

North Dakota
Benefits
2003 **Survey**



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The average cost of benefits to employers in North Dakota is 25 percent of what they pay in employee wages. Even as the cost of benefits is rising, benefit packages are becoming increasingly important for recruiting quality employees.

Although each prospective employee wants different things from a company benefit package, there is a core set of benefits individuals usually give the greatest emphasis. Because of their central role in benefit evaluation, paid days off, a retirement plan, and medical insurance are discussed in detail on pages 3 through 9 of this publication. Complete hourly and salaried tables are provided at the end of this publication.

Every two years, 14 areas in North Dakota are surveyed for the benefits offered by the communities' firms. A sample of employers in each area completed a survey for salaried personnel, hourly personnel, or both. Tables for each area's survey are published periodically and compiled into one statewide report. In addition to the statewide summary tables provided in this publication, data are provided, broken out by area, industry, and firm size on the web at jobsnd.com.

Summary of Firms Statewide Offering Benefits

Medical Insurance			Retirement	
Full-Time	83%		Full-Time	73%
Part-Time	25%		Part-Time	31%
Dental Insurance			Short-Term Disability	
Full-Time	51%		Full-Time	35%
Part-Time	16%		Part-Time	11%
Vision Care Insurance			Long-Term Disability	
Full-Time	25%		Full-Time	39%
Part-Time	9%		Part-Time	11%
Life Insurance			Paid Day Care Assistance	2%
Full-Time	61%		Paid Training	84%
Part-Time	18%		Paid Education	53%
Paid Vacation	92%		Work From Home	13%
Paid Holidays	85%		Employee Assistance	4%
Paid Sick Leave	66%		Employer Provided Stocks	7%
Flex-Time Scheduling	40%			



VACATION

1. How many PAID vacation DAYS per year are provided after completion of each of the following years of service:

a. First Year:	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-15	<input type="checkbox"/> 16-20	<input type="checkbox"/> 21-25	<input type="checkbox"/> 26+
b. Fifth Year:	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-15	<input type="checkbox"/> 16-20	<input type="checkbox"/> 21-25	<input type="checkbox"/> 26+
c. Tenth Year:	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-15	<input type="checkbox"/> 16-20	<input type="checkbox"/> 21-25	<input type="checkbox"/> 26+
d. Fifteenth Year:	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-15	<input type="checkbox"/> 16-20	<input type="checkbox"/> 21-25	<input type="checkbox"/> 26+
e. Twentieth Year:	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-15	<input type="checkbox"/> 16-20	<input type="checkbox"/> 21-25	<input type="checkbox"/> 26+
f. Twenty-fifth Year:	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-15	<input type="checkbox"/> 16-20	<input type="checkbox"/> 21-25	<input type="checkbox"/> 26+
g. Thirtieth Year:	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 6-10	<input type="checkbox"/> 11-15	<input type="checkbox"/> 16-20	<input type="checkbox"/> 21-25	<input type="checkbox"/> 26+

(Mark questions 2 & 3 "N/A" if all choices in question 1 are "0").

2. Can accumulated vacation days be carried over to the next year? Yes No N/A

3. Can accumulated vacation days be converted to some other benefit (cash, stock purchase, etc)? Yes No N/A

HOLIDAYS

4. Number of PAID holidays per year: 0 1-2 3-4 5-6 7-8 9+ As Needed
 (Include floating days and personal holidays)

5. If a holiday falls on Saturday or Sunday is another day off granted to employees? Yes No

SICK AND RELATED

6. Number of PAID sick DAYS per year for an employee: 0 1-2 3-4 5-6 7-8 9+ As Needed
 (Do not count extended sick leave for family members (Question #9) if they are not considered part of the total for an employee).

(Mark questions 7 & 8 "N/A" if question 6 is "0").

7. If PAID sick leave is provided, is accumulation of sick leave allowed? Yes No N/A

8. Can accumulated sick leave be converted to some other benefit (cash, medical insurance payments, life insurance payments, etc)? Yes No N/A

9. Number of PAID extended sick DAYS per year: 0 1-2 3-4 5-6 7-8 9+ As Needed
 (to care for immediate family members)

10. How many DAYS of PAID family leave are provided per year? 0 1-2 3-4 5-6 7-8 9+ As Needed

11. How many DAYS of UNPAID family leave are provided per year? 0 1-2 3-4 5-6 7-8 9+ As Needed

12. How many DAYS of PAID funeral leave are provided per year? 0 1-2 3-4 5-6 7-8 9+ As Needed

13. How many DAYS of PAID jury duty leave are provided per year? 0 1-2 3-4 5-6 7-8 9+ As Needed

14. How many DAYS of PAID military leave are provided per year? 0 1-2 3-4 5-6 7-8 9+ As Needed

15. Do you provide Flex-time Scheduling? Yes No

16. Do you provide PAID Day Care Assistance? Yes No

17. Do you provide ON-SITE Day Care facilities? Yes No

RETIREMENT

18. Do you offer a retirement plan to full-time employees? Yes No

19a. If #18 was YES, what % of the total contribution is paid by the company? 0% 1-25% 26-50% 51-75% 76-100%

b. What % of the total contribution is paid by the employee? 0% 1-25% 26-50% 51-75% 76-100%

