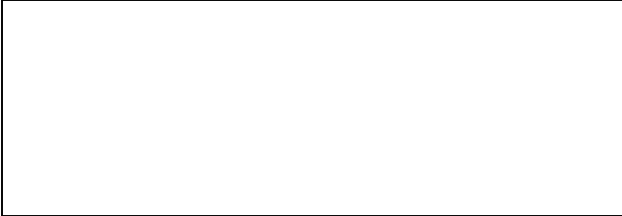


Utah Employee Benefit Survey 2007
Workforce Development & Information Division
Utah Department of Workforce Services

PO Box 45249
140 East 300 South
Salt Lake City, UT 84111



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 Utah only**.
- Please provide the most current information available.
- Please respond by January 22, 2007.
- Several questions on this survey refer to the benefits 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 **Kimberley Bartel** at **(801) 526-9457** or email **kbartel@utah.gov**.
- Please mail the completed survey in the postage-paid envelope or fax it to **(801) 526-9238**.
- **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 <http://jobs.utah.gov/wi> 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 listed on the address label of this survey? _____ employees
If zero employees, please
 check here and return the survey form.
2. How many of the employees in question 1 above are full-time (35 or more hours per week)? _____ employees
3. How many of the employees in question 1 above are part-time (less than 35 hours per week)? _____ 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? <i>(If no, please check "no" and skip to question #7.)</i></p> <p>a. Of the employees reported in questions #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</p> <p>_____ employees</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ 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>c. On average, how much per month does your organization contribute per enrolled employee?</p>	<p>_____ employees</p> <p>_____ employees</p> <p>_____ %</p> <p>_____ Less than \$100 _____ \$101 - \$250 _____ greater than \$250</p>	<p>_____ employees</p> <p>_____ employees</p> <p>_____ %</p> <p>_____ Less than \$100 _____ \$101 - \$250 _____ greater than \$250</p>
<p>6. Does your organization offer family* medical insurance coverage? <i>(If no, please check "no" and skip to question #7.)</i></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>c. On average, how much per month does your organization contribute per enrolled family?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p>_____ %</p> <p>_____ Less than \$200 _____ \$201 - \$500 _____ greater than \$500</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p>_____ %</p> <p>_____ Less than \$200 _____ \$201 - \$500 _____ greater than \$500</p>
<p>7. Does your organization offer dental insurance? <i>(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.)</i></p> <p>a. Of the employees reported in questions #2 and #3, how many are offered dental insurance coverage?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ 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:</p>	<p>_____ employees</p> <p>_____ employees</p> <p><input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid</p>	<p>_____ employees</p> <p>_____ employees</p> <p><input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid</p>
<p>9. Does your organization offer family* dental insurance coverage? <i>(If no, please check "no" and skip to question #10.)</i></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:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p><input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p><input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid</p>
<p>10. Does your organization offer vision insurance? <i>(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.)</i></p> <p>a. Of the employees reported in questions #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:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p>_____ employees</p> <p><input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p>_____ employees</p> <p><input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid</p>

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

Insurance: Medical, Dental, Vision, Disability, Life (Continued)

Insurance: Medical, Dental, Vision, Disability, Life (Continued)		
	Full-time Employees	Part-time Employees
<p>11. Does your organization offer life insurance? <i>(If no, please check "no" and skip to question #12.)</i></p> <p>a. Of the employees reported in questions #2 and #3, how many are offered life insurance?</p> <p>b. Of the employees reported in question #11a, how many are enrolled in life insurance?</p> <p>c. For the majority of employees, is life insurance:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p>_____ employees</p> <p><input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p>_____ employees</p> <p><input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid</p>
<p>12. Does your organization offer short-term disability insurance (separate from workers' compensation)? <i>(If no, please check "no" and skip to question #13.)</i></p> <p>a. Of the employees reported in questions #2 and #3, how many are offered short-term disability insurance?</p> <p>b. Of the employees reported in question #12a, how many are enrolled in short-term disability insurance?</p> <p>c. For the majority of employees, is short-term disability insurance:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p>_____ employees</p> <p><input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p>_____ employees</p> <p><input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid</p>
<p>13. Does your organization offer long-term disability insurance (separate from workers' compensation)? <i>(If no, please check "no" and skip to question #14.)</i></p> <p>a. Of the employees reported in questions #2 and #3, how many are offered long-term disability insurance?</p> <p>b. Of the employees reported in question #13a, how many are enrolled in long-term disability insurance?</p> <p>c. For the majority of employees, is long-term disability insurance:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p>_____ employees</p> <p><input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ employees</p> <p>_____ employees</p> <p><input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid</p>

Paid Leave: Vacation, Sick, Holiday, Consolidated

<p>14. Does your organization offer paid vacation leave?</p> <p>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> <p>d. After 10 years of employment?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ days</p> <p>_____ days</p> <p>_____ days</p> <p>_____ days</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ days</p> <p>_____ days</p> <p>_____ days</p> <p>_____ days</p>
<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>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ days</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ days</p>
<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>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ days</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ days</p>
<p>17. Does your organization offer consolidated leave? <i>(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.)</i></p> <p>a. If yes, how many days are provided per year to the majority of employees?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ days</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____ days</p>

Retirement

	Full-time Employees	Part-time Employees
18. Does your organization offer a retirement plan? (If no, please check "no" and skip to question #21.)	<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, savings & thrift, deferred profit sharing, etc.) (If no, please check "no" and skip to question #20.)	<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 offered a defined contribution retirement plan?	_____ employees	_____ employees
b. Of the employees reported in question #19a, how many are enrolled 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 defined benefit pension retirement plan? (uses a specific, pre-determined formula to calculate an employees' future benefit) (If no, please check "no" and skip to question #21.)	<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 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:	<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 Health Savings Accounts (HSA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If not, are you considering offering it in the future?	<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 offer Health Retirement Accounts (HRA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If not are you considering offering it in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Does your organization offer a flex schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Does your organization offer telecommuting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

28. What other benefits does your organization offer? (Attach sheet if necessary.)

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.

Percentage of gross payroll

29. Please indicate the cost of the total fringe benefits, including health insurance/medical benefits, as a percentage of the gross payroll for your company

%_____

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.