

# SURVEY QUESTIONNAIRE

Survey ID #«SurveyID»

## 2004 Nebraska Employee Benefits Survey



DEPARTMENT OF LABOR

Please respond by March 12, 2004

«NewName»  
«NewAddr1» «NewAddr2»  
«NewCity» «NewState» «NewZip»

### Instructions:

- For accurate results, it is important that you fill out and return this survey even if your organization offers no benefits.
- The goal of this survey is to collect information for 1st Quarter 2004 (January 1 - March 31). If it is not possible to provide information for this quarter, please report the most current information available.
- Please respond by **Friday, March 12, 2004.**
- Please mail the completed survey in the postage-paid envelope or fax it to (402) 471-9867.
- Your response to this survey is crucial to ensure the results obtained are accurate and complete.
- **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.
- If you have questions about the survey, please call Scott Hunzeker at (402) 471-1025 or email shunzeker@dol.state.ne.us.

### Contact Information

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

*In recognition of your contribution to this project, we would like to share the results of the survey with you.*

- Check here if you would like a complimentary printed copy of the survey results.
- Check here if you would like an email notification when the survey results are available online.

↳ Email address: \_\_\_\_\_

### Employment

1. How many workers are currently employed at the establishment listed below? \_\_\_\_\_ employees

«NewName»  
«NewAddr1»  
«NewCity», «NewState» «NewZip»

If zero employees, please  
 check here and return the survey form.

Note: If it is not possible to provide information specifically for the establishment listed, please provide the location for which you are reporting:

2. How many hours per week must employees work to be classified as full-time? \_\_\_\_\_ hours
3. Of the employees reported in question #1, how many are full-time? \_\_\_\_\_ employees
4. Of the employees reported in question #1, how many are part-time? \_\_\_\_\_ employees

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

# SURVEY QUESTIONNAIRE

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|---|--|--|--|
| <b>Paid Time Off</b>  |  |  |  |
|   | Full-time Employees  | Part-time Employees  |  |
| 5. Does your organization offer paid vacation leave?<br>If yes, how many days of paid vacation are offered:<br>a. After 1 year of employment?<br>b. After 3 years of employment?<br>c. After 5 years of employment?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>____ days<br>____ days<br>____ days                      | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>____ days<br>____ days<br>____ days                      |  |
| 6. Does your organization offer paid sick leave?<br>a. If yes, how many days of paid sick leave are offered per year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>____ days  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>____ days  |  |
| 7. Does your organization offer paid holidays?<br>a. If yes, how many days are provided to employees each year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>____ days  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br>____ days  |  |
| 8. Does your organization offer consolidated "Paid Time Off" (PTO)?<br><i>("Paid Time Off" may be referred to as a "Time Bank," "PTO," etc. This leave may be offered in addition to other types of leave or may be offered in place of separate leave.)</i><br>a. If yes, how many days are provided per year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>____ days  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>____ days  |  |
| <b>Retirement</b>   |  |  |  |
| 9. Does your organization offer a retirement plan?<br><i>(if no, please skip to question #12)</i>   | <input type="checkbox"/> Yes <input type="checkbox"/> No   | <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 10. Does your organization offer a <b>defined contribution retirement</b> plan? <i>(401k, savings &amp; thrift, deferred profit sharing, etc.) (if no, please skip to question #11)</i><br>a. Of the employees reported in questions #3 and #4, how many are <b>offered</b> a defined contribution retirement plan?<br>b. Of the employees offered a defined contribution retirement plan, how many are <b>enrolled</b> ?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>____ employees<br>____ employees                         | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>____ employees<br>____ employees                         |  |
| 11. 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) (if no, please skip to question #12)</i><br>a. Of the employees reported in questions #3 and #4, how many are <b>offered</b> a defined benefit pension plan?<br>b. Of the employees offered a defined benefit pension retirement plan, how many are <b>enrolled</b> ? | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>____ employees<br>____ employees                         | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>____ employees<br>____ employees                         |  |
| <b>Other Benefits</b>   |  |  |  |
| 12. 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   |  |
| 13. 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   |  |
| 14. Does your organization offer 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   |  |
| 15. 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   |  |
| 16. Does your organization operate on shifts?<br>a. If yes, does your organization offer shift differentials (additional compensation paid to workers employed at other than regular daytime hours)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

