

# Put together the pieces to make your benefits package complete!



At IAF we value the contributions of each of our team members and strive to provide a salary and benefits package that includes comprehensive coverage for you and your family.

We are pleased to be able to present you with this personalized total benefit statement which summarizes the total compensation package provided to you by IAF.

**Prepared especially for:**  
**John Doe**  
**Department / Location / ID Number**

## The following is a Summary of Benefits provided to you by IAF:

Group Insurance (Medical, Dental, Prescription) IAF's cost	\$X,XXX
Safety Shoes	\$XXX
Safety Glasses	\$XXX
Safety Equipment	\$XXX
<b>TOTAL SAFETY EXPENSES</b>	<b>\$X,XXX</b>
Short Term Disability/AD&D Insurance IAF's cost	\$XXX
401(K) Program Administration	\$XXX
401(K) Match <i>IAF matches 50% up to first 6% of your contribution</i>	\$XXX
Employee Assistance Program IAF's cost	\$XXX
Wellness Program IAF's cost	\$XXX
Social Security (FICA), Medicare IAF's cost	\$X,XXX
Unemployment (FUTA and SUTA) IAF's cost	\$XXX
<b>TOTAL ANNUAL COST OF BENEFITS</b>	<b>\$XX,XXX</b>
Annual Base Pay	\$XX,XXX
Performance Premium	\$XXX
Certification Premium	\$XXX
Shift Premium	\$XXX
Attendance Bonus Pay	\$XXX
<b>TOTAL PREMIUM PAY</b>	<b>\$XX,XXX</b>
Paid Time Off	\$X,XXX
Holidays	\$XXX
IAF's COST FOR PAID TIME OFF	\$X,XXX
<b>TOTAL ANNUAL COMPENSATION</b>	<b>\$XX,XXX</b>

### 2012 PORTABLE BENEFITS

**Universal Life Insurance** protects your finances for your working years now and for the future.

**Short Term Disability** protects your family and your paycheck in the event you or a loved one becomes disabled and can not work.

**Accident Insurance** provides 24 hour coverage that protects you and your family against unexpected medical expenses due to an accident or injury.

**Benefits are  
XX% of your  
income**

INFORMATION PROVIDED EFFECTIVE:  
January 1, 2012  
HIRE DATE: 3/6/2007  
EMPLOYEE NUMBER: 90000

*The figures contained in this summary are based in part on company averages. Any mistakes in benefits should be reported to your HR representative. In the event of errors, plan documents and applications will take precedence over this summary.*

# PERSONALIZED BENEFIT STATEMENT

Your paycheck is only one form of compensation received from IAF. This Summary of Benefits was prepared for you to show you the many other forms of compensation that are provided to you. At IAF, we know what a difference our team members make every day with their commitment, teamwork, and focus on customer service. That's why we're happy to provide a competitive salary and benefits package.

**Medical and Prescription Drugs** — We offer plans designed to fit a variety of needs. Choose from single or family coverage and HMO or PPO. All plans offer vision and prescription drug benefits.

**Dental** — With the dental plan, team members can visit the dentist of their choice. All preventative services are covered 100%. Orthodontia is covered for children and adults.

**Life Insurance** — IAF offers group term life insurance, which provides coverage in the amount of one and a half times your annual base pay at no cost. Supplemental coverage may be purchased for up to an additional X times annual pay.

**Short Term Disability and AD&D Benefit**— Our plan pays a percentage of your monthly earnings on the 85<sup>th</sup> calendar day of disability. IAF pays 100% of the premium for this benefit.

**401 (k) Plan with Employer Match** — A team member that has been employed for 6 months and has worked a minimum of 1,000 hours can contribute X% of his/her income and IAF will match 50% of the contribution up to the first 6%.

**Holidays**— All IAF team members get 13 paid holidays per calendar year.

**Paid Time Off**— Team members accrue paid time off benefits based on position and years of service.

**Team Member Assistance** — Assistance programs are available to team members upon hire.

**Performance Premium** — Additional premium can be earned by team members based on the following levels of premium.

Performance Premiums	
B	0.5
S	0.25
KA	2.25
KB	2
AA	1.25
BB	1
CC	0.75
DD	0.5
NA	0

**Shift Premium** — Additional premium can be earned by team members based on the following shift premium chart.

Shift	
1	0
2	0.35
3	0.45

**Certification Premium** — Additional premium can be earned by team members based on the following levels of Certification.

Certifications	
A	\$0.50
B	\$1.00
C	\$1.50
D	\$2.00
NA	\$0.00

**Other** — Portable voluntary Universal Life, Short Term Disability, and Accident Insurance.