



# Your Personalized Total Compensation Statement

Total compensation consists of more than just salary. The chart below illustrates **XYZ's** investment in you as well as your annualized deductions for the benefits you elected as of January 1, XXXX.

Fname Lname
Address 1
Address 2
City, State Zip

Dear **Fname**,

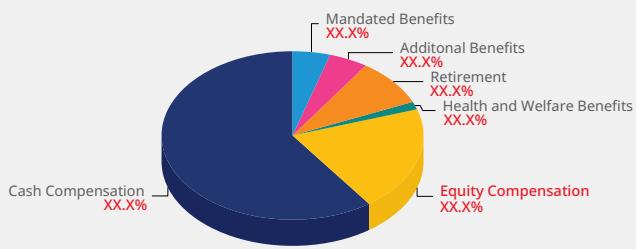
At **XYZ**, we are committed to providing you with comprehensive compensation and benefit offerings that are not only competitive but designed to support your health and well-being. That is why we are pleased to provide you with this total compensation statement as a snapshot of **XYZ's** investment in your **YEAR** compensation and benefits, as well as an overview of additional resources designed to support you at work and at home. If you have any questions, contact Human Resources.

Thank you for your continued contributions to the success of the Company, and we look forward to many more accomplishments in the year ahead!

Sincerely,  
Your Human Resources Team

## Your Total Compensation

This chart illustrates the contributions by **XYZ** toward your compensation and benefits in **YEAR**.



Cash Compensation	EMPLOYEE CONTRIBUTION	EMPLOYER CONTRIBUTION
Annual Base Pay	—	BasePay
Corporate Bonus Target	—	TargetBonus
Overtime Earnings	—	OT
Commission Payments	—	Commission
Equity Compensation		
Options Granted	—	OptionsValue
RSUs Granted	—	RSUsValue
Health and Welfare Benefits		
Medical	EEMed	ERMed
Dental	EEDen	ERDen
Vision	EEVis	ERVis
Health Savings Account	EEHSA	ERHSA
Short-Term Disability	—	ERSTD
Long-Term Disability	—	ERLTD
Basic Life and AD&D	—	ERLife
Voluntary Life and AD&D*	EELife	—
Accident	EEAccident	—
Critical Illness	EEIllness	—
Hospital Indemnity	EEHospital	—
Business Travel Accident	—	ERBTA
Retirement		
401(k)	EE401k	ER401k
Additional Benefits		
Lifestyle Spending Account	—	ERLifestyle
Pet Insurance	EEPet	—
Tuition Assistance	—	Tuition
Mandated Benefits		
Social Security and Medicare	EESS	ERSS
Workers' Compensation	—	WorkComp
Unemployment	—	Unemploy
TOTAL CONTRIBUTION	EETot	ERTot

\* Includes spouse and/or child(ren), if applicable.

## Disclaimer

While care has been taken to be sure this statement is accurate, the possibility of error always exists. The availability and amounts of your actual benefits will always be governed by the plan documents. This statement is not a legal document and should not be construed as such. It does not constitute a contract of employment or guarantee any particular benefit. **XYZ** reserves the right to change or terminate the plans at any time and for any reason.