

# Yearly Compensation Statement

Prepared for: [Employee name]

Effective Dates: Jan 1, 2019 through Dec 31, 2019

As a valued team member, [Practice name] is pleased to present you with your Total Compensation Statement. This statement shows the pay and benefits that were afforded to you as part of your total compensation package over the past year. Please contact [Contact person] if you require additional information about your compensation package.

			Hospital's Annual Cost
<b>Salary/Wages</b>			
Your gross earnings for the period of Jan 1, 2019 through Dec 31, 2019		\$	-
<b>Bonus/Profit-Sharing Plan</b>			
Describe bonus, profit-sharing or additional incentive pay received that is <u>not</u> included in the Salary/Wages total shown above		\$	-
<b>Pension Plan</b>			
Describe pension plan (SIMPLE, Roth, etc.) and enter the employer's contributions (do not include employee's contributions)		\$	-
<b>Health Insurance</b>			
Describe health insurance plan and enter the employer's premium contribution (do not include employee's contributions)		\$	-
<b>Dental Insurance</b>			
Describe dental insurance plan and enter the employer's premium contribution (do not include employee's contributions)		\$	-
<b>Vision Insurance</b>			
Use this line for vision or other insurance and enter the employer's premium contribution (do not include employee's contributions)		\$	-
<b>Life Insurance</b>			
Describe life insurance plan and enter the employer's premium contribution (do not include employee's contributions)		\$	-
<b>Disability Insurance</b>			
Describe dental insurance plan and enter the employer's premium contribution (do not include employee's contributions)		\$	-
<b>Accidental Death Insurance</b>			
Use this line for vision or other insurance and enter the employer's premium contribution (do not include employee's contributions)		\$	-
<b>Continuing Education</b>			
Describe continued education paid by the practice. You may include travel expenses, but do not include wages paid for CE time		\$	-
<b>Discount on Veterinary Services</b>			
If the employee used their discount on veterinary services, you may describe the hospital policy and enter the discount used		\$	-
<b>Professional Dues, Memberships and Licenses</b>			<b>Annual Cost</b>
Use these lines to list dues/licenses the employer paid (if no lines are checked, the entire section is omitted)	\$		-
(line 2)	\$		-
(line 3)	\$		-
(line 4)	\$		-
<i>Total Professional Dues, Memberships and Licenses Paid by the Hospital</i>	\$		-
<b>Additional Benefits</b>			<b>Annual Cost</b>
Use these lines to list miscellaneous paid benefits (if no lines are checked, the entire section is omitted)	\$		-
(line 2)	\$		-
(line 3)	\$		-
(line 4)	\$		-
<i>Total Additional Benefits Paid by the Hospital</i>	\$		-
<b>Total Compensation</b>			\$ -

[Practice name] also paid the following expenses based on your wages:

	Hospital's Annual Cost
<b>Social Security/Medicare</b>	
This is the government-required portion paid by the hospital for your social security/medicare	\$ -
<b>Workers' Compensation</b>	
The amount paid by the hospital for workers' compensation	\$ -
<b>State Unemployment Insurance</b>	
The amount paid by the hospital for state unemployment insurance	\$ -
<b>Federal Unemployment Insurance</b>	
The amount paid by the hospital for federal unemployment insurance	\$ -
<b>Total Paid by Hospital for Workers Compensation and Federal/State Taxes</b>	<b>\$ -</b>

	Hospital's Annual Cost
Total Cash Compensation.....	\$ -
Total Retirement Contributions.....	\$ -
Total Paid for Health Benefits.....	\$ -
Total Income Protection.....	\$ -
Total Miscellaneous Benefits.....	\$ -
Total FICA, Workers Comp., & State/Fed. Unemployment.....	\$ -
<b>Total Cost to the Hospital</b>	<b>\$ -</b>

The compensation shown above includes time off from work during which the hospital paid your wages. The cash value of paid time off afforded to you during the year is shown below.

	Hospital's Annual Cost
<b>Paid Holidays</b>	
You were paid for X holiday days during the year.	\$ -
<b>Paid Time for Continuing Education</b>	
You were paid for X days spent attending continuing education.	\$ -
<b>Paid Time Off (PTO)</b>	
You were paid for X hours of P.T.O.	\$ -
<b>Paid Sick Leave</b>	
You were paid for X sick days.	\$ -
<b>Paid Vacation</b>	
You were paid for X vacation days.	\$ -
<b>Estimated Benefit Included in Totals Above</b>	<b>\$ -</b>

*This document depicts estimated compensation and is not a guarantee of benefits, compensation or future employment. Nothing in this document is intended to alter the at-will nature of the employee/employer relationship.*