

EMPLOYEE BENEFIT SURVEY 2005

(Company Name)
(Address)
(City, state zip-4)

Establishment Location

(physical location)

(UI number)
(ID # 0000000)

Instructions:

- For accurate and complete results, it is important that you fill out and return this survey even if your organization offers no benefits.
- If possible, please provide information only for the establishment and location listed in the address block above. If this is not possible, please answer questions for the employees in **West Virginia** only.
- Please provide the most current information available.
- Please respond by **January 16, 2006**.
- Several questions on this survey refer to the benefit offered to the "majority of employees." If more than two plans are offered and no one plan covers more than 50% of employees, please report benefits offered to the largest group of employees, i.e. the most typical or common plan offered.
- If you have any questions about the survey, please call **Ben Parker** at **304-558-2660** or email **lmi@workforcewv.org**
- Please mail the completed survey in the postage-paid envelope or fax it to **304-558-1343**
- **All information provided will remain strictly confidential.** Results will be presented in aggregate so that no individual response will be identifiable in any published results.
- Go to **www.wvbep.org/bep/lmi/benefitsurvey** for more detailed instructions on filling out the survey. You will find a list of frequently asked questions and answers.

Contact Information

Contact Person: _____ Title: _____ Phone: (____) _____

(Contact information is requested in case clarification is needed about the responses to the survey.)

Check here if you would like a complimentary copy of the survey results.

Employment

1. How many workers are currently employed at the establishment and location listed on the address label of this survey? _____ employees
- If zero employees, please
 check here and return the survey form.

Based on your organization's definition of full-time and part-time, of the employees reported in question #1:

2. How many are full-time? _____ employees

3. How many are part-time? _____ employees

Please answer the remainder of the questions on the survey for the employees reported in this section.

Insurance: Medical, Dental, Vision, Disability, Life

	Full-time Employees	Part-time Employees
<p>4. Does your organization offer medical insurance? <i>(If no, please check "no" and skip to question #7.)</i></p> <p>a. Of the employees reported in questions #2 and #3, how many are offered medical insurance coverage?</p> <p>b. For the majority of employees, is there a waiting period for medical insurance coverage?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Of the employees reported in question #4a, how many are enrolled in medical insurance coverage?</p> <p>a. Of the employees reported in question #5, how many are enrolled in single medical insurance coverage?</p> <p>b. For the majority of employees, what percentage of single medical insurance premiums is employer paid?</p>	<p>_____ employees</p> <p>_____ employees</p> <p>_____ %</p>	<p>_____ employees</p> <p>_____ employees</p> <p>_____ %</p>
<p>6. Does your organization offer family* medical insurance coverage? <i>(If no, please check "no" and skip to question #7.)</i></p> <p>a. Of the employees reported in question #5, how many are enrolled in family medical insurance coverage?</p> <p>b. For the majority of employees, what percentage of family medical insurance premiums is employer paid?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p>_____ %</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p>_____ %</p>
<p>7. Does your organization offer dental insurance? <i>(If included as part of a medical insurance plan, please check "yes" and skip to question #9. If no, check "no" and skip to question #10.)</i></p> <p>a. Of the employees reported in questions #2 and #3, how many are offered dental insurance coverage?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p>
<p>8. Of the employees reported in question #7a, how many are enrolled in dental insurance coverage?</p> <p>a. Of the employees reported in question #8, how many are enrolled in single dental insurance coverage?</p> <p>b. For the majority of employees, are single dental insurance premiums:</p>	<p>_____ employees</p> <p>_____ employees</p> <p><input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid</p>	<p>_____ employees</p> <p>_____ employees</p> <p><input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid</p>
<p>9. Does your organization offer family* dental insurance coverage? <i>(If no, please check "no" and skip to question #10.)</i></p> <p>a. Of the employees reported in question #8, how many are enrolled in family dental insurance coverage?</p> <p>b. For the majority of employees, are family dental insurance premiums:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p><input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p><input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid</p>
<p>10. Does your organization offer vision insurance? <i>(If included as part of a medical insurance plan, check "yes" and skip to question #11. If no, please check "no" and skip to question #11.)</i></p> <p>a. Of the employees reported in questions #2 and #3, how many are offered vision insurance?</p> <p>b. Of the employees reported in question #10a, how many are enrolled in vision insurance coverage?</p> <p>c. For the majority of employees, are vision insurance premiums:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p>_____ employees</p> <p><input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p>_____ employees</p> <p><input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid</p>

* Family coverage is defined as employee **plus** other(s) such as spouse, children, dependents, etc.

