

ABOUT THE SURVEY

Please direct this survey to your Employee Benefits Manager or Human Resources Department. Your response to this survey will help give Oregon's businesses, job seekers, and employment counselors a valuable tool for navigating in today's job market. Your information is important, as it will be used to produce estimates for your industry and location. Information in this survey is confidential and will not be sold or transferred to any other entity; it is used for survey purposes only.

THREE OPTIONS FOR RESPONDING TO THE SURVEY

- 1) Return the survey in the enclosed postage-paid envelope,
- 2) Fax both sides to (360) 438-3215; or
- 3) Call (800) 837-3074 to report by telephone.

Please Respond by September 16, 2005.

Choose the option that works best for you.

PLEASE REPORT FOR ALL OREGON EMPLOYEES

How many employees do you currently have in your firm? _____

Number of employees who are full time: _____

Number of employees who are part time: _____

How many hours per week do employees need to work to be considered full time? _____

THANK YOU FOR PARTICIPATING!

CONTACT PERSON

Name: _____

Title: _____

Telephone: _____

Date: _____

Please continue with sections:

- 1 Health Insurance**
- 2 Retirement Benefits**
- and 3 Other Benefits**

FOR ASSISTANCE CONTACT:

Washington State Employment Security Department,
Labor Market and Economic Analysis Branch;
P.O. Box 9046 Olympia, WA 98507-9046
Phone: JVS (800) 837-3074; (360) 438-3233;
Fax: (360) 438-3215;
E-mail: RLockhart@esd.wa.gov

PART 1: HEALTH INSURANCE

<p>EMPLOYEES</p> <p>Does your organization offer health insurance to any employees?</p> <p>How many of the employees are <u>offered</u> single coverage medical insurance?</p> <p>Of the employees <u>offered</u> single coverage medical insurance, how many are <u>enrolled</u>?</p> <p>For the majority of employees, what percentage of single coverage medical insurance premiums are <u>employer</u> paid?</p>	<p>Full-Time Employees</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____ Employees</p> <p>_____ Employees</p> <p>_____ %</p>	<p>Part-Time Employees</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____ Employees</p> <p>_____ Employees</p> <p>_____ %</p>												
<p>SPOUSES AND DEPENDENTS</p> <p>Do you offer medical insurance for employees' spouses or dependents?</p> <p>How many of the employees are <u>offered</u> medical insurance for their spouses or dependents?</p> <p>Of the employees offered medical insurance for their spouses or dependents, how many are <u>enrolled</u>?</p> <p>For the majority of employees, what percentage of medical insurance premiums for employees' spouses or dependents are <u>employer</u> paid?</p>	<p>Full-Time Employees</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____ Employees</p> <p>_____ Employees</p> <p>_____ %</p>	<p>Part-Time Employees</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____ Employees</p> <p>_____ Employees</p> <p>_____ %</p>												
<p>RETIREES</p> <p>Does your organization offer medical insurance for Retirees?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>													
<p>COMPANY</p> <p>What is the <u>estimated</u> cost per employee for health insurance benefits? (Include the employee-paid portion of the premium.)</p> <p>Has the healthcare coverage you offer your employees changed in the last year due principally to increasing healthcare costs?</p>	<table border="0"> <tr> <td></td> <td>Monthly</td> <td>Yearly</td> </tr> <tr> <td>\$ _____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Full Time</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Part Time</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table>			Monthly	Yearly	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	Full Time	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Part Time	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Monthly	Yearly												
\$ _____	<input type="checkbox"/>	<input type="checkbox"/>												
Full Time	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
Part Time	Yes <input type="checkbox"/>	No <input type="checkbox"/>												

PART 2: RETIREMENT BENEFITS

<p>Multiple responses are okay for this section.</p>		<p>Defined Contribution</p>	<p>Defined Benefit</p>	<p>Other</p>	<p>None</p>
<p>RETIREMENT PLAN</p>	<p>Full Time</p> <p>Part Time</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

PART 3: OTHER BENEFITS

<p>Fill in Yes or No for each question.</p>		<p>Undesignated* Leave</p>	<p>Paid Sick Leave</p>	<p>Paid Vacation Leave</p>	<p>Paid Holidays</p>
<p>OTHER BENEFITS</p> <p>*(Undesignated leave may be referred to as a "Time Bank, paid time off," etc. This leave may be offered in addition to other types of leave or may be offered in place of separate leave.)</p>	<p>Full Time</p> <p>Part Time</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>