

# Personalized Compensation Statement

## For: [Employee]

| SALARY   |  | BENEFITS  |  |
|--|--|---|--|
| \$49,477.00 (Year-Year) Salary*<br>*Salary includes Base Salary, Professional Development and Stipends |  | 3,067.57 FICA – OASDI (6.2% of salary)<br>717.42 FICA – HI (1.45% of salary)<br>8,084.54 Retirement (16.34% of salary)<br>42.80 Workers' Compensation<br>0.00 Cash In Lieu of Health<br>296.88 Long Term Disability<br>322.64 Life Insurance - \$99,000<br>1,532.64 Delta Dental<br>221.40 SET Vision<br>12,962.40 BCBS 4. + \$5/\$10 (Full Family) |  |
| \$49,477.00 Total Salary   |  | \$27,258.29 Total District Paid Benefits<br><br>The value of your benefits package equals 55.09% of your total salary   |  |

**Total Salary & Benefits: \$76,735.29**

### Other Benefits

The following are additional district-paid benefits that (School District) offers for all employees:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>•Professional Development/Tuition Reimbursement</li> <li>•Internet Access</li> <li>•E-Mail Accounts</li> </ul> | <ul style="list-style-type: none"> <li>•Paid Time Off</li> <li>•Employee Assistance Program (HelpNet)</li> </ul> |
|---|--|

(School District) provides the following optional services for Employees to utilize:

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|---|---|
| <ul style="list-style-type: none"> <li>•Flexible Spending Accounts</li> <li>•Direct Deposit</li> <li>•Tax Sheltered Annuities (403(b))</li> </ul> | <ul style="list-style-type: none"> <li>•Deferred Compensation Plan – 457 Plan</li> <li>•Additional Optional Life Insurance</li> <li>•Michigan Education Savings Program (MESP)</li> </ul> |
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Notes to your Personalized Compensation Statement: Your statement is based on your current benefit elections and employment status. The benefit values and elections shown in this report have been calculated from a number of sources. Calculations for cash in lieu of health and insurance benefits are based on 12 months. Reasonable measures have been taken to make your statement accurate, but this is not a guarantee of benefits or compensation. It is possible that not all benefits you are eligible for, or participating in, are represented in this statement. Please contact (Designated Person) at (Phone Number) for additional details of your benefit eligibility and current coverage levels.