



Dear Susan:

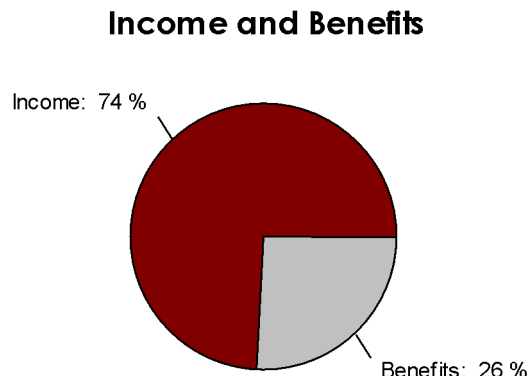
This benefit statement is a brief outline of your company-provided benefits. It is our way of showing you how much we appreciate your contribution to the success of Sisk Sample Company. Should you have any questions regarding this report, please do not hesitate to call the Human Resource Department.

Sincerely,

President of Sample Company

Summary of Benefits

BENEFIT	EMPLOYER COST
Medical Premium	\$ 7,486.32
Dental Premium	360.00
Life Insurance Premium	135.24
Long Term Disability Premium	74.13
Short Term Disability Premium	72.86
Total Benefits Cost	\$ 8,128.55
Annual Income	22,880.00
Actual Realized Income	\$ 31,008.55



Your total benefit cost equals an additional **35.53%** of your annual salary.

Medical Insurance

Sisk Sample Company provides you with medical insurance. Covered services include: Semi-private hospital room and board; outpatient hospital services; preventive health services; home health care, emergency care, and diagnostic testing. Please consult your group medical plan booklet for details on limitations and exclusions.

Dental Expense Benefits

Dental care benefits are paid up to the scheduled allowances found in your group dental plan booklet. Covered treatment includes routine exams, dental x-rays, fluoride treatments, oral surgery and endodontic treatment.

Life Insurance

Sisk Sample Company provides you with group life insurance. The face value of your group life policy is \$46,000.00.

Long Term Disability Insurance

The long term disability plan is provided as a source of income protection should you become disabled as a result of an accidental injury or illness. Once eligible, the plan will provide you with a benefit of \$1,144.00 per month.

Short Term Disability Insurance

Short term disability benefits are provided to help offset loss of income that results from an accidental injury or illness. Your short term disability benefit is \$264.00 per week.

This statement was especially prepared for: Susan Cooper