

**2008 Custom Survey of Select  
Law Enforcement Positions**

**Health and Welfare Benefits**

**Due March 14, 2008**



**Conducted by  
Tennessee Valley Authority**

**Benefits Survey  
Law Enforcement and Police Communications Officers**

**General Instructions**

**Benefit Plans Covered by Survey**

Please provide information with regard to the benefits provided at your agency. Information should include the organization's broad-based plans only. Please do not include any non-qualified executive plans. This survey includes questions related to benefit cost and prevalence.

**Employee Groups Covered by Survey**

The employee groups covered by this survey are the Commissioned Police Officer and the Police Communication Officer.

**Plan Year Covered by Survey**

Please enter cost data for the 2007 or most recently completed plan year only.

**Who to Contact for Questions and Where to Return the Survey**

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Telephone Number: (865) 632-3788

**I. Contact Information**

**Company Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

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

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

**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

**II. General Company Information**

Please report the following scope data:

Number of salaried employees	
Average annual salary	\$
Total salaried base payroll	\$
Total pension eligible salaried base payroll	\$

**III. Paid-Time Off Benefits**

1. Does your organization provide miscellaneous paid time off for the following:

	<b>Yes</b>	<b>No</b>
Jury duty	<input type="checkbox"/>	<input type="checkbox"/>
Military duty	<input type="checkbox"/>	<input type="checkbox"/>
Bereavement	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>	<input type="checkbox"/>

2. How many vacation days, sick leave days and holidays were used by your salaried employees in 2007?

	<b>Average # per employee</b>
Vacation days	
Sick leave days	
Holidays (fixed plus floating)	

3. If employees can roll over unused vacation days and/or sick leave into the next calendar year please indicate the average number of days rolled over.

	<b>Average # per employee</b>
Vacation days	
Sick leave days	

4. Does your organization offer a cash out option for vacation and/or sick leave  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**IV. Health Care Benefits and Death and Disability Benefits**

1. Do you offer the following plans? If yes, please enter the cost of coverage under each benefit plan for salaried employees. Enter a “0” where employee pays no cost of the plan. When more than one plan is offered, please respond for the plan with the highest enrollment or the core plan.

	<b>Offer?</b>	<b>Monthly Employee Cost</b>	<b>Monthly Employer Cost</b>
Medical Plan			
-- Individual coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
-- Family coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Separate dental plan			
-- Individual coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
-- Family coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
Separate vision care plan			
-- Individual coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$
-- Family coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$

2. Please indicate the total number of employee's enrolled in the individual and family coverage for the following plans. Please classify employees covering anyone in addition to themselves as family coverage. If you have more than one medical plan option please indicate total number of enrollees for all plans

<b>Medical</b>	<b>Participant s</b>
Individual	
Family	
<b>Dental</b>	
Individual	
Family	
<b>Vision</b>	
Individual	
Family	

3. Are there any special death or disability benefits provided for law enforcement employees (which are not provided in the defined benefit plan)?

Yes  No

If yes, please describe:

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4. What was the employer cost of providing death and disability benefits for active salaried employees in 2007? Enter “n/a” or “none” if your organization does not offer this benefit. **Do not include any administrative expenses.**

	<b>Offer?</b>	<b>Annual Employee premium</b>	<b>Annual Employer Premium</b>
Short-term disability (after sick leave ends)*	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Long-term disability	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Basic life insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Supplemental life insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Accidental death and disability	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other (please describe)	<input type="checkbox"/> Yes <input type="checkbox"/> No		

\*Sick leave is salary continuance at 100% pay. Sick leave is covered in this survey by an earlier question.

## V. Retirement Plan

What was the employer's contribution to the retirement plan benefit for your salaried employees in 2007? Enter "n/a" or "none" if your organization does not offer the benefit.

	<b>Cost</b>
Defined benefit pension plan actual cash contribution	
Defined benefit pension plan service cost (FAS 87 Service Cost)	
Pension plan premiums under insurance or annuity contracts	

What was the employer cost of providing capital accumulation benefits for your salaried employees in 2007? Please enter the 2007 employer contributions as a dollar amount or a percent of straight-time payroll for salaried employees. Enter "n/a" or "none" if your organization does not offer the benefit.

	<b>Dollar Amount</b>	<b>Percent of Payroll</b>
401(k) employer matching contribution	\$	%
403 (b) employer matching contribution	\$	%
Other thrift or savings plan	\$	%
Other (please describe)	\$	%



## VII. Legally Required Benefits

What was the employer cost of providing legally required benefits for your salaried employees in 2007? Please enter the 2007 employer contributions as a dollar amount or a percent of straight-time payroll for salaried employees. Enter “n/a” or “none” if your organization does not offer the benefit.

	<b>Percent of Payroll</b>
F.I.C.A.	%
Civil Service Retirement	%
Workers' Compensation	%

## VIII. Employee Services

What was the employer cost of providing employee services for your salaried employees in 2007? Please enter the 2007 employer cost as a dollar amount. Enter “n/a” or “none” if your organization does not offer the benefit.

	<b>Cost</b>
Meals furnished or meal allowance (not travel related)	\$
Child/elder care	\$
Parking (not travel related)	\$
Police Officer Clothing or clothing allowance	\$
Training and education expense/reimbursement	\$