



John Smith

Supervisor: Jane Jones
Location: GE3
ID: 61778

Dear John:

You hold a unique position within our organization. As a member and an associate, you enjoy the benefits of membership and work to ensure those benefits continue for our members. You are greatly appreciated and invaluable. One of the ways we show our appreciation is through the benefits and compensation package we offer our associates.

Your pay is only part of your total rewards package. Health and dental care, life insurance, 401(k) and retirement plans, and disability benefits enhance your compensation package.

Thank you for being a part of our organization. If you have any questions regarding your Statement of Benefits, please contact the Benefits Department at 1-800-999-9999 extension 99999.

Sincerely,

Richard E. Grant
CEO

| Retirement Plans | |
|---|---------|
| 401(k) Deferral Percent (as of December 31, 2009) | 0% |
| 2009 401(k) Contribution | \$2,500 |

| Monthly Benefit from Company Retirement Plan | |
|--|---------|
| Estimated Benefit* (as of January 1, 2010) | \$1,540 |
| Benefit Payable ** 6/1/2028 | \$4,567 |

* Quote assumes you are vested and defer payment until retirement date

** Quote assumes current salary, no future incentive payments to Benefit Payable Date

You vest in your retirement benefit after five years of service.

Personal and Confidential
2010 Statement of Benefits
for
John Smith

| Salary and Bonus | Annual |
|--|-----------------|
| Salary (as of December 31, 2009) including paid time off | \$50,311 |
| Incentive Bonus | \$457 |
| Service and Holiday Bonus | \$875 |
| Total Salary | \$51,643 |

| Health, Dental and Vision Benefits (as of January 1, 2010) | | | Annual Contribution | |
|---|----------------|--------------------------|----------------------------|-----------------|
| | | | Associate | Company |
| | <u>Plan</u> | <u>Level of Coverage</u> | | |
| Health | Blue Preferred | Associate Plus Family | \$4,200 | \$12,050 |
| Dental | Blue Preferred | Associate Plus Family | \$400 | \$850 |
| Vision | Vision Plan | Associate Plus Family | \$310 | \$0 |
| Total Health, Dental and Vision Contributions | | | \$4,910 | \$12,900 |

| Disability and Life (as of January 1, 2010) | | Associate | Company |
|--|---|------------------|----------------|
| | <u>Benefit</u> | | |
| Short-Term Disability* | 100% of pay after 10 days up to 60 days | \$0 | \$250 |
| Long-Term Disability | 60% of pay after 90 days | \$0 | \$700 |
| Non-Contributory Life | \$57,145 | \$0 | \$46 |
| Contributory Life | \$0 | \$0 | \$0 |
| Business Travel Accident | Up to \$300,000 | \$0 | \$5 |
| Total Salary | | | \$1,001 |

*Annual benefit cap \$125,000

| Government Funds | Associate | Company |
|---------------------------------|------------------|----------------|
| Social Security | \$3,510 | \$3,510 |
| Incentive Bonus | \$676 | \$676 |
| Service and Holiday Bonus | \$0 | \$580 |
| Total Government Funding | \$4,186 | \$4,766 |

| Additional | Associate | Company |
|---|------------------|----------------|
| Cost of Retirement Plan | \$0 | \$3,100 |
| Tuition Reimbursement | | \$450 |
| Wellnes Incentive and Employee Assistance Plan | \$0 | \$21 |
| Flexible Spending Account - Health Care Reimbursement | \$2,500 | \$0 |
| Total Government Funding | \$2,500 | \$3,571 |

| |
|--|
| Total Salary, Bonus and Company Contributions |
| \$73,881 |

This Personalized Statement is intended to provide you with a summary of your compensation and benefits from ACME, Inc.