20. Do you offer a retirement plan to part-time employees? Yes No

21a. If #20 was YES, what % of the total contribution is paid by the company? 0% 1-25% 26-50% 51-75% 76-100%

b. What % of the total contribution is paid by the employee? 0% 1-25% 26-50% 51-75% 76-100%

MEDICAL INSURANCE

22. Do you offer medical insurance to full-time employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
23. If #22 was YES, what percentage of a single plan is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
24. If #22 was YES, what percentage of a family plan is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
25. Do you offer medical insurance to part-time employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
26. If #25 was YES, what percentage of a single plan is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
27. If #25 was YES, what percentage of a family plan is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%

VISION CARE INSURANCE

28. Do you offer vision care insurance to full-time employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
29. If #28 was YES, what percentage of a single plan is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
30. If #28 was YES, what percentage of a family plan is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
31. Do you offer vision care insurance to part-time employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
32. If #31 was YES, what percentage of a single plan is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
33. If #31 was YES, what percentage of a family plan is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%

LIFE INSURANCE

34. Do you offer a life insurance plan to full-time employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
35. If #34 was YES, what percentage is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
36. Do you offer a life insurance plan to part-time employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
37. If #36 was YES, what percentage is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%

DENTAL INSURANCE

38. Do you offer a dental insurance plan to full-time employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
39. If #38 was YES, what percentage of a single plan is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
40. If #38 was YES, what percentage of a family plan is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
41. Do you offer a dental insurance plan to part-time employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
42. If #41 was YES, what percentage of a single plan is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
43. If #41 was YES, what percentage of a family plan is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%

SHORT-TERM DISABILITY (Do NOT consider Workers Compensation in response to this question)

44. Do you offer short-term disability insurance to full-time employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
45. If #44 was YES, what percentage of a single plan is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
46. If #44 was YES, what percentage of a family plan is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
47. Do you offer short-term disability insurance to part-time employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
48. If #47 was YES, what percentage of a single plan is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
49. If #47 was YES, what percentage of a family plan is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%

LONG-TERM DISABILITY (Do NOT consider Workers Compensation in response to this question.)

50. Do you offer long-term disability insurance to full-time employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
51. If #50 was YES, what percentage is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%
52. Do you offer long-term disability insurance to part-time employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
53. If #52 was YES, what percentage is paid by the company?	<input type="checkbox"/> 0%	<input type="checkbox"/> 1-25%	<input type="checkbox"/> 26-50%	<input type="checkbox"/> 51-75%	<input type="checkbox"/> 76-100%

MISCELLANEOUS BENEFITS

54. Please check any of the following benefits that are offered to your employees:	YES	NO
a. Employer PAID training	<input type="checkbox"/>	<input type="checkbox"/>
b. Employer PAID education	<input type="checkbox"/>	<input type="checkbox"/>
c. Club membership	<input type="checkbox"/>	<input type="checkbox"/>
d. Employee discount on services or merchandise	<input type="checkbox"/>	<input type="checkbox"/>
e. Employer PROVIDED stocks	<input type="checkbox"/>	<input type="checkbox"/>
f. Employee stock purchase plan	<input type="checkbox"/>	<input type="checkbox"/>
g. Employer PAID liability insurance	<input type="checkbox"/>	<input type="checkbox"/>
h. Employees may work out of their home	<input type="checkbox"/>	<input type="checkbox"/>
i. Employee assistance program	<input type="checkbox"/>	<input type="checkbox"/>
55. Are the preceding benefits offered in a cafeteria style plan?	<input type="checkbox"/>	<input type="checkbox"/>

COST OF BENEFITS

56. Please indicate the benefits paid per employee as a percentage of annual salary. Benefits include workers compensation and unemployment insurance premiums, social security (FICA), retirement, health/life insurance, annual/sick leave, etc:	%
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SALARY ADJUSTMENTS

57. How often are salaries reviewed? (check one)	<input type="checkbox"/> Semi-annually	<input type="checkbox"/> Annually	<input type="checkbox"/> Biennially	<input type="checkbox"/> Other	
58. Type of salary increase, if any, granted to employees: (check one)	<input type="checkbox"/> Merit	<input type="checkbox"/> Cost of Living	<input type="checkbox"/> Longevity	<input type="checkbox"/> Combination	<input type="checkbox"/> None
59. Did your employees receive a salary increase in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
60. If Question #59 was answered YES, indicate the average percentage of the increase:	%				
61. Do you plan to give a salary increase in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown		
62. If Question #61 was answered YES, indicate the expected average percent of increase:	%				

NUMBER OF PERSONNEL

a. Full-time _____
 b. Part-time _____ (Less than 30 hours per week)

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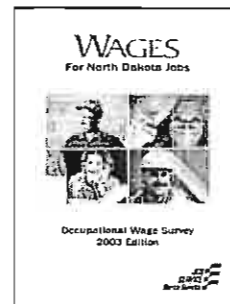
New & Noteworthy

Check out these new and upcoming publications from the
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North Dakota's Labor Market Advisor
is a comprehensive monthly compilation of economic facts, figures and information, including everything from regional and industrial employment activity to the latest unemployment results and some analysis to make sense of it all. Recently revamped, this publication is a must-have for labor market information consumers.

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