

SOUTH DAKOTA EMPLOYEE BENEFITS

ID:
Location:



Labor Market Information Center
420 S Roosevelt St
Aberdeen SD 57401

«Name1»
«Name2»
«street»
«city» «state» «zip»«zip4»

Instructions:

- Your organization has been selected to participate in the following questionnaire regarding employee benefits.
- For accurate results, it is important that you fill out and return this survey even if you offer no benefits.
- If possible, please provide information only for the establishment and location listed on the address above.
- Please provide the most current information available.
- Please respond by **February 26, 2010**
- Several questions on this survey refer to the benefit 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 the Labor Market Information Center at **1-800-592-1881** or email **SDDOLLMIC@state.sd.us**
- Please mail the completed survey in the postage-paid envelope.
- **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.

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 to receive an email notification when the results are available on the internet.

Email address: _____

- Check here if you would like a brochure containing a summary 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.

Based on your organization's definition of full-time and part-time, of the employees reported in question #1:

2. How many are full-time? _____ employees

3. How many are part-time? _____ 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
4.	Does your organization offer medical insurance? <i>(If no, please check "no" and skip to question #7.)</i> a. Of the employees reported in questions #2 and #3, how many are offered medical insurance coverage? b. For the majority of employees, is there a waiting period for medical insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees <input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Of the employees reported in question #4a, how many are enrolled in medical insurance coverage? a. Of the employees reported in question #5, how many are enrolled in single medical insurance coverage? b. For the majority of employees, what percentage of single medical insurance premiums is employer paid?	____ employees ____ employees ____ %	____ employees ____ employees ____ %
6.	Does your organization offer family* medical insurance coverage? <i>(If no, please check "no" and skip to question #7.)</i> a. Of the employees reported in question #5, how many are enrolled in family medical insurance coverage? b. For the majority of employees, what percentage of family medical insurance premiums is employer paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees ____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees ____ %
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> a. Of the employees reported in questions #2 and #3, how many are offered dental insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees
8.	Of the employees reported in question #7a, how many are enrolled in dental insurance coverage? a. Of the employees reported in question #8, how many are enrolled in single dental insurance coverage? b. For the majority of employees, are single dental insurance premiums:	____ employees ____ employees <input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid	____ employees ____ employees <input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid
9.	Does your organization offer family* dental insurance coverage? <i>(If no, please check "no" and skip to question #10.)</i> a. Of the employees reported in question #8, how many are enrolled in family dental insurance coverage? b. For the majority of employees, are family dental insurance premiums:	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees <input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees <input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid
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> a. Of the employees reported in questions #2 and #3, how many are offered vision insurance? b. Of the employees reported in question #10a, how many are enrolled in vision insurance coverage? c. For the majority of employees, are vision insurance premiums:	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees ____ employees <input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid	<input type="checkbox"/> Yes <input type="checkbox"/> No ____ employees ____ employees <input type="checkbox"/> 100% employer paid <input type="checkbox"/> 100% employee paid <input type="checkbox"/> Jointly paid

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

	Full-time Employees	Part-time Employees
<p>11. Does your organization offer life insurance? (If no, please check "no" and skip to question #12.)</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)? (If no, please check "no" and skip to question #13.)</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)? (If no, please check "no" and skip to question #14.)</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><input type="checkbox"/> Yes <input type="checkbox"/> No</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>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? (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.)</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? <i>(If no, please check "no" and skip to question #21.)</i>	<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? <i>(401k, savings & thrift, deferred profit sharing, etc.)</i> <i>(If no, please check "no" and skip to question #20.)</i>	<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? <i>(uses a specific, pre-determined formula to calculate an employees' future benefit)</i> <i>(If no, please check "no" and skip to question #21.)</i>	<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 non-production bonuses (e.g. hiring, signing, year-end, attendance, holiday)?	<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 operate on shifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, does your organization offer shift differentials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thank you for taking the time to complete this survey!		