

PERSONAL & CONFIDENTIAL

Your Total Compensation Statement – FISCAL YEAR 20XX – 20XX
(April 1, 20XX-March 31, 20XX)

Annual Salary	\$ 100,000.00	
Incentive Earned in 20XX-20XX (paid June 20XX)	\$ 10,000.00	
Total Annual Income	\$ 110,000.00	
Insurance Benefits	Employer Contribution	Employee Contribution
Basic Life Insurance	\$ 624.72	
Basic AD & D	\$ 66.56	
Optional Life Insurance		\$ -
Spousal Life Insurance		\$ -
Long Term Disability (LTD)	\$ 1,647.72	
Health Care/Vision Care	\$ 2,947.68	
Dental	\$ 1,755.00	
Employee Assistance Program	\$ 34.80	
Health Care Spending Account	\$ 1,500.00	
BC Medical	\$ -	
Total Insurance Benefits	\$ 8,576.48	
Pension & Retirement Plan		
Defined Contribution Plan		
Registered Retirement Savings Plan	\$ 8,049.16	\$ 20,349.44
Non-Registered Savings Plan		
Tax Free Saving Account		
Total Pension contributions	\$ 8,049.16	
Other Benefits		
Car Allowance / Parking	\$ -	
Educational Assistance	\$ 2,599.00	
Fitness Reimbursement	\$ -	
Professional Membership	\$ -	
Total Other Benefits	\$ 2,599.00	
Total Salary and Benefits	\$ 129,224.64	

