

2021 TOTAL REWARDS STATEMENT



Name
Employee Number
Title
Department

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



Medical/Prescription Drug, Dental and Vision

\$XX,XXX
Employee Contribution

\$XX,XXX
Employer Contribution



401(k) Retirement Account

\$XX,XXX
Employee Contribution

\$XX,XXX
Employer Contribution



Social Security and Unemployment Taxes

\$XX,XXX
Employee Contribution

\$XX,XXX
Employer Contribution



PTO Accrual Value

\$XX,XXX
Employee Contribution

\$XX,XXX
Employer Contribution



Life, AD&D and Long Term Disability Insurance

\$XX,XXX
Employee Contribution

\$XX,XXX
Employer Contribution



Retirement Contribution

\$XX,XXX
Employee Contribution

\$XX,XXX
Employer Contribution



Other Benefits

\$XX,XXX
Employee Contribution

\$XX,XXX
Employer Contribution

