



WASHINGTON STATE EMPLOYEE BENEFITS SURVEY 1

ABOUT THE SURVEY

- Please direct this survey to your Employee Benefits Manager or Human Resources Department.
- Include information only for worksite(s) described on the address label.
- Summary results from the last survey are available at <http://www.workforceexplorer.com>
Click on the "Economy" menu item at left.

OPTIONS FOR RESPONDING TO THE SURVEY

- Return the survey in the enclosed postage-paid envelope, or
- Fax both sides to (360) 438-3215, or
- Contact us at (800) 837-3074 to report by telephone.
- In order to use your information, it must be received this month.
- If you have questions about the survey, please contact survey staff at (800) 837-3074.

PLEASE REPORT FOR THE LOCATION(S) LISTED ON THE ADDRESS LABEL

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**? _____



CONTACT PERSON

Name: _____

Title: _____

Telephone: () _____

Date: _____

THANK YOU FOR PARTICIPATING!

Your response to this survey will help give Washington'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.

You can view findings from recent Job Vacancy and Employee Benefit Surveys online at www.workforceexplorer.com; click on the "Economy" page.

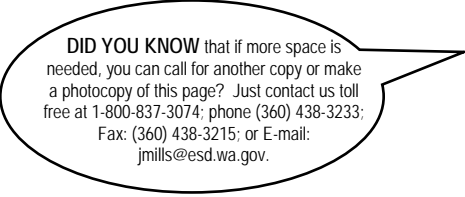



EMPLOYEE BENEFITS

PART 1: DO YOU OFFER THE FOLLOWING BENEFITS TO YOUR EMPLOYEES? FILL IN ONE CIRCLE PER LINE

Health Insurance	Employment Status	Cost Shared (Employee and Firm)	Paid by Employer	Paid by Employee	Not Offered	Reason Not Offered – What is the main reason your firm does <u>not</u> offer health insurance to some employees, dependents, or retirees?
Employees	Full Time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 = It's too expensive 2 = It's too complicated 3 = Administrative costs/time 4 = Competitors don't offer it 5 = Don't know enough about health insurance 6 = Don't Know Enter a number code on each line: Employees _____ Dependents _____ Retirees _____
	Part Time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Dependents	Full Time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
	Part Time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Retirees	Retired	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

PART 2: MULTIPLE RESPONSES OKAY FOR THIS SECTION

Retirement Benefits	Employment Status	Defined Contribution	Defined Benefit	Other	None	 
Retirement Plan	Full Time Part Time	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	

PART 3: FILL IN YES OR NO FOR EACH QUESTION

Other Benefits		Yes	No	Other Benefits		Yes	No
Paid Sick Leave	Full Time	<input type="radio"/>	<input type="radio"/>	Paid Holidays	Full Time	<input type="radio"/>	<input type="radio"/>
	Part Time	<input type="radio"/>	<input type="radio"/>		Part Time	<input type="radio"/>	<input type="radio"/>
Paid Vacation Leave	Full Time	<input type="radio"/>	<input type="radio"/>	Healthcare Coverage	Has the healthcare coverage you offer your employees changed in the last year due principally to increasing healthcare costs?	Yes	No
	Part Time	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>