

# WASHINGTON EMPLOYEE BENEFITS SURVEY 1

## 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 14, 2007**.

**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 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: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

Please continue with sections:

### 1 MEDICAL INSURANCE

### 2 RETIREMENT BENEFITS

### and 3 OTHER BENEFITS

## CONTACT US FOR INFORMATION

Washington State Employment Security Department  
Labor Market and Economic Analysis  
P.O. Box 9046, Olympia, WA 98507-9046  
Phone: (800) 837-3074; (360) 438-3214;  
Fax: (360) 438-3215;  
Email: [Rhaglund@esd.wa.gov](mailto:Rhaglund@esd.wa.gov)

# EMPLOYEE BENEFITS

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## PART 1: MEDICAL INSURANCE

<p><b>FOR EMPLOYEES</b></p> <p>Does your organization offer medical insurance to any employees?                  Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>How many of the employees are <b>offered</b> medical insurance?                  _____ Employees</p> <p>Of the employees <b>offered</b> medical insurance, how many are enrolled?                  _____ Employees</p> <p>For the majority of employees, what percentage of medical insurance premiums are <b>employer</b> paid?                  _____ %</p>	<p><b>Full Time Employees</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____ Employees</p> <p>_____ Employees</p> <p>_____ %</p>	<p><b>Part Time Employees</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____ Employees</p> <p>_____ Employees</p> <p>_____ %</p>
<p><b>FOR SPOUSES AND DEPENDENTS</b></p> <p>Do you offer medical insurance for employees' spouses or dependents?                  Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>How many of the employees are <b>offered</b> medical insurance for their spouses or dependents?                  _____ Employees</p> <p>Of the employees <b>offered</b> medical insurance for their spouses or dependents, how many are <b>enrolled</b>?                  _____ Employees</p> <p>For the majority of employees, what percentage of medical insurance premiums for employees' spouses or dependents are <b>employer</b> paid?                  _____ %</p>	<p><b>Full Time Employees</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____ Employees</p> <p>_____ Employees</p> <p>_____ %</p>	<p><b>Part Time Employees</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>_____ Employees</p> <p>_____ Employees</p> <p>_____ %</p>
<p><b>INSURANCE COSTS</b></p> <p>What is the <b>average</b> cost per employee for individual medical insurance benefits?                  (Include the employee-paid and employer-paid portion of the premium.)                  \$ _____</p> <p>What is the <b>average</b> cost per employee for dependent coverage medical insurance benefits?                  (Include the employee-paid and employer-paid portion of the premium.)                  \$ _____</p>	<p>_____</p> <p>_____</p>	<p><b>Monthly</b>    <b>Yearly</b></p> <p><input type="checkbox"/>            <input type="checkbox"/></p> <p><input type="checkbox"/>            <input type="checkbox"/></p>
<p><b>CHANGES IN COVERAGE</b></p> <p>Has your company changed the medical coverage offered in the past two years?                  Reason for change(s): _____</p>	<p><b>Employee Coverage</b></p> <p>Started Offering <input type="checkbox"/></p> <p>Reduced Coverage <input type="checkbox"/></p> <p>Stopped Offering <input type="checkbox"/></p>	<p><b>Dependent Coverage</b></p> <p>Started Offering <input type="checkbox"/></p> <p>Reduced Coverage <input type="checkbox"/></p> <p>Stopped Offering <input type="checkbox"/></p>

## PART 2: RETIREMENT BENEFITS

<p><b>RETIREMENT PLANS (Multiple responses are okay for this section.)</b></p> <p>Full Time Employees</p> <p>Part Time Employees</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>	<p><b>Defined Contribution</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>Defined Benefit</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p><b>None</b></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
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## PART 3: OTHER BENEFITS

<p><b>OTHER BENEFITS (Fill in yes or no for each question.)</b></p> <p>Full Time Employees</p> <p>Part Time Employees</p> <p><i>*(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.)</i></p>	<p><b>Undesignated* Leave</b></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p><b>Paid Sick Leave</b></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p><b>Paid Vacation Leave</b></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>	<p><b>Paid Holidays</b></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
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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; Fax: (360) 438-3215; or Email: Rhaglund@esd.wa.gov