



TOTAL COMPENSATION STATEMENT

Prepared for:
CLIENT NAME

TOTAL
COMPENSATION
STATEMENT

September 26, 2022

«First_Name» «Last_Name»
«Employee_Job_Title»
«Address»
«City», «State» «Zip»

Dear «First_Name» «Last_Name»:

Within every successful organization you will find hardworking and dedicated employees. At CLIENT NAME we realize that employees like you, who efficiently use their time and talents to produce quality results and continuously move our company forward, are our most valuable resource. To thank you for all of the work that you do, we provide a competitive salary and a comprehensive benefit program.

This total compensation statement will briefly outline the benefits that CLIENT NAME provides, as well as the cost of those benefits. Please carefully review this information. If there is a specific benefit that you would like to discuss in detail, please do not hesitate to contact Human Resources.

Please share this information with your family so that each family member is aware of your benefits. It is our hope that your benefits package will provide your family with an added sense of security.

We appreciate your continuous contributions to the success of CLIENT NAME.

Sincerely,

[Insert name]

Human Resources

**TOTAL
COMPENSATION
STATEMENT**

CLIENT NAME

«Year_of_Benefits_in_Spreadsheet» Benefits Statement

September 26, 2022

Dear «First_Name» «Last_Name»:

This personal benefits statement is a brief outline of the benefits CLIENT NAME 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 or concerns to «HR_Contact» at «HR_Contact_Number».

**TOTAL
COMPENSATION:**

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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»
Employee Stock Purchase Plan	«Employee_Stock_Purchase_Plan»	«Employee_Stock_Company_Contribution»	«Employee_Stock_Employee_Contribution»
Total Benefits Cost:		«Company_Total_Benefits_Cost»	«Employee_Total_Benefits_Cost»
Plus Annual Base Salary:		«Annual_Base_Salary»	
TOTAL COMPENSATION:		«TOTAL_COMPENSATION»	
Cost of employer-sponsored benefits as a percentage of total compensation:		«Benefits_as_Percent_of_Total_Compensation»	

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 questions or comments about your personal benefits summary. CLIENT NAME is pleased to be able to offer these valuable benefits to you, and we thank you for being a partner in our success.

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. CLIENT NAME 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.

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