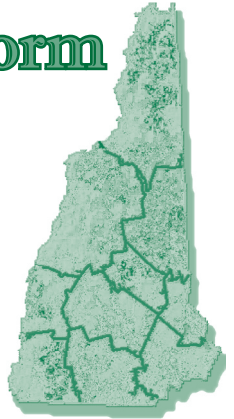


New Hampshire Benefits 2007 Survey Form



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 the address label of this survey. If this is not possible, please answer questions for the employees in **New Hampshire** only.
- Please provide the most current information available.
- Please respond by **October 05, 2007**
- 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 **Anita Josten at (603) 228-4173** or email: ajosten@nhes.nh.gov
- Please mail the complete survey in the postage-paid envelope or fax it to (603) 228-4172.
- 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.nhes.state.nh.us/elmi/ for more detailed instructions on filling out the survey. You will find a list of frequently asked questions and answers.

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

1. How many workers are currently employed at the establishment and location? _____ 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:

2. How many are full-time? _____ **Full-time** employees

3. How many are part-time? _____ **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
<p>4. Does your organization offer medical insurance? (If no, please check "no" and skip to question #7.)</p> <p>a. Of the employees reported in question #2 and #3, how many are offered medical insurance coverage?</p> <p>b. For the majority of employees, is there a waiting period for medical insurance coverage?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Of the employees reported in question #4a, how many are enrolled in medical insurance coverage?</p> <p>a. Of the employees reported in question #5, how many are enrolled in single medical insurance coverage?</p> <p>b. For the majority of employees, what percentage of single medical insurance premiums is employer paid?</p>	<p>____ employees ____ employees ____%</p>	<p>____ employees ____ employees ____%</p>
<p>6. Does your organization offer family* medical insurance coverage? (If no, please check "no" and skip to question #7.)</p> <p>a. Of the employees reported in question # 5, how many are enrolled in family medical insurance coverage?</p> <p>b. For the majority of employees, what percentage of family medical insurance premiums is employer paid?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees ____%</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees ____%</p>
<p>7. Does your organization offer dental insurance coverage? (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.)</p> <p>a. Of the employees reported in question #2 and #3, how many are offered dental insurance coverage?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees</p>
<p>8. Of the employees reported in question #7a, how many are enrolled in dental insurance coverage?</p> <p>a. Of the employees reported in question #8, how many are enrolled in single dental insurance coverage?</p> <p>b. For the majority of employees, are single dental insurance premiums: (paid by)</p>	<p>____ employees ____ employees</p> <p><input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid</p>	<p>____ employees ____ employees</p> <p><input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid</p>
<p>9. Does your organization offer family* dental insurance coverage? (If no, please check "no" and skip to question #10.)</p> <p>a. Of the employees reported in question #8, how many are enrolled in family dental insurance coverage?</p> <p>b. For the majority of employees, are family dental insurance premiums: (paid by)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees</p> <p><input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees</p> <p><input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid</p>
<p>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 #12)</p> <p>a. Of the employees reported in question #2 and #3, how many are offered vision insurance?</p> <p>b. Of the employees reported in question #10a, how many are enrolled in vision insurance coverage?</p> <p>c. For the majority of employees, are vision insurance premiums: (paid by)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees ____ employees</p> <p><input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees ____ employees</p> <p><input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid</p>

* Family coverage is defined as employee *plus* other(s) such as spouse, children, dependents, etc.

	Full-time Employees	Part-time Employees
<p>11. Does your organization offer life insurance? (If no, please check "no" and skip to question #12.)</p> <p>a. Of the employees reported in question #2 and #3, how many are offered life insurance coverage?</p> <p>b. Of the employees reported in question #11a, how many are enrolled in life insurance coverage?</p> <p>c. For the majority of employees, is life insurance: (paid by)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No ____employees ____employees <input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid	<input type="checkbox"/> Yes <input type="checkbox"/> No ____employees ____employees <input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid
<p>12. Does your organization offer short-term disability insurance (separate from workers' compensation)? (If no, please check "no" and skip to question #13.)</p> <p>a. Of the employees reported in question #2 and #3, how many are offered short-term disability insurance coverage?</p> <p>b. Of the employees reported in question #12a, how many are enrolled in short-term disability insurance coverage?</p> <p>c. For the majority of employees, is short-term disability insurance: (paid by)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No ____employees ____employees <input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid	<input type="checkbox"/> Yes <input type="checkbox"/> No ____employees ____employees <input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid
<p>13. Does your organization offer long-term disability insurance (separate from workers' compensation)? (If no, please check "no" and skip to question #14.)</p> <p>a. Of the employees reported in question #2 and #3, how many are offered long-term disability insurance coverage?</p> <p>b. Of the employees reported in question #13a, how many are enrolled in long-term disability insurance coverage?</p> <p>c. For the majority of employees, is long-term disability insurance: (paid by)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No ____employees ____employees <input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid	<input type="checkbox"/> Yes <input type="checkbox"/> No ____employees ____employees <input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid
Paid Leave: Vacation, Sick, Holiday, Consolidated		
<p>14. Does your organization offer paid vacation leave? If paid vacation is offered as a separate benefit, how many days of paid vacation are offered to the majority of employees:</p> <p>a. After 1 year of employment?</p> <p>b. After 3 years of employment?</p> <p>c. After 5 years of employment?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No ____days ____days ____days	<input type="checkbox"/> Yes <input type="checkbox"/> No ____days ____days ____days
<p>15. Does your organization offer paid sick leave ?</p> <p>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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No ____days	<input type="checkbox"/> Yes <input type="checkbox"/> No ____days
<p>16. Does your organization offer paid holiday leave ?</p> <p>a. If paid holidays are offered as a separate benefit, how many days are provided each year to the majority of employees?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No ____days	<input type="checkbox"/> Yes <input type="checkbox"/> No ____days
<p>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.)</p> <p>a. If yes, how many days are provided per year to the majority of employees?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No ____days	<input type="checkbox"/> Yes <input type="checkbox"/> No ____days

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 defined contribution retirement plan? (401k, saving & thrift, deferred profit sharing, etc.) <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 question #2 and #3, how many are offered a defined contribution retirement plan?	_____employees	_____employees
b. Of the employee's reported in question #19a, how many are enrolled in the defined contribution retirement plan?	_____employees	_____employees
c. Is the defined contribution retirement plan: <i>(paid by)</i>	<input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid	<input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid
20. Does your organization offer a defined benefit pension retirement plan? (uses a specific, pre-determined formula to calculate an employee's future benefit) <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 question #2 and #3, how many are offered a defined benefit pension plan?	_____employees	_____employees
b. Of the employees reported in question #20a, how many are enrolled in the defined benefit pension plan?	_____employees	_____employees
c. Is the defined benefit pension plan: <i>(paid by)</i>	<input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid	<input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <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

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.	
26. How much did your organization spend on each of the following components of compensation?	Annual Expenditures
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

Thank you for taking the time to complete this survey! Please make any comments or clarifications to specific survey questions on a separate sheet of paper.