	Full-time Employees	Part-time Employees
11. Does your organization offer life insurance? <i>(If no, please check "no" and skip to question #12.)</i> a. Of the employees reported in questions #2 and #3, how many are offered life insurance? b. Of the employees reported in question #11a, how many are enrolled in life insurance? c. For the majority of employees, is life insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ employees _____ employees <input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ employees _____ employees <input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid
12. Does your organization offer short-term disability insurance (separate from workers' compensation)? <i>(If no, please check "no" and skip to question #13.)</i> a. Of the employees reported in questions #2 and #3, how many are offered short-term disability insurance? b. Of the employees reported in question #12a, how many are enrolled in short-term disability insurance? c. For the majority of employees, is short-term disability insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ employees _____ employees <input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ employees _____ employees <input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid
13. Does your organization offer long-term disability insurance (separate from workers' compensation)? <i>(If no, please check "no" and skip to question #14.)</i> a. Of the employees reported in questions #2 and #3, how many are offered long-term disability insurance? b. Of the employees reported in question #13a, how many are enrolled in long-term disability insurance? c. For the majority of employees, is long-term disability insurance:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ employees _____ employees <input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ employees _____ employees <input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid
Paid Leave: Vacation, Sick, Holiday, Consolidated		
14. Does your organization offer paid vacation leave? If paid vacation is offered as a separate benefit, how many days of paid vacation are offered to the majority of employees: a. After 1 year of employment? b. After 3 years of employment? c. After 5 years of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ days _____ days _____ days	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ days _____ days _____ days
15. Does your organization offer paid sick leave? If paid sick leave is offered as a separate benefit, how many days of paid sick leave are offered per year to the majority of employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ days	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ days
16. Does your organization offer paid holiday leave? If paid holidays are offered as a separate benefit, how many days are provided each year to the majority of employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ days	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ days
17. Does your organization offer consolidated leave? <i>(Consolidated leave may be referred to as a "Time Bank," "PTO (Paid Time Off)" etc. This leave may be offered in addition to other types of paid leave or may be offered in place of separate paid leave.)</i> a. If yes, how many days are provided per year to the majority of employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ days	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ days

Retirement		
	Full-time Employees	Part-time Employees
18. Does your organization offer a retirement plan? (If no, please check "no" and skip to question #21.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Does your organization offer a defined contribution retirement plan? (401k, savings & thrift, deferred profit sharing, etc.) (If no, please check "no" and skip to question #20.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Of the employees reported in questions #2 and #3, how many are offered a defined contribution retirement plan?	_____ employees	_____ employees
b. Of the employees reported in question #19a, how many are enrolled in the defined contribution retirement plan?	_____ employees	_____ employees
c. Is the defined contribution retirement plan:	<input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid	<input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid
20. Does your organization offer a defined benefit pension retirement plan? (uses a specific, pre-determined formula to calculate an employees' future benefit) (If no, please check "no" and skip to question #21.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Of the employees reported in questions #2 and #3, how many are offered a defined benefit pension plan?	_____ employees	_____ employees
b. Of the employees reported in question #20a, how many are enrolled in the defined benefit pension plan?	_____ employees	_____ employees
c. Is the defined benefit pension plan:	<input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid	<input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid
Other Benefits		
21. Does your organization offer child care benefits (including on-site or off-site child care, reimbursements, vouchers)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Does your organization offer tuition/educational assistance or reimbursement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Does your organization offer non-production bonuses (e.g. hiring, signing, year-end, attendance, holiday)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Does your organization offer flexible spending accounts (accounts allowing employees to set aside money out of their paycheck pre-tax to pay qualified expenses)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Does your organization operate on shifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, does your organization offer shift differentials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Does your company offer employee discounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Have benefits your company offers been expanded or sustained in lieu of wage or salary increases?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thank you for taking the time to complete this survey! Please make any comments or clarifications to specific survey questions on a separate sheet of paper.		

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