

# Montana Employee Benefit Survey

Research and Analysis Bureau  
 Montana Department of Labor and Industry  
 PO Box 1728  
 Helena MT 59624  
 (800) 541-3904  
 Fax: (406) 444-2638

**Business Location**

Retirement		
	Full-time Employees	Part-time Employees
18. Does your organization offer a retirement plan? <i>(If no, please check "no" and skip to question #21.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Does your organization offer a <b>defined contribution retirement</b> plan? <i>(401k, savings &amp; thrift, deferred profit sharing, etc.)</i> <i>(If no, please check "no" and skip to question #20.)</i>	<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 <b>offered</b> a defined contribution retirement plan?	_____ employees	_____ employees
b. Of the employees reported in question #19a, how many are <b>enrolled</b> 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 <b>defined benefit pension retirement</b> plan? <i>(uses a specific, pre-determined formula to calculate an employees' future benefit)</i> <i>(If no, please check "no" and skip to question #21.)</i>	<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 <b>offered</b> a defined benefit pension plan?	_____ employees	_____ employees
b. Of the employees reported in question #20a, how many are <b>enrolled</b> 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
Cost of Benefits		
<b>For the cost questions below, please provide the most recent 12-month figures available. Include employer contributions only for insurance and retirement costs. Please exclude costs for retirees and COBRA participants.</b>		
26. How much did your organization spend on each of the following components of compensation?	<b>Annual Expenditures</b>	
a. Wages & salaries (straight time only)	\$ _____	
b. Insurance (include only medical, dental, and vision insurance)	\$ _____	
c. Retirement plans	\$ _____	
d. What was the average employment for the same 12 month period of the costs reported in questions 26a - 26c?	_____ employees	
<b>Thank you for taking the time to complete this survey!</b> Please make any comments or clarifications to specific survey questions on a separate sheet of paper.		

## Employer's name and address

### 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 on upper right hand address of this survey. If this is not possible, please answer questions for the employees in MONTANA only.
- Please provide the most current information available.
- Please respond by November 29, 2004.
- 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 Bob Schleicher at (800) 541-3904 or email bschleicher@state.mt.us
- Please mail the completed survey in the postage-paid envelope or fax it to (406) 444-2638.
- **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.ourfactsyourfuture.org](http://www.ourfactsyourfuture.org) for a more detailed list of frequently asked questions and answers. Note: a smaller list of most frequently asked questions was included with this survey.

### 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

- 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:**

- How many are full-time? \_\_\_\_\_ employees
- 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
4. Does your organization offer medical insurance? (If no, please check "no" and skip to question #7.)	<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 <b>offered</b> medical insurance coverage?	_____ employees	_____ employees
b. For the majority of employees, is there a waiting period for medical insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Of the employees reported in question #4a, how many are <b>enrolled</b> in medical insurance coverage?	_____ employees	_____ employees
a. Of the employees reported in question #5, how many are enrolled in <b>single</b> medical insurance coverage?	_____ employees	_____ employees
b. For the majority of employees, what percentage of single medical insurance premiums is <b>employer</b> paid?	_____ %	_____ %
6. Does your organization offer <b>family*</b> medical insurance coverage? (If no, please check "no" and skip to question #7.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Of the employees reported in question #5, how many are enrolled in <b>family</b> medical insurance coverage?	_____ employees	_____ employees
b. For the majority of employees, what percentage of family medical insurance premiums is <b>employer</b> paid?	_____ %	_____ %
7. Does your organization offer dental insurance? (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.)	<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 <b>offered</b> dental insurance coverage?	_____ employees	_____ employees
8. Of the employees reported in question #7a, how many are <b>enrolled</b> in dental insurance coverage?	_____ employees	_____ employees
a. Of the employees reported in question #8, how many are enrolled in <b>single</b> dental insurance coverage?	_____ employees	_____ employees
b. For the majority of employees, are <b>single</b> dental insurance premiums:	<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
9. Does your organization offer <b>family*</b> dental insurance coverage? (If no, please check "no" and skip to question #10.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Of the employees reported in question #8, how many are enrolled in <b>family</b> dental insurance coverage?	_____ employees	_____ employees
b. For the majority of employees, are <b>family</b> dental insurance premiums:	<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
10. Does your organization offer vision insurance? (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.)	<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 <b>offered</b> vision insurance?	_____ employees	_____ employees
b. Of the employees reported in question #10a, how many are <b>enrolled</b> in vision insurance coverage?	_____ employees	_____ employees
c. For the majority of employees, are vision insurance premiums:	<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
<ul style="list-style-type: none"> <li>Family coverage is defined as employee <b>plus</b> other(s) such as spouse, children, dependents, etc.</li> </ul>		

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