

- YOU MAY SUBMIT YOUR ANSWERS ON-LINE AT GAHEALTHINSURANCESURVEY.COM, RETURN IT IN THE ENCLOSED POSTAGE PAID ENVELOPE, OR FAX YOUR REPLY TO XXX-XXX-XXXX.
- IN ALL YOUR RESPONSES, PLEASE PROVIDE THE BEST INFORMATION YOU HAVE AVAILABLE. **IF YOU DO NOT KNOW THE ANSWER TO A PARTICULAR QUESTION, PLEASE PROVIDE YOUR BEST ESTIMATE.** IF YOU NEED ASSISTANCE, PLEASE CONTACT THE GSU RESEARCHERS AT XXX-XXX-XXXX.

1. HOW MANY EMPLOYEES WORKED FOR YOUR FIRM OR ORGANIZATION DURING THE PAY PERIOD THAT INCLUDED 1/1/2011? _____
INCLUDE ALL FULL- AND PART-TIME WORKERS AT ALL GEORGIA ESTABLISHMENTS OR LOCATIONS FOR WHICH THIS OFFICE ADMINISTERS BENEFITS. EXCLUDE ALL CONTRACT WORKERS AND ANY SEASONAL OR TEMPORARY WORKERS (<120 DAYS PER YEAR).
2. HOW MANY OF THESE EMPLOYEES ARE PERMANENT FULL-TIME? _____ PERMANENT PART-TIME? _____
3. ON AVERAGE, HOW MANY HOURS DO PART TIME EMPLOYEES WORK PER WEEK? _____ HOURS PER WEEK
4. HAVE YOU EVER OFFERED HEALTH BENEFITS TO YOUR EMPLOYEES?
 YES, THE LAST DAY HEALTH BENEFITS WERE OFFERED WAS IN WHAT YEAR? _____.
 NO
5. WOULD YOU CONTRIBUTE SOMETHING TOWARD HEALTH INSURANCE FOR YOUR EMPLOYEES IF A LOW-COST PLAN WERE AVAILABLE?
 YES HOW MUCH? _____ \$ PER EMPLOYEE PER MONTH
 NO
6. DOES YOUR FIRM/ORGANIZATION OFFER ANY OF THE FOLLOWING BENEFITS TO FULL-TIME PERMANENT EMPLOYEES? (CHECK ALL THAT APPLY)

<input type="checkbox"/> RETIREMENT OR TAX DEFERRED SAVINGS PLAN	<input type="checkbox"/> LIFE INSURANCE	<input type="checkbox"/> VOUCHER OR CASH ASSISTANCE FOR PURCHASE OF INDIVIDUAL HEALTH INSURANCE
<input type="checkbox"/> LONG TERM CARE INSURANCE	<input type="checkbox"/> ANY PAID TIME OFF (HOLIDAYS, SICK LEAVE, VACATION)	<input type="checkbox"/> OTHER
7. DOES YOUR FIRM/ORGANIZATION PURCHASE ANY BUSINESS OR BENEFIT RELATED INSURANCE THROUGH A BROKER? YES NO
8. DOES YOUR FIRM/ORGANIZATION USE INFORMATION TECHNOLOGY (IT) SUCH AS INTERNET BROWSERS OR EMAIL? YES NO
9. DOES YOUR FIRM/ORGANIZATION USE IT TO PURCHASE GOODS AND SERVICES? YES NO
10. DOES YOUR FIRM/ORGANIZATION HAVE A WEB SITE? YES NO
11. HOW LONG HAS YOUR FIRM/ORGANIZATION EXISTED? _____ YEARS.
12. HOW MANY OF YOUR FULL-TIME PERMANENT EMPLOYEES ARE FEMALE? _____
13. HOW MANY OF YOUR FULL-TIME PERMANENT EMPLOYEES HAVE BEEN EMPLOYED AT YOUR FIRM/ORGANIZATION FOR:
 _____ LESS THAN 90 DAYS _____ FROM 90 DAYS TO 1 YEAR _____ MORE THAN 1 YEAR
14. HOW MANY OF YOUR FULL-TIME PERMANENT EMPLOYEES ARE:
 _____ AGE 24 OR UNDER _____ 25-54 YEARS OF AGE _____ 55-64 YEARS OF AGE _____ AGE 65 OR OVER
15. HOW MANY OF YOUR FULL-TIME PERMANENT EMPLOYEES EARN:
 _____ LESS THAN \$7.50 PER HOUR (OR ABOUT \$15,000 PER YEAR)
 _____ BETWEEN \$7.50 AND \$22 PER HOUR (OR BETWEEN \$15,000 AND \$44,000 PER YEAR)
 _____ MORE THAN \$22 PER HOUR (OR MORE THAN \$44,000 PER YEAR)

THANK YOU VERY MUCH FOR COMPLETING THIS IMPORTANT SURVEY. THE INFORMATION YOU HAVE PROVIDED WILL BE KEPT CONFIDENTIAL.