



Personal Benefit Statement

Report Date: 10/01/2004

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: 01/01/1995

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:	
Medical Plan:			Flexible Spending Accounts:
Single	\$175.00	\$0.00	Medical Flex Account: \$200.00
Dental Plan:			Dependent Flex Account \$300.00
Single	\$30.00	\$0.00	
401 (k) Plan:			Vacation Days: _____ Per Year
2% of Salary	\$50.00	\$100.00	Sick Days: _____ Per Year
Basic Life and AD&D			Dependents Covered Under the Plan:
Life Amount: \$50,000.00	\$16.50	\$0.00	Spouse: Janet
Long Term Disability:			Children: Alex Britney
Monthly Disability Benefit: \$3,000.00	\$35.50	\$0.00	Norah Derek
Statutory Benefits:			
Social Security	\$310.00	\$310.00	
Medicare:	\$72.50	\$72.50	
Workers Comp.	\$50.00	\$0.00	
Unemployment Comp	\$34.07	\$0.00	
Total Cost:	\$1,233.57	\$482.50	
Monthly Salary:	\$5,000.00		

Total Monthly Compensation: \$6,233.57

Note: Be sure to review your paycheck for proper deductions, and report any concerns to the Employee Benefit Service Center by e-mail: helpdesk@ebsc.net