

TOTAL COMPENSATION STATEMENT

Bonnie Graham
5482 Blanco Way
Culver City, CA 90230



HELEN GRACE CHOCOLATES FRINGE BENEFITS

BENEFIT STATEMENT

Friday, August 28, 2009

Benefit	Annual Cost	Employer Contribution
Open Enrollment Employee Satisfaction Survey		\$0.00
Parking @ \$18.50 PPD		\$520.00
Health Insurance @ \$92.30 PPD		\$1,799.98
Worker Comp Protect @ \$14.00 PPD		\$390.00
Group Term Life @ \$10.50 PPD		\$65.00
Unemployment Insur. @ \$17.00 PPD		\$468.00
Employer Cafe Vol. Premium Contrib		\$222.04
PAID HOLIDAYS @ 10 per year		\$3,006.12
SICK DAYS @ 5 per year		\$4,208.36
Vacation Days @ 10 per year		\$3,607.24
Social Security		\$3,056.59
Medicare		\$714.85
	Total Cost	\$18,058.18
	Annual Income	\$50,000.00
	Total Compensation	\$68,058.18

Your employer contributes an additional 36.12% of your annual income toward your benefits, which results in your total compensation of \$68,058.18

This statement is only an overview of your benefits. It is not legally binding, and should not be considered a contract. If you should discover errors in this statement or if you have questions, contact your supervisor or person responsible for your benefits administration.