

Name

Employee Number

Title

Department

BENEFITS Employee **Employer** Contribution Contribution Medical Dental Vision Life and AD&D Disability **FSA** FICA and Medicare **Tuition Reimbursement** Student Loan Repayment 401(k) Plan **SUBTOTAL**

EARNINGS	
	Employer Contribution
Base Pay	
Overtime	
Shift Differential	
Bonuses and Incentives	
Paid Time Off	
Other Earnings	
SUBTOTAL	

Your Total 2021 Compensation \$100,000

*These are annualized estimates based on your current enrollment. If amounts are zero, you are not participating in the benefit. The information reflected on this statement is based on data available as of December 31, 2021, and is intended to give you a broader overview of the compensation and benefits, Total Rewards, you received as an employee of Sample Company in 2021. If you believe any data may be inaccurate, please contact Human Resources.

2021 TOTAL REWARDS STATEMENT

Your 2021 Package

Sample Company is committed to providing you with a competitive, comprehensive compensation package. Please review this statement carefully for highlights of your total compensation package.

