

Annual Compensation Summary

[Employee Name] Period Ending MM/DD/YY

Beyond your regular earnings, [Practice Name] contributes for you, at substantial cost, extra compensation in the form of benefits. To a large degree, your extra compensation is either TAX-FREE or TAX-DEFERRED. The annual costs of your benefits are as follows:

Benefit	EMPLOYER'S SHARE	% of Regular Earnings	YOUR SHARE	% of Regular Earnings
Group Health Insurance	\$ 3,990	9.9%	\$ 1,277	3.2%
Group Dental Insurance	\$ -	0.0%	\$ -	0.0%
Group Life Insurance	\$ 102	0.3%	\$ 91	0.2%
AD & D Insurance	\$ -	0.0%	\$ -	0.0%
Unemployment Insurance	\$ 56	0.1%	\$ -	0.0%
Long Term Disability Insurance	\$ 124	0.3%	\$ -	0.0%
Pension Plan	\$ 1,214	3.0%	\$ 600	1.5%
Flex Spend / Dependent Care	\$ -	0.0%	\$ -	0.0%
Uniform Allowance	\$ -	0.4%	\$ -	0.0%
Life Insurance	\$ -	0.0%	\$ 30	0.1%
Worker's Compensation	\$ 175	0.4%	\$ -	0.0%
Continuing Education	\$ 750	1.9%	\$ -	0.0%
Social Security / Medicare	\$ 2,975	7.3%	\$ 2,975	7.4%
Vacation	\$ 1,557	3.8%	\$ -	0.0%
Sick	\$ 778	1.9%	\$ -	0.0%
Bereavement	\$ -	0.0%	\$ -	0.0%
Personal	\$ -	0.0%	\$ -	0.0%
Holidays	\$ 480	1.2%	\$ -	0.0%
Other	\$ -	0.0%	\$ -	0.0%
Total Cost of Benefits	\$ 12,351	30.5%	\$ 4,973	12.3%

Annual Earnings

Hourly (less paid time off)

Salaried (less paid time off)

\$ 40,475

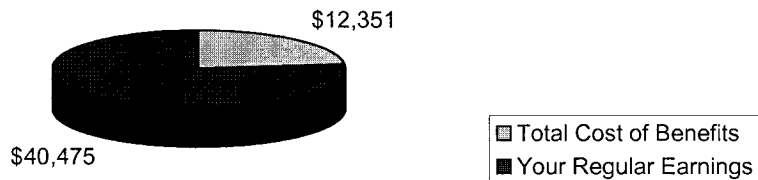
Your Regular Earnings

\$ 40,475

Equals: Your Total Compensation \$ 52,826

YOUR EMPLOYER CONTRIBUTES AN AMOUNT EQUAL TO 30.5% OF YOUR REGULAR EARNINGS IN THE FORM OF BENEFITS.

YOUR HIDDEN PAYCHECK



Every effort has been taken to assure the accuracy of your statement. Please review the various plan documents and benefit booklets for details.