

Employee Benefits Statement

As of 20150601

Name: Rodriguez, Antonio
Address: 845 Acabasco Drive

Palo Alto, CA 94301-3118

Date of Birth: 8/24/1952
Social Security No.: 425-78-3808
Employee ID: 0803
Phone: (650) 651-4227

Hire Date: 7/6/2010
Category: Full-Time
Status: Active

Medical Insurance Benefits

The medical plan that you have selected is : Kaplan Medical Group.

Benefit Coverage

Hospital Room and Board	100%
Routine Physical	\$50 Copayment
Doctor's Office Visit	\$50 Copayment
Counseling/Psychiatric	\$20
Lab and X-ray Fees	100%
Chiropractic Services	Not Covered
Prescription Drugs	\$5*
Outpatient Surgery	100%
Inpatient Surgery	100%

You have coverage for

Employee plus family

for which you pay a monthly premium of \$80.00.

The annual cost to ABC Corporation to provide these benefits is \$5,280.00.

*Subject to annual deductible

Dental Insurance Benefits

The dental plan you have selected is : Best Dental Group.

Benefit Coverage

Annual Maximum per person	\$1,500
Annual Deductible	
Per person	\$30*
Per family	\$80*
Preventive and Diagnostic	100%
Basic Services	80%
Major Services	50%
Orthodontic Services	50%

You have coverage for

Employee plus family

for which you pay a monthly premium of \$30.00.

The annual cost to ABC Corporation to provide these benefits is \$2,520.00.

*Does not apply to preventive and diagnostic

Vision Insurance Benefits

The vision plan you have selected is : Vision Coverage Plan.

You have coverage for Employee plus family,

for which you pay a monthly premium of \$15.00.

The annual cost to ABC Corporation to provide these benefits is \$300.00.

Voluntary Insurance Benefits

The Voluntary Life Plans that you have selected is : Triple A Life Insurance.

Your per paycheck contribution is : \$5

Other Benefits : - Not Applicable -

Retirement Benefits

The 401(K) Plan that you have selected is : 401K Plan.

Your percent contribution is : 3%

Annualized company match: \$789.66.

Company Provided Benefits

	Benefit Amount	Benefit Cost	Beneficiary
Company Provided Life	\$150,000.00	\$36.00	
Company Provided AD&D	\$100,000.00	\$19.20	
Company Provided Disability	\$2,100.00	\$178.20	

Paid Vacation

ABC Corporation provides 10 days paid vacation for you. The annual value of this benefit is \$2,000.00.

Paid Sick Leave

Should you require time off from work due to illness, ABC Corporation will pay you for up to 5 days per year. The annual value of this benefit is \$3,215.00.

Sample Employee Benefit Statement Templates

Maire Loughran, Sharon Farris



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