



WASHINGTON EMPLOYEE BENEFITS SURVEY

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ABOUT THE SURVEY

Please direct this survey to your Employee Benefits Manager or Human Resources Department. 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. Information in this survey is confidential and will not be sold or transferred to any other entity; it is used for survey purposes only. Summary results from the last survey are available at <http://www.workforceexplorer.com>.

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) Contact us at (800) 837-3074 to report by telephone.

Please Respond by September 15, 2006.

Choose the option that works best for you.

PLEASE REPORT FOR ALL WASHINGTON 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? _____

CONTACT PERSON

Name: _____

Title: _____

Telephone: _____

Date: _____

Please continue with sections:

1 Health Insurance

2 Retirement Benefits

and 3 Other Benefits

THANK YOU FOR PARTICIPATING!

CONTACT US FOR INFORMATION

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) 438-3129;
Fax: (360) 438-3215;
E-mail: Rhaglund@esd.wa.gov



EMPLOYEE BENEFITS

PART 1: HEALTH INSURANCE

<p>EMPLOYEES</p> <p>Does your organization offer health insurance to any employees?</p> <p>Does your organization offer dental coverage for 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>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>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>Does your organization offer dental coverage for 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 <u>offered</u> 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>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>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____ Employees</p> <p>_____ Employees</p> <p>_____ %</p>
<p>COMPANY</p> <p>What is the <u>estimated</u> cost per employee for <i>single</i> coverage health insurance benefits? (Include the employee-paid and employer-paid portion of the premium.)</p> <p>What is the <u>estimated</u> cost per employee for <i>dependent</i> coverage health insurance benefits? (Include the employee-paid and employer-paid portion of the premium.)</p>	<p>\$ _____</p> <p>\$ _____</p>	<p>Monthly Yearly</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p>

PART 2: RETIREMENT BENEFITS

<p>Multiple responses are okay for this section.</p>		<p>Defined Contribution</p>	<p>Defined Benefit</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><i>Defined contribution</i> plans include target-benefit, profit sharing, and 401(k) plans to name a few. <i>Defined benefit</i> plans provide a guaranteed benefit upon retirement.</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>

If more space is needed, please call us for another copy or make a photocopy of this page.
 Toll free at 1-800-837-3074; phone (360) 438-3129; Fax: (360) 438-3214; or Email: Rhaglund@esd.wa.gov