

Presented by Century Advisory Group

2002 Total Compensation for Stephen Sample

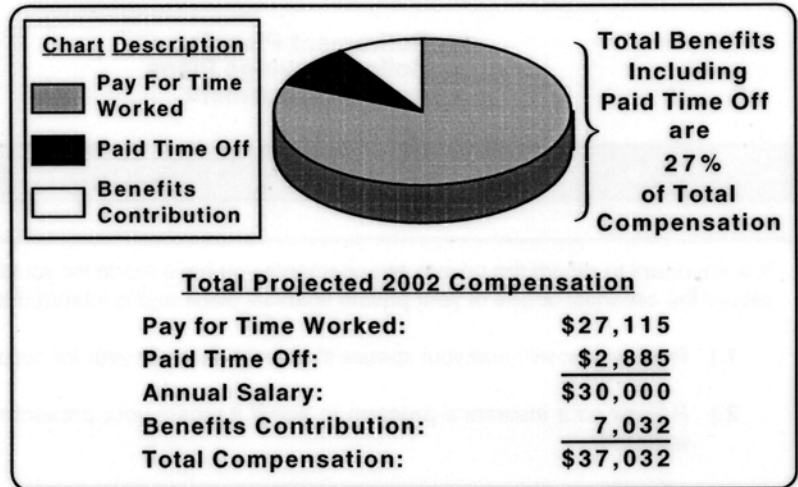
Dear Stephen,

Date of Hire: 01-01-96

Date of Birth: 06-01-60

It is a pleasure to provide you with your year 2002 total compensation statement. Please note that in some cases the dollar amounts reflected on your statement are estimates and are meant to be used only as a guide in helping you understand and use your benefits wisely. Every effort has been made to accurately reflect your benefit information on this statement. In the event of a variation between this statement and the official plan document or contract, the plan document or contract will prevail.

Please review your statement carefully and keep it in a safe place for future reference.



Health Plan

A health care plan is available to all full time employees on the 1st of the month following the date of hire. You are currently enrolled in the Blue Choice Family Plan.

\$3,872

Dental Plan

Dental coverage is available on a voluntary basis. You are enrolled in family dental coverage.

Life/AD&D Insurance

Voluntary employee paid life insurance: **\$30,000** Voluntary Accidental Death & Dismemberment: **\$30,000**

Disability Income Plans

| | |
|--|-------|
| NYS Disability Benefits.....\$175.00 per week (26 weeks maximum) | \$ 80 |
| Voluntary Short Term Disability Benefits..... you are enrolled in the STD Benefits Program | |
| Long Term Disability Benefits.....60% of base earnings to a maximum of \$5,000 per month | \$ 81 |

Workers' Compensation Benefits

In the event of an occupational injury or illness, you may be eligible for Workers' Compensation benefits. \$ 292

401(k) Plan

All employees who make contributions to their 401(k) plan will, at the end of the year, receive a company match. The 2002 match is \$.10 on every \$1.00 deferred up to a maximum of 6%. You are currently contributing 6%. Doyle Security Systems contributed \$450 to your account for the plan year 2001. \$ 450

Employee Assistance Program

Confidential, professional counseling services are available to you and any member of your household. \$ 15

Social Security and Medicare Benefits

Each year you and your Company contribute an equal percentage of your earnings to Social Security & Medicare. \$2,242

Total Benefits Contribution

\$7,032

Paid Time Off

Vacation - You are eligible for **15** paid vacation days. **Holidays** - You are eligible for **8** paid holidays.
Sick Days - You are eligible for **2** paid sick days after six months of service.

Total Paid Time Off Contribution

\$2,885

Other Valuable Benefits

In addition to the benefits discussed above, Doyle Security Systems' benefit program also includes jury duty, funeral leave, military leave, unemployment insurance, discounted security systems, and direct deposit.

**Century Advisory Group
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- Retirement Planning
- College Savings Plans
- Asset Management

- Life Insurance
- IRA's
- Mortgage Protection

Financial Planner

It is important to record the private arrangements you have made for yourself and your family. This form provides a convenient way to record the essential details of your private financial plans and is intended for your personal use.

- 1.) Review your will (and your spouse's) at least once per year for accuracy.
- 2.) Review your insurance program to see if it meets your present needs and to ensure that the beneficiary designations are updated.
- 3.) Complete the locations of your important papers and accounts below:

- My will is located: _____
- My checking account is at: _____ Account #: _____
- My savings account is at: _____ Account #: _____
- My insurance policies are located: _____
- My safe deposit box #: _____ Located: _____ Location of key: _____

- 4.) List any other important items, accounts, and their locations:

| Item / Account | Location |
|----------------|----------|
| | |
| | |
| | |

- 5.) Important people to contact in the event of my death:

| | Name & Address | Phone Number |
|------------------------|----------------|--------------|
| Executor | | |
| Insurance Agent | | |
| Lawyer | | |
| Beneficiary | | |

About Your Personal Total Compensation

Every effort has been made to accurately reflect your information on this statement. However, no warranty of complete accuracy is implied. Annual salary and benefits assume active employment for the entire year based on your current rate and employment status in effect on October 1, 2002. Your statement reflects benefits that you were eligible for and enrolled in as of October 1, 2002.

In the event there is a variation between this statement and the official plan document or contract, the plan document or contract will prevail. This statement is not a contractual commitment or agreement and may not be relied upon as such.