



# Employee Total Compensation Statement

Calendar Year 2009

Employee at \$24.00 per Hour  
1234 Any Street  
Any Town, Any State 99999

Company: Covenant Retirement Communities  
Social Security Number: \*\*\*-\*\*-9999  
UltiPro Website: <https://ulti.pro.covenantretirement.org>  
Employee Number: 999999

Printed: 2/10/10

## Employee Benefits

| Benefits                            | Employer Cost    |
|-------------------------------------|------------------|
| Pension Contribution Estimate       | 1,996.80         |
| Paid Time Off Value as of 12/24/09  | 2,880.00         |
| Accidental Death & Dismemberment    | 18.64            |
| Dental Coverage                     | 494.52           |
| Group Term Life Insurance           | 139.84           |
| Long Term Disability                | 438.86           |
| Medical Coverage                    | 7,056.40         |
| Short Term Disability               | 38.48            |
| <b>Total Employer Paid Benefits</b> | <b>13,063.54</b> |

The Benefits listed above are a complete listing of all benefits you had participated in for calendar year 2009. The employer costs represent the amount paid by the company during your participation in these benefits.

The Pension Contribution Estimate represents 4% of your eligible pension earnings for 2009 which the company will fund towards your pension (capped at \$7,000). Please note: this figure is an estimate only and is subject to eligibility and vesting rules. Actual pension benefits may vary according to employment status and vested years of service.

Paid Time Off Value is calculated by taking your PTO Hours Balance as of 12/24/09 and multiplying it by your hourly pay rate in effect at that time. This represents the total dollar value of your PTO at the end of the calendar year 2009.

This report does not include payments towards voluntary insurance programs, flexible spending accounts, or tax-deferred retirement savings accounts since these benefits are paid 100% by you. Voluntary Insurance Programs include Accident Insurance, Critical Illness Insurance, Long Term Care Insurance, Voluntary Life Insurances (Employee, Spouse, Child(ren), or Whole Life), Voluntary AD&D Insurance, and Voluntary LTD Insurance.

## Wages and Employer Taxes Paid

|  |                  |
|--|------------------|
| Total Wages & Fringe Benefits for 2009             | 49,920.00        |
| Employer Paid Social Security Tax                  | 3,095.04         |
| Employer Paid Medicare Tax                         | 723.84           |
| <b>Total Wages and Employer Taxes Paid in 2009</b> | <b>53,738.88</b> |

As your employer, we are required to match your Social Security and Medicare tax. Your total wages paid includes all regular pay, overtime premiums, shift differentials, etc.

## Total Compensation

|   |                  |
|---|------------------|
| Total Employer Paid Benefits                | <b>13,063.54</b> |
| Total Wages and Employer Taxes Paid In 2009 | <b>53,738.88</b> |
| <b>Total Compensation</b>                   | <b>66,802.42</b> |

Your total compensation represents the sum of your employer paid benefits and total wages paid.

This report contains information that was accurate at the time it was generated. Any discrepancies in the report will be superseded by the Employee Handbook or specific benefit plan document as applicable. Receipt of this report is not a contract express or implied guaranteeing employment or benefits for any specific duration.