

# Statement of Compensation

EMPLOYER

FIRST	LAST	
ADDRESS		
CITY	STATE	ZIP

wage	\$	40,050
employer taxes on your wage	\$	3,064
medical insurance contribution	\$	9,024
dental insurance contribution	\$	264
vision insurance contribution	\$	124
term life insurance contribution	\$	193
disability insurance contribution	\$	214
401(a) contribution	\$	4,005
403 (b) matching contribution	\$	2,061
<b>Total Compensation</b>	<b>\$</b>	<b>58,999</b>



Did you know that over **32%** of your total compensation comes from **employee benefits paid for by your employer?**

