**TO:**

**FROM:**

**SUBJECT: Total Compensation for (Year – Year)**

**DATE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following is a breakdown of the annual cost and Board Paid Benefits that are provided for your position by (School District).

Health, Dental, & Vision Insurance $

Michigan School Retirement $

Social Security / Medicare $

Cash-in-Lieu of Insurance $

Longevity $

Base Wages $

## TOTAL COST $

# Retirement Information

(School District) contributes \_\_ % of your wages into the retirement system.

# Social Security / Medicare

(School District) contributes \_\_% of your wages as the employer’s share of the Social Security/Medicare taxes. As the employee, you contribute an equal amount toward this program.

### Workers Compensation

(School District) pays Workers Compensation premiums on all employees based on occupation and annual salary.

Descriptive materials concerning the benefits provided under each program are available in the Business Office.