

# STATE OF ALASKA

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## DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT

ADMINISTRATIVE SERVICES DIVISION  
RESEARCH AND ANALYSIS SECTION

August 15, 2001

Employer Name  
Attn: Human Resource Manager  
Mailing Address  
City, State Zip Code

Employee benefits are a significant cost to employers and a major portion of employee's total compensation. National studies conducted by the US Bureau of Labor Statistics show that benefits comprise 28 percent of total employee compensation.

The enclosed confidential employee benefits survey is being conducted by the Alaska Department of Labor & Workforce Development. It is designed to determine the level of employee benefits in Alaska. This information will provide employers, employees and policy makers with detailed and accurate Alaska benefit information.

When you complete the survey, please provide information for only those employees that worked in Alaska during the pay period that included July 12, 2001. If you require more space for any response, attach a separate sheet of paper with the survey form and include your information and the question number. If you have several benefit plans for your employees, copy this survey and complete one survey for each benefit plan. Detailed instructions for completing the survey and definitions can be found online at <http://www.labor.state.ak.us/research/benefits/healthsur.htm>. If you need assistance, contact Kathy Ermatinger or Nancy Hilbert at 1-800-478-4508 (within Alaska), or 907-465-4508 (outside Alaska). Return the completed survey in the postage paid envelope provided or fax to 1-800-325-9872.

We will gladly provide you a copy of the final report when all results are collected and analyzed. Be sure to indicate in question #11 that you would like a copy. Thank you very much for your prompt return of the survey.

Individual employer identity is strictly confidential. Information provided will be used for statistical purposes only.

Sincerely,



Research & Analysis Section  
Alaska Department of Labor &  
Workforce Development



**State of Alaska**  
**2001 Employer Benefit Survey**  
 Instructions

**ABC Company**  
 Number - 987654

1. Provide information for employees working in Alaska only during pay period including July 12, 2001.
2. If you require more space for any response, attach a separate sheet of paper with the information and the question number.  
 If you have several benefit plans for your employees, copy this survey and complete one survey for each benefit plan.  
 Detailed instructions for completing the survey and definitions can be found online at <http://www.labor.state.ak.us/research/benefits/healthsur.htm>
3. If you need assistance, contact Kathy Ermatinger or Nancy Hilbert at 1-800-478-4508 (within Alaska), or 907-465-4508 (outside Alaska).
4. Return the completed survey in the postage paid envelope provided or fax to 1-800-325-9872.

**1 Does your company/organization offer or contribute to a health insurance program for your employees?**

No → **What is the primary reason for not offering a health insurance program? (✓ check only one and go to question 10)**

<input type="checkbox"/> Premiums too high	<input type="checkbox"/> Employees are generally covered by Native health services	<input type="checkbox"/> Most of your competitors don't offer health insurance
<input type="checkbox"/> Employee turnover is too great	<input type="checkbox"/> Employees are generally covered under another plan (i.e. spouse, parent)	<input type="checkbox"/> Too many low-wage or minimum wage workers
<input type="checkbox"/> The firm is too newly established	<input type="checkbox"/> Administrative hassle of providing health benefits is too great	<input type="checkbox"/> Your firm can attract good employees without having to offer insurance
Other (please specify)		

Yes → **What type of health insurance is offered to your employees? (✓ check all that apply)**

<input type="checkbox"/> Contract with a health insurer	<input type="checkbox"/> Self funded and administered by a third party	<input type="checkbox"/> Self funded and administered by your company/organization
<input type="checkbox"/> Union-Provided Plan (provide name of unions)		

**2 Is health insurance offered as part of a flexible benefit plan?**  No  Yes

**3 How many employees worked for your company during the pay period that included July 12, 2001?** # of employees  
 (include full-time, part-time, seasonal, temporary, and contractual employees)

Of those employees working:	Employer provided health plan	Union provided health plan
How many were eligible for health benefits?		
How many were covered under the health benefit plan provided?		

**4 Are health insurance benefits offered to all employees? (e.g. managerial, production workers, cashiers)**

No → List groups not offered benefits:

Yes → Skip to question 5

**5 What type of health insurance benefits do you offer to your employees and their dependents? (✓ check all that apply)**

		Benefit not offered	Employment Type				
			Full Time	Part Time	Seasonal	Temporary	Contractual
<b>Comprehensive Health Insurance:</b> coverage for medical services and hospitals etc.	Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Catastrophic Health Insurance:</b> coverage for hospital and medical services above a very high deductible	Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Dental Insurance</b>	Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vision Insurance</b>	Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please specify)</b>	Employee	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dependent	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6 What percent of the premium cost of the standard health benefit plan is paid by the company/organization?**

	Employment Type				
	Full Time	Part Time	Seasonal	Temporary	Contractual
For employee only plan	%	%	%	%	%
For employee with dependents (family plan)	%	%	%	%	%

**How long must an employee work at your company/organization before he/she is eligible for health benefits? (include time period- e.g 2 weeks, 2 months, 1 year, etc.)**

	Employment Type				
	Full Time	Part Time	Seasonal	Temporary	Contractual

*This form is confidential. Information you provide will be used for statistical purposes only.*

**8** Compared with the prior year, have your health insurance premiums increased?

No → skip to question 9

Yes → Who paid the cost of the increase?

The total must equal 100%

Indicate percent of monthly premium increase paid by employee or company/organization.

Employee Paid

%

Company/organization Paid

%

**9** Compared with the prior year, have the terms of your health insurance benefits changed?

No → skip to question 10

Yes → How have they changed?  
✓ check all that apply

Increased copayments

Higher deductible

Fewer or modified benefits

Less choice in providers (e.g. PPO)

Increased share of total premium paid by employee

Other (please specify)

**10** Does your company/organization offer other benefits?

No → skip to question 11

Yes → ✓ check all that apply from the list below

**Paid Days off:**

(if checked, include days per year)

**Employment Type**

	Full Time		Part Time		Seasonal		Temporary		Contractual	
	<input type="checkbox"/>	Days per year	<input type="checkbox"/>	Days per year	<input type="checkbox"/>	Days per year	<input type="checkbox"/>	Days per year	<input type="checkbox"/>	Days per year
<b>Personal Leave:</b> Combined sick and vacation leave	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Vacation</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Holidays</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Sick Leave</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

**Retirement**

**Employment Type**

	Full Time	Part Time	Seasonal	Temporary	Contractual
<b>Defined Contribution:</b> Employer or employee contributions are specified, but the benefit amount is not predetermined and is usually tied to investment returns, which are not guaranteed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Defined Benefit:</b> The benefit amount is pre-determined based on salary or years of service. (not social security)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health insurance for future retirees</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health insurance for current retirees</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tax-deferred savings plans</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Other**

**Employment Type**

	Full Time	Part Time	Seasonal	Temporary	Contractual
<b>Education Assistance</b> (e.g., tuition payment, student loan payoff, or paid time off to attend classes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Profit sharing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Flexible work week</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Child care assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Elder care assistance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee assistance programs</b> (e.g. counseling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Employee wellness programs</b> (e.g. fitness program)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Short Term Disability:</b> Pays a fixed amount or a set percentage of income for a short period of time due to sickness or injury (excluding on-the-job injuries, which are covered by workers compensation insurance).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Long Term Disability:</b> Pays percentage of employee's regular income over a long period of time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other</b> (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11** Is your company/organization Not-for-Profit?  No  Yes

Would you like a copy of the completed benefits survey report?  No  Yes

**12** Name of person completing survey

Phone Number