
TOTAL COMPENSATION STATEMENT



Bonnie Graham
5482 Blanco Way
Culver City, CA 90230

REM EYEWEAR TOTAL COMPENSATION STATEMENT

BENEFIT STATEMENT

Friday, August 28, 2009

Benefit	Annual Cost	Employer Contribution
Parking @ \$20.00 PPD	\$480.00	
Paid Time Off @ 12 per year	\$3,330.00	
Health Insurance @ \$100.00 PPD	\$2,400.00	
Worker Comp Protection @ \$15.00 PPD	\$360.00	
Group Term Life @ \$2.25 PPD	\$54.00	
Unemployment Insurance @ \$18.00 PPD	\$432.00	
Employer Cafe Voluntary Premium Contribution	\$200.16	
Paid Holidays @ 6 per year	\$2,774.88	
Social Security	\$3,050.40	
Medicare	\$713.40	
	Total Cost	\$13,794.84
	Annual Income	\$50,000.00
	Total Compensation	\$63,794.84

Your employer contributes an additional 27.59% of your annual income toward your benefits, which results in your total compensation of \$63,794.84

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.
