



February 20, 2009

John J. Dorning
1200 Bunting Way
Atlanta, GA 30304

Dear John,

As a valued employee, ABC Company is pleased to present you with your personalized Total Compensation Statement. While cash compensation is the largest portion of your total compensation, a significant portion is provided through indirect pay for health insurance, retirement and other benefits.

We prepared this statement to help you to better understand the true value of your compensation. If you have any questions, please contact Susan Robins at 999.999.9999.

Sincerely,
Mike Michaels
President

Your Total Compensation Statement

	Your Contribution	Company Contribution
Cash Compensation		
Base Pay		\$85,000.00
Commission		8,000.00
Bonus		5,000.00
Total Cash Compensation		\$98,000.00
Health Benefits		
Medical	\$2,000.00	\$5,000.00
Health Savings Account	\$500.00	\$1,000.00
Dental	300.00	8,000.00
Vision	100.00	300.00
Total Health Benefits	\$2,900.00	\$14,300.00
Income Protection		
Life Insurance	\$1,000.00	\$350.00
Short-Term Disability	0.00	500.00
Long-Term Disability	0.00	2,000.00
Total Income Protection	\$1,000.00	\$2,850.00
Government Insurance Benefits		
Workers' Compensation		138.72
Social Security and Medicare	6,652.87	6,652.87
Total Government Benefits	\$6,652.87	\$6,791.59
Retirement Benefits		
401(k)	\$10,000.00	\$0.00
Profit Sharing		\$1,500.00
Total Retirement Benefits	\$10,000.00	\$1,500.00
Total Compensation		\$123,441.59

Your Benefits Details

Medical

You are enrolled in the Blue Cross Blue Shield of Georgia PPO and have elected employee + spouse coverage.

Dental

You are enrolled in the Cigna Dental Plus and have elected employee + spouse coverage.

Vision

You are enrolled in the EyeMed Vision Platinum and have elected employee coverage.

Basic Life Insurance and AD&D

Eligible employees receive a Basic Life Insurance benefit of 2.5x Salary to a Maximum Value of \$150,000. AD&D coverage provides an additional \$50,000 if your death is the result of an accident.

Voluntary Life Insurance

You have purchased voluntary life insurance. Employee coverage: \$500,000. Spouse coverage: \$50,000. Child(ren) coverage: \$5,000

Short-Term Disability

You are eligible to receive 66% of your base pay up to a maximum of \$2,000/week for a disability beginning on day 8 of the disability for up to 90 days.

Long-Term Disability

You are eligible to receive 50% of your base pay for a disability beginning on day 91 of the disability.

401(k)

Company contributions are vested 33% after 1 year, 66% after 2 years and 100% after 3 years of service. Your contributions vest immediately.

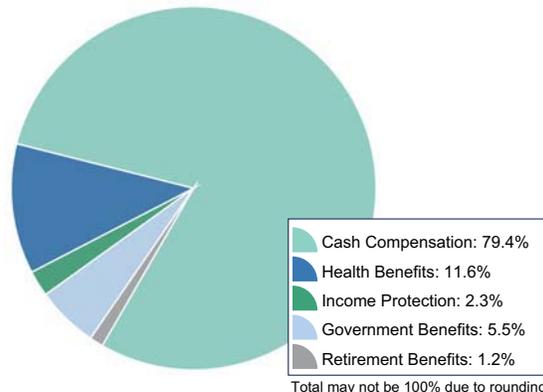
Profit Sharing

Profit Sharing contributions are vested after you complete 5 years of service.

In addition to the compensation and benefits mentioned above, we also provide you with:

- 20 Days of Vacation (Cash value \$6,539)
- 8 Paid Holidays (Cash value \$2,615)
- 5 Sick Days (Cash value \$1,635)
- Employee Assistance Program
- Flexible Spending Account
- Tuition Reimbursement
- Health Risk Screening
- Smoking Cessation Program
- Flexible Work Schedules
- Credit Union

The chart below illustrates our contribution to your total compensation package in addition to your cash compensation:



This statement is based on your pay and benefits as of January 1, 2009. Every effort has been made to ensure the accuracy of this statement. Please contact Susan Robins if you notice any discrepancies. Nothing in this document is intended to alter the at-will nature of the employee/employer relationship.