72.50	
Workers Comp.	\$50.00	\$0.00	
Unemployment Comp	\$34.07	\$0.00	
<b>Total Cost:</b>	<b>\$973.57</b>	<b>\$432.50</b>	
<b>Monthly Salary:</b>	<b>\$2,500.00</b>		

**Total Monthly Compensation: \$3,473.57**

**Note:** Be sure to review your paycheck for proper deductions, and report any concerns to the Employee Benefit Service Center by e-mail: [info@ebsc.net](mailto:info@ebsc.net)