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| <b>Insurance</b>  |   |   |  |
|---|---|---|--|
|   | Full-time Employees   | Part-time Employees   |  |
| 17. Does your organization offer short-term disability insurance (separate from workers' compensation)?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 18. Does your organization offer long-term disability insurance (separate from workers' compensation)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 19. Does your organization offer life insurance?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 20. Does your organization offer dental insurance? <i>(if included as part of a medical insurance plan, check yes and skip to question #21. If no, please skip to question #22)</i>                               | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| a. Of the employees reported in questions #3 and #4, how many are <b>offered</b> dental insurance?  | _____ employees   | _____ employees   |  |
| b. Of the employees offered dental insurance, how many are <b>enrolled</b> ?  | _____ employees   | _____ employees   |  |
| c. For the majority of employees, are dental insurance premiums:  | <input type="checkbox"/> 100% employer paid<br><input type="checkbox"/> 100% employee paid<br><input type="checkbox"/> Jointly paid         | <input type="checkbox"/> 100% employer paid<br><input type="checkbox"/> 100% employee paid<br><input type="checkbox"/> Jointly paid |  |
| 21. Does your organization offer dental insurance to employee's spouses or dependents? <i>(if no, please skip to question #22)</i>  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| a. Of the employees reported in questions #3 and #4, how many are <b>offered</b> dental insurance for their spouses or dependents?  | _____ employees   | _____ employees   |  |
| b. Of the employees offered dental insurance for spouses or dependents, how many are <b>enrolled</b> ?  | _____ employees   | _____ employees   |  |
| c. For the majority of employees, are dental insurance premiums for employees' spouses or dependents:   | <input type="checkbox"/> 100% employer paid<br><input type="checkbox"/> 100% employee paid<br><input type="checkbox"/> Jointly paid         | <input type="checkbox"/> 100% employer paid<br><input type="checkbox"/> 100% employee paid<br><input type="checkbox"/> Jointly paid |  |
| 22. Does your organization offer health insurance to any employees?<br><i>If yes, please answer questions #23 through #31 below</i><br><i>If no, please skip to question #32 on the fourth page of the survey</i> | <input type="checkbox"/> Yes → Please continue to question #23 below<br><input type="checkbox"/> No → Please skip to question #32 on page 4 |   |  |
| <b>If your organization offers health insurance, please answer questions #23 through #31. If health insurance is not offered, please skip to question #32 on page 4.</b>  |   |   |  |
| 23. Does your organization offer any of the following health insurance benefits:  |   |   |  |
| a. Vision insurance?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| b. Prescription drug plan?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| c. Substance abuse recovery program?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| d. Mental health treatment?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| e. Supplemental insurance?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 24. Of the employees reported in questions #3 and #4, how many are <b>offered</b> single coverage medical insurance?  | _____ employees   | _____ employees   |  |
| 25. Of the employees offered single coverage medical insurance, how many are <b>enrolled</b> ?  | _____ employees   | _____ employees   |  |
| 26. For the majority of employees, what percentage of single coverage medical insurance premiums are <b>employer</b> paid?  | _____ %   | _____ %   |  |
| 27. For the majority of employees, is there a waiting period for medical insurance?   | <input type="checkbox"/> Yes <input type="checkbox"/> No  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |

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|--|---|---|
| <b>If your organization offers health insurance, please answer questions #28 through #31. If health insurance is not offered, please skip to question #32.</b>   |   |   |
|  | Full-time Employees   | Part-time Employees   |
| 28. Does your organization offer medical insurance for employees' spouses or dependents? <i>(if no, please skip to question #29)</i><br>a. Of the employees reported in questions #3 and #4, how many are <b>offered</b> medical insurance for their spouses or dependents?<br>b. Of the employees offered medical insurance for spouses or dependents, how many are <b>enrolled</b> ?<br>c. For the majority of employees, what percentage of medical insurance premiums for employees' spouses or dependents are <b>employer</b> paid? | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>_____ employees<br><br>_____ employees<br><br>_____ %   | <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>_____ employees<br><br>_____ employees<br><br>_____ % |
| 29. Compared to the previous three years, has the percentage of employees who choose to enroll in health insurance:  | <input type="checkbox"/> Increased<br><input type="checkbox"/> Decreased<br><input type="checkbox"/> Remained about the same  |   |
| 30. Compared with the prior year, have health insurance premiums:<br><br>a. If health insurance premiums have increased compared to the prior year, who paid the cost of the increase:   | <input type="checkbox"/> Increased<br><input type="checkbox"/> Decreased<br><input type="checkbox"/> Remained about the same<br><br><input type="checkbox"/> Employees paid increase<br><input type="checkbox"/> Employer paid increase<br><input type="checkbox"/> Increase shared by employer and employees   |   |
| 31. How likely is your organization to continue offering health insurance within the next two years?   | <input type="checkbox"/> Very likely<br><input type="checkbox"/> Somewhat likely<br><input type="checkbox"/> Not likely at all<br><input type="checkbox"/> Don't know   |   |
| <b>Thank you for responding to this survey. If you would like to make any comments or clarifications to specific survey questions, please attach a separate sheet of paper.</b>  |   |   |
| 32. What are the reasons your organization does not offer health insurance? (check all that apply)   | <input type="checkbox"/> Too expensive<br><input type="checkbox"/> Too much paperwork<br><input type="checkbox"/> Not the company's responsibility<br><input type="checkbox"/> High employee turnover<br><input type="checkbox"/> Employees cannot afford it<br><input type="checkbox"/> Higher wages or other benefits offered instead<br><input type="checkbox"/> Employees covered by other insurance<br><input type="checkbox"/> Large portion of workers are seasonal, part-time, or contracted<br><input type="checkbox"/> Cost of insurance benefits too difficult to control<br><input type="checkbox"/> Other: _____ |   |
| 33. How likely is your organization to begin offering health insurance within the next two years?  | <input type="checkbox"/> Very likely<br><input type="checkbox"/> Somewhat likely<br><input type="checkbox"/> Not likely at all<br><input type="checkbox"/> Don't know   |   |
| 34. Which of the following could lead your organization to begin offering health insurance benefits? (check all that apply)  | <input type="checkbox"/> If tax credits were offered<br><input type="checkbox"/> If pooling options to get group coverage with other employers were allowed<br><input type="checkbox"/> If the state-employee health plan were made available to private employers<br><input type="checkbox"/> Only if mandated by law<br><input type="checkbox"/> Other: _____   |   |
| <b>Thank you for responding to this survey. If you would like to make any comments or clarifications to specific survey questions, please attach a separate sheet of paper.</b>  |   |   |