Date

Dear

We are pleased to provide you with this personalized summary of your participation in the (School District) employee benefit program. These programs have been designed to provide you with protection against financial loss due to illness or injury as well as the retirement security for your future.

Your benefits are an important part of your total compensation package. We hope you will find this report useful in better understanding the value of your benefits and in planning for your future.

If you have any questions, please contact the Human Resources Office.

Sincerely,

(School District Superintendent’s Name)

Superintendent

ANNUAL VALUE OF YOUR BENEFITS

Prepared for: (Employee’s Name)

(YEAR/YEAR) SCHOOL YEAR

**School Share Employee Share**

 **Salary/Earnings $0.00**

 **Insurance premiums/Annuity**

 **Social Security Taxes (FICA)**

 **Retirement (Basic / MIP)**

**$0.00 TOTAL $0.00**