

Total Compensation \$50,372.09

Total Annual Income plus Total Benefit Contributions by employer.

Your Pay	
2024 Commission	\$9,791.93
Total Annual Income	\$9,791.93

Benefit Contributions and Elections			
	Your Contribution	Employer Contribution	Your Election
*Group Term Life Insurance	\$0.00	\$2,863.38	\$394,000
401(k)	\$9,047.32	\$3,392.70	
Accidental Death & Dismemberment	\$0.00	\$24.00	\$80,000 coverage
Dental / Vision Insurance	\$312.00	\$1,080.00	Dental Plan I Family
Employee Assistance Program	\$0.00	\$12.00	Enrolled
Fitness Reimbursement	\$0.00	\$250.00	
Health Insurance	\$3,379.44	\$12,341.94	1500/3000 Ded Family Plan
Identity Theft and Fraud Insurance	\$0.00	\$2.00	Enrolled
Medical Flex Spending	\$1,500.00	\$0.00	
Medicare	\$1,613.06	\$1,613.06	
Pension	\$0.00	\$12,103.85	Participating
Short Term Disability	\$480.00	\$0.00	\$1,666 per week
Social Security (OASDI)	\$6,897.33	\$6,897.23	
Total Benefit Contributions	\$23,229.15	\$40,580.16	

Paid Time Off		
Benefit	Hours	Approximate Value
Holiday	56	\$2,915.92
Vacation	160	\$8,331.20
Sick	376	\$19,578.32
Total Value	592	\$30,825.44

