



[C_Officialname] «Year_of_Benefits_in_Spreadsheet» Benefits Statement

[Current_Date]

Dear «First_Name» «Last_Name»:

This personal benefits statement is a brief outline of the benefits [C_Officialname] provides to you. It summarizes each benefit and illustrates the significance of your benefits package as part of your total compensation. Please review the information carefully and direct any questions to «HR_Contact» at «HR_Contact_Number».

Personal Information:		Employment Information:	
SSN/Employee ID:	«Social_Security_NumberEmployee_ID»	Date of Hire:	«Date_of_Hire»
Name:	«First_Name» «Last_Name»	Annual Base Salary:	«Annual_Base_Salary»
Address:	«Address»	Job Title:	«Employee_Job_Title»
City, State, Zip	«City», «State» «Zip»		

Benefit Name:	Benefit Description:	Annual Cost:	
		Employer Cost:	Employee Cost:
Medical	«Medical_Benefit_Description»	«Medical_Company_Contribution»	«Medical_Employee_Contribution»
Dental	«Dental_Benefit_Description»	«Dental_Company_Contribution»	«Dental_Employee_Contribution»
Vision	«Vision_Description»	«Vision_Company_Contribution»	«Vision_Employee_Contribution»
Employer-provided Short-term Disability	«Employer_provided_Short_Term_Disability»	«EPSTD_Company_Contribution»	«EPSTD_Employee_Contribution»
Employer-provided Long-term Disability	«Employer_provided_Long_Term_Disability»	«EPLTDCompany_Contribution»	«EPLTDEmployee_Contribution»
Employer-provided Basic Life & AD&D	«Employer_provided_Basic_Life_ADD»	«EPBL_ADDCompany_Contribution»	«EPBL_ADD_Employee_Contribution»
Voluntary/Supplement Life	«VoluntarySupplement_Life»	«VSLCompany_Contribution»	«VSEmployee_Contribution»
Dependent Life	«Dependent_Life»	«Dependent_LifeCompany_Contribution»	«Dependent_Life_Employee_Contribution»
Voluntary Long-term Care	«Voluntary_Long_Term_Care»	«VLTCCompany_Contribution»	«VLTCEmployee_Contribution»
Health Care Spending Account	«Health_Care_Spending_Account»	«HCSACompany_Contribution»	«HCSAEmployee_Contribution»
Dependent Care Spending Account	«Dependent_Care_Spending_Account»	«DCSA_Company_Contribution»	«DCSA_Employee_Contribution»
Commuter Expense Reimbursement Account	«Commuter_Expense_Reimbursement_Account»	«CERACompany_Contribution»	«CERAEmployee_Contribution»
401(k) Plan	«M_401k_Plan»	«M_401k_Company_Contribution»	«M_401k_Employee_Contribution»
Profit sharing	«Profit_sharing»	«Profit_SharingCompany_Contribution»	«Profit_SharingEmployee_Contribution»

Every effort has been made to ensure that the information in this statement is accurate; however no warranty of complete accuracy is made. This report does not in any way constitute a contract of employment. [C_OfficialName] reserves the right to amend pay and benefits at any time without notice. If you feel an error has been made or have any questions, please contact Human Resources.



Your Benefits Statement

Employee Stock Purchase Plan	«Employee_Stock_Purchase_Plan»	«Employee_Stock Company_Contribution»	«Employee_Stock Employee_Contribution»
FICA Tax	«FICA_Tax»	«FICA_TaxCompany_Contribution»	«FICA_TaxEmployee_Contribution»
Federal Unemployment	«Federal_Unemployment»	«Fed_UnemploymentCompany_Contribution»	«Fed_UnemploymentEmployee_Contribution»
State Unemployment	«State_Unemployment»	«State_UnemploymentCompany_Contribution»	«Fed_UnemploymentEmployee_Contribution»
Workers' Compensation	«Workers_Compensation»	«Workers_CompCompany_Contribution»	«Workers_CompEmployee_Contribution»
Total Benefits Cost:		\$ 0.00	\$ 0.00
Plus Annual Base Salary:		«Annual_Base_Salary»	
TOTAL COMPENSATION:		\$ 0.00	
Cost of employer-sponsored benefits as a percentage of total compensation:		<i>!Zero Divide</i>	

Miscellaneous Benefits:	Benefit Description:
401(k) and Profit Sharing	«M_401k_and_Profit_Sharing»
Bereavement Pay	«Bereavement_Pay»
Credit union membership	«Credit_union_membership»
Direct Deposit	«Direct_deposit»
Employee Assistance Program	«Employee_Assistance_Program»
Paid Holidays	«Holidays»
Jury Duty Pay	«Jury_Duty_Pay»
Onsite Child Care	«Onsite_child_care»
Severance Pay	«Severance»
Paid Sick Days	«Sick_days»
Tuition Reimbursement	«Tuition_Reimbursement»
Uniform Expense	«Uniform_Expense»
Vacation	«Vacation»
Voting Leave	«Voting_leave»
Wellness Program	«Wellness_program»

Please contact Human Resources with any questions or comments about your personal benefits summary. [C_Officialname] is pleased to be able to offer these valuable benefits to you, and we thank you for being a partner in our success.