

### Short-Term Disability Insurance

Short-term disability benefits are provided through <<Insurer>> to help offset loss of income resulting from an accidental injury or illness. Disability payments will begin on the 15th day of disability suffered as a result of either injury or illness. Your short-term disability benefits will pay 60% of your weekly income up to a maximum weekly benefit of \$1,000 and continue up to 13 weeks.

### Health Advocate

An additional benefit that all employees and their families have access to is Health Advocate. Health Advocate can help you navigate the health care system. They are an excellent resource when you need help resolving a claim issue or to better understand medical issues. In order to utilize this free service, simply call toll free <<phone number>> or e-mail <<e-mail address>> and a Personal Health Advocate will help you or your family member.

### RETIREMENT BENEFITS

<<Company>> is pleased to be partners with you in providing for your retirement income with a 401(k) plan. In 2007, you contributed 6% of your annual salary on a pre-tax basis. The Company currently matches 50% of the first 6% of your deferral.

Your total contribution for 2007 was:	\$	2,038.29
<<Company>> contributed:	\$	1,019.15

### PAID TIME OFF

In 2007, you were eligible for the following paid time-off:

9	Holidays	\$	839.97
16	Vacation days	\$	1,493.28
1	Personal day	\$	93.33

The total value of your paid time off was \$ 2,426.58. This amount is included in your annual earned income.

Paid time-off is also available for funeral leave and jury duty. Please refer to your employee handbook for further details.

### ADDITIONAL BENEFITS

<<Company>> also provides the following additional benefits:

- Educational Reimbursement
- Flu Shots
- Free Coffee & Tea Service
- Employee Assistance Program

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## Employee Benefit Statement

## Your Total Compensation Report

<<First Name>> <<Last Name>>

Dear «Nickname»:

Within every successful organization you will find hardworking, dedicated employees. At <<Company>> we believe these employees are our most valuable resource. That is why we strive to provide competitive salaries and a comprehensive benefit program.

This employee benefit statement will briefly outline the benefits that are provided by <<Company>>, the cost of those benefits, and your actual wages. You will see that combined with your wages, these benefits represent a significant total compensation package. Please read this information carefully. If there is a specific benefit you would like to discuss in detail, please do not hesitate to contact me.

The following pages summarize the benefits that are available to you as well as your level of participation. We encourage you to share this information with your family so that each family member will be aware of the benefits that are provided to them.

Thank you for your contribution to the success of <<Company>>.

Sincerely,

<<Company Contact Name>>

<<Job Title>>

## Summary of Company Provided Benefits

1/1/2007 through 12/31/2007

<u>Benefits</u>		<u>Employer Cost</u>	<u>Employee Cost</u>
Medical	\$	3,780.00	\$ 250.00
Dental	\$	310.00	\$ 100.00
Vision	\$	30.00	\$ 20.00
Life Insurance	\$	60.00	\$ n/a
Short-Term Disability	\$	287.88	\$ n/a
401(k) Contribution	\$	1,019.15	\$ n/a
Education	\$	200.00	\$ n/a
FICA	\$	2,598.92	\$ 2,598.92
Federal Unemployment	\$	56.00	\$ n/a
State Unemployment	\$	511.10	\$ 7.20
Workers Compensation	\$	600.00	\$ n/a
<b>Benefits Cost</b>	<b>\$</b>	<b>9,453.05</b>	<b>\$ 2,976.12</b>
<b>Earned Income</b>	<b>\$</b>	<b>36,334.29</b>	
<b>Total Compensation</b>	<b>\$</b>	<b>45,787.34</b>	

The value of employer paid benefits represents an additional 26% of your total compensation.

*\* Employee figures do not include 401k contribution as a benefit cost since they are your personal savings and not a benefit expense.*

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### NOTICE:

This booklet is intended to summarize your company provided benefits. The numbers and text contained in your report were taken from various summary plan descriptions, billings and plan valuation sheets. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of a discrepancy between this report and the actual plan documents, the actual plan document will prevail.

## GROUP INSURANCE

### Medical

<<Company>> offers the choice of two group medical plans provided through <<Health Insurer>>. You may elect to participate in either the Preferred Provider Organization (PPO) or the Point of Service (POS) program.

The PPO plan allows you to utilize network physicians and hospitals with most services covered at 100% following a \$10 co-pay. Under the POS plan, when you obtain a referral from your Primary Care Physician (PCP), you receive a higher level of coverage and there are no claim forms to file. Most services are covered at 100% following a co-pay of \$15. If you receive medical care without a referral from your PCP, you will be covered, however, deductibles and coinsurance will apply.

In 2007, you elected employee + child coverage in the POS plan.

### Prescription Drugs

Prescription drug benefits are part of either medical plan you choose with co-pay amounts of \$10 for generic, \$20 for brand name and \$35 for non-formulary.

### Dental

Dental benefits are provided through <<Dental Insurer>>. After the \$50 annual deductible has been satisfied, covered expenses are paid as follows with an annual maximum of \$1,000.

- 100% of preventive care (deductible waived)
- 80% of basic services
- 50% of major services

In 2007, you elected employee + child coverage in the dental plan.

### Vision

Vision benefits are provided through <<Vision Insurer>>. The plan includes an exam once every 24 months for adults and once every 12 months for children. You receive a higher level of coverage when you utilize a network provider.

In 2007, you elected family coverage in the vision plan.

### Cost Sharing

<<Company>> provides flex credits to offset the cost of your benefit elections. The flex credits you are eligible for are based on your eligible dependent status, regardless of the coverage you choose. When you participate in the Section 125 Flexible Benefits Plan, any charges in excess of your Flex Credits will be deducted from your pre-tax income each pay period.

### Life and Accidental Death & Dismemberment Insurance

To help protect your beneficiary against financial hardship, you are covered for \$50,000 in group term life insurance through <<Insurer>>. If your death is a result of an accident, the amount will be doubled.