



2021 TOTAL COMPENSATION STATEMENT

Name
Employee Number
Title
Department

The below amounts are the actual benefit contributions you received from Sample Company in 2021.



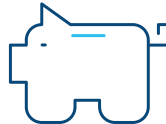
\$XX,XXX
Medical/Prescription Drug,
Dental and Vision



\$XX,XXX
Life, AD&D and Long Term
Disability Insurance



\$XX,XXX
401(k) Employer Match



\$XX,XXX
Company Retirement Contribution



\$XX,XXX
Social Security and
Unemployment Taxes



\$XX,XXX
Other Benefits*



\$XX,XXX
PTO Accrual Value**

2021 Total Base Income
\$000,000

Total Benefits
Contribution
\$000,000

Your 2021 Total
Compensation
\$000,000