

This benefit statement is a brief outline of your company-provided benefits. It is our way of showing you how much we appreciate your contribution to the success of your company

Summary of Benefits

BENEFIT	EMPLOYER COST
Medical Premium	\$ 2,400.00
Life Insurance Premium	54.00
FICA Tax	2,215.76
Federal Unemployment	56.00
Workers' Compensation	58.00
401 (k) Employer Contribution	500.00
Total Benefits Cost	\$ 5,283.76
Annual Income	28,964.19
Actual Realized Income	\$ 34,247.95

Income and Benefits



Your total benefit cost equals an additional **18.24%** of your annual salary.

Medical Insurance

Your Company provides a dual option medical plan administration by Blue Cross Blue Shield. Our PPO Blue Option plan offers a \$500 calendar year deductible, a \$20 doctor's office visit copay and an in network 80%/20% coin insurance benefit. Our HSA (Health Savings Account) has a \$ 5000 calendar year deductible. Once the deductible has been satisfied all remaining benefits are paid at 100%. Please consult your group medical plan booklet for details on limitations and exclusions.

Time Off Compensation

You have accumulated the following time-off:

	Days		Value
Vacation	10	\$	1,114.01
Holiday	6	\$	668.40
Sick Leave	3	\$	334.20
Total Time-Off		\$	2,116.61

Your vacation time:

1 year of service	-	1 week vacation
2 years of service	-	2 weeks vacation
10 years plus	-	3 weeks vacation

Life Insurance

Your company provides you with employer-paid group term life insurance. As a valued associate of Any town USA group term life insurance policy is \$10,000.00.

401 (k)

Any employee who has been employed by for at least 1 year and who works at least 1000 hours per year is eligible to participate in the 401(k) plan. Employees may defer annually up to \$15,500 of compensation. If you are over 50 years of age, you may contribute an additional \$ 5,000. Any town USA Company will match your contributions to a maximum of \$500.00 per calendar year.

Miscellaneous Benefits

Dental	Voluntary Term Insurance
Short & Long Term Disability	AFLAC
Section 125 "Cafeteria Plan"	Credit Union
Discounted Gym Membership	Voluntary Universal Life

Social Security

The Federal Insurance Contribution Act (commonly known as Social Security) is a national program designed to provide supplemental income to you and your family in the event of retirement, disability or death. The program is funded by a tax on your annual income. The tax is shared equally by you and the company.

Every three years you should obtain a historical printout of all of your eligible Social Security earnings. This printout will date to the first year you began working. It will allow you to see if your account has been properly credited each year. Call your local Social Security Administration office for details on obtaining a complete history of your eligible earnings or go to the official Social Security website, <http://www.ssa.gov>.

WHAT YOU SHOULD KNOW ABOUT THIS BENEFIT REPORT

Your fringe benefits contribute greatly to your annual compensation and to your personal well being. The purpose of this report is to help you better understand the value of your benefit program. Every effort has been made to accurately communicate your benefits in this report. Please note that errors do occasionally occur. If you should discover any discrepancies in your report, or if you need help in understanding its contents, please contact your supervisor or person responsible for benefit administration.

This report is only a summary. The actual determination of your benefits is based solely on the plan documents provided by the carrier for each plan. This summary report is **not** legally binding, is **not** a contract, and it does **not** alter or amend any original documents. We hope this report will be helpful to you and your family in planning for your financial security.

GENERAL ASSUMPTIONS: The nature of a benefit report requires certain assumptions to be made. It assumes, for example, that your income and benefits will remain unchanged until retirement. It also assumes that the law will remain unchanged until you retire.

SOCIAL SECURITY ASSUMPTIONS: This report assumes that your Social Security values for disability, survivor, and retirement income are currently and fully qualified under the laws governing the administration of Social Security. Your benefits are based on the assumption that your current income is an average of earnings using past and future income to complete the value. The actual benefits which you receive in the future may vary from those projected in this report.

HOW SOCIAL SECURITY WORKS FOR YOU

Each year you pay a percentage of your earnings into a form of retirement commonly known as Social Security. Your employer matches your contribution. All contributions are paid directly to the Social Security Administration.

The purpose of both contributions is to provide you with a minimal level of income at retirement, or survivor income for your family in the event of your death. In addition, these funds provide a long list of other benefits which are available to you and your family. Your local Social Security Administration office can provide you with a free booklet which describes each of the many benefits and how to obtain them.

Every year, the Social Security Administration sends a Social Security Statement to workers and former workers aged 25 and older. It includes a summary of the estimated benefits you and your family may receive as a result of your earnings. The statement gives you the opportunity to see if your account has been properly credited each year. Consult your local Social Security Administration office for details.

UNEMPLOYMENT COMPENSATION COVERAGES

You are covered under Unemployment Compensation coverage which provides you with partial compensation in the event you are laid off from work for reasons other than misconduct. If you leave your employer, you are either not covered, or the period of waiting for benefits is extended.

If you qualify for coverage, your income subsidy will be based on a percentage of your earnings. Contact your state employment office for claims filing information.

WORKERS' COMPENSATION COVERAGES

You are covered with Workers' Compensation Insurance in the event you are injured while working. If your accident results in death, your family will receive survivor's income. This coverage also applies to disability or death caused by a job related disease.

Your employer (in case of self-funding) or your employer's insurance carrier will pay for all reasonable medical expenses related to your accident, disability, or death. Spouses and children will receive a lump sum for burial expenses and may be entitled to additional compensation based on your earnings. Workers' Compensation laws are state laws, not federal laws. As a result, the benefits will vary between states. Consult your State Workers' Compensation department or your employer for claims information.

YOUR BENEFITS SUMMARY