

Total Compensation Benefit Statement *

Hank W. Aaron
 92 Beacon Street
 Boston, MA 02105

South Brook
 32 Main Street
 San Paco, NV 89825

Below is a statement of the estimated annualized contributions and benefits you enjoy at South Brook. If you have specific questions regarding your benefits please contact Human Resources at or HR@DemoCompany.com.

Benefit Name	Employer Contributions*
2010 Medical HMO	\$8,446.20
2010 Dental	\$240.36
2010 Group Life/AD&D	\$243.00
2010 Group LTD	\$253.56
2010 Group STD	\$234.00
Total Benefit Contributions	\$9,417.12
FICA, Medicare Taxes	\$4,498.33
Federal Unemployment	\$490.00
State Unemployment	\$90.00
Total Tax Contributions	\$5,078.33

Annual Compensation Summary

Employer Benefit Contributions

Annual Salary

■	Your Annual Salary	\$65,500.00
■	Employer Benefit Contributions "Hidden Paycheck"	\$9,417.12
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Total Compensation		\$74,917.12
Employer contributions as a % of your compensation		12.57%
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Total Tax Contributions		\$5,078.33
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Total Employer Contributions		\$79,995.45

*Note: The figures reflect estimated amounts. The actual deductions may vary slightly due to rounding.

Benefit Descriptions

2010 Dental

You are enrolled in the South Brook Basic Dental Coverage plan. Your cost is \$9.39 per paycheck on a pre-tax basis. Please consult your plan booklet or contact Human Resources for full coverage information.

2010 Group Life/AD&D

South Brook provides you with life insurance. Your benefit, \$75,000.00 is payable to your primary beneficiary, Betty Abrams, and then your contingent beneficiary, your estate. In the event you die from an accident, an amount equal to the basic benefit will also be paid to your beneficiary. Please consult your plan booklet or contact Human Resources for full coverage information.

2010 Group LTD

With your participation in this plan, if you become disabled and are unable to work due to illness or injury, you may be eligible to receive up to \$3,250.00 each month. Benefits begin after an elimination period specified in the plan summary. Please consult your plan booklet or contact Human Resources for full coverage information.

2010 Group STD

With your participation in this plan, if you become disabled and are unable to work due to illness or injury, you may be eligible to receive up to \$500.00 each week. Benefits begin after an elimination period specified in the plan summary. Please consult your plan booklet or contact Human Resources for full coverage information.

2010 Medical Care FSA

Your flexible spending account plan allows you to save money for eligible medical expenses. Your cost is \$83.33 per paycheck on a pre-tax basis. Please consult your employee manual or contact Human Resources with questions.

2010 Medical HMO

You are enrolled in the South Brook HMO Coverage for medical insurance. Your cost is \$171.31 per paycheck on a pre-tax basis. Please consult your plan booklet or contact Human Resources for full coverage information.

Accident Plan

You purchased the Accident Plan, which pays cash benefits for medical expenses and out of pocket costs when you are injured in an accident according to the terms of the contract. Your payroll deduction is \$20.71 per pay period. Please consult your plan booklet or contact Human Resources for full coverage information.

Cancer Plan

You purchased the Cancer Plan, which pays cash benefits for medical expenses and out of pocket costs if you are diagnosed with cancer according to the terms of the contract. Your payroll deduction is \$33.85 per pay period. Please consult your plan booklet or contact Human Resources for full coverage information.

Additional Information

Social Security benefits for retirement may be started as early as age 62. Normal retirement begins at age 65 if you were born before 1937. Individuals born after 1960 retire at age 67. People born after 1937 and before 1960 have a "normal retirement" age between 65 and 67. Social Security benefits are also available for disability. To check on the status of your benefits, call 800-772-1213 and request form SSA 7004 (Earnings and Benefit Statement). Complete and mail back to SS Administration POB 3600 Wilkes-Barre PA 18767-3600.

This brief description of your benefits does not serve as your Plan Document. Please refer to your Certificate of Coverage for the actual, detailed contract language.