

Benefit Collection Address/Officials

Sched. # _____

(Fill out this page if different Address/Official contacted from the Wage Address/Officials listed on the "General Establishment Information" section in IDC.)

Benefit Collection Address # 1.☐ Physical Address ☐ Personal Visit Address ☐ Mailing Address

Company Name:	
Secondary Name (Doing Business As):	
Address:	
City/State/ZIP:	
☐ Authorizing ☐ Supplying →	Name:
Telephone	Title:
Fax	
Email Address	Benefits to be collected here are: #s _____

Benefit Collection Address # 2.☐ Physical Address ☐ Personal Visit Address ☐ Mailing Address

Company Name:	
Secondary Name (Doing Business As):	
Address:	
City/State/ZIP:	
☐ Authorizing ☐ Supplying →	Name:
Telephone	Title:
Fax	
Email Address	Benefits to be collected here are: #s _____

Benefit Collection Address # 3.☐ Physical Address ☐ Personal Visit Address ☐ Mailing Address

Company Name:	
Secondary Name (Doing Business As):	
Address:	
City/State/ZIP:	
☐ Authorizing ☐ Supplying →	Name:
Telephone	Title:
Fax	
Email Address	Benefits to be collected here are: #s _____

HEALTH

If no plan is available for matched employees, are health benefit plans offered to any employees?

- ☐ Yes
☐ No
☐ Not determinable

RETIREE HEALTH INSURANCE

Does the establishment offer health benefits to retirees under 65? (Choose one)

- ☐ No
☐ Yes, employer paid
☐ Yes, retiree paid
☐ Yes, jointly paid
☐ Yes, who pays unknown
☐ Not determinable

Does the establishment offer health benefits to retirees 65 and over? (Choose one)

- ☐ No
☐ Yes, employer paid
☐ Yes, retiree paid
☐ Yes, jointly paid
☐ Yes, who pays unknown
☐ Not determinable

DEFINED BENEFITS

If no plan is available for matched employees, are defined benefit plans offered to any employees?

- ☐ Yes
☐ No
☐ Not determinable

DEFINED CONTRIBUTION

If no plan is available for matched employees, are defined contribution plans offered to any employees?

- ☐ Yes
☐ No
☐ Not determinable

OVERTIME (PREMIUM PAY, Benefit 01)

Quotes: _____

Eligibility: _____

Sched. # _____

Date of expected change (DOEC): _____

Plan name: _____

Quote:	Type, Premium, and Annual Hours					Average Occupational Employment
	Daily after ____ hours	Weekly after ____ hours	Paid Holidays* ____ X -1 X	Weekends	Other (specify)	
	Premium:	Premium:	Premium:	Premium:	Premium:	
	Annual hours per quote	Annual hours per quote	Annual hours per quote	Annual hours per quote	Annual hours per quote	
1						
2						
3						
4						
5						
6						
7						
8						

*for paid holidays subtract out regular holiday pay

Remarks/Calculations:**Payment Basis:**

- ☐ Base pay (BP)
☐ AVERAGE HOURLY RATE (AHR)
☐ AHR + Shift (SD)
☐ AHR + Bonus (BN)
☐ Other (specify): _____

Time Basis:

- ☐ Regular work schedule
☐ Alternate work schedule
☐ Other (specify): _____

Expenditure cost: \$ _____

of employees: _____

☐ GR or ☐ SE Payroll = \$ _____

Annual overtime hours: _____

Expenditure:

- ☐ Calendar year _____
☐ Fiscal year ending ____/____/____

Plan # 1 name: _____ Eligibility: _____ Quotes: _____ Vacation schedule: ☐ Percent of earnings ☐ Union fund ☐ Time Is this part of a consolidated leave plan? ☐ Yes ☐ No ☐ ND (NOT DETERMINABLE) If yes, check all that apply: ☐ Vacation ☐ Personal ☐ ND (NOT DETERMINABLE) ☐ Military ☐ Sick ☐ Holidays ☐ Family ☐ Jury Duty ☐ Funeral	LOS	Vacation Plan

Plan # 2 name: _____ Eligibility: _____ Quotes: _____ Vacation schedule: ☐ Percent of earnings ☐ Union fund ☐ Time Is this part of a consolidated leave plan? ☐ Yes ☐ No ☐ ND (NOT DETERMINABLE) If yes, check all that apply: ☐ Vacation ☐ Personal ☐ ND (NOT DETERMINABLE) ☐ Military ☐ Sick ☐ Holidays ☐ Family ☐ Jury Duty ☐ Funeral	LOS	Vacation Plan

Payment Basis:

- ☐ Base pay (BP)
☐ AVERAGE HOURLY RATE (AHR)
☐ AHR + Shift (SD)
☐ AHR + Bonus (BN)
☐ Other (specify): _____

Time Basis:

- ☐ Regular work schedule
☐ Alternate work schedule
☐ Other (specify): _____

Expenditure cost: \$ _____

of employees: _____

☐ GR or ☐ SE Payroll = \$ _____
Expenditure:☐ Calendar year _____☐ Fiscal year ending ____ / ____ / ____

HOLIDAYS (Benefit 03)

Sched. # _____

Quotes: _____

Date of expected change (DOEC): _____

Eligibility: _____

Plan name: _____

Holidays	Number of days		Holidays	Number of days	
	Paid	Unpaid		Paid	Unpaid
New Year's Eve	.	.	Veteran's Day	.	.
New Year's Day	.	.	Thanksgiving Day	.	.
Martin Luther King's Birthday	.	.	Day after Thanksgiving	.	.
President's Day	.	.	Christmas Eve	.	.
Good Friday	.	.	Christmas Day	.	.
Memorial Day	.	.	Employee's Birthday	.	.
July 4 th	.	.	Floating	.	.
Labor Day	.	.	Other (specify):	.	.
Columbus Day	.	.	Total days	.	.
Election Day	.	.			

Remarks/Calculations:**Payment Basis:**

- ☐ Base pay (BP)
☐ AVERAGE HOURLY RATE (AHR)
☐ AHR + Shift (SD)
☐ AHR + Bonus (BN)
☐ Other (specify): _____

Time Basis:

- ☐ Regular work schedule
☐ Alternate work schedule
☐ Other (specify): _____

Expenditure cost: \$ _____

of employees: _____

☐ GR or ☐ SE Payroll = \$ _____
Expenditure:

- ☐ Calendar year _____
☐ Fiscal year ending ____/____/____

SICK LEAVE (Benefit 04)

Quotes: _____

Eligibility: _____

Sched. # _____

Date of expected change (DOEC): _____

Plan name: _____

Schedule	Paid Days at 100%	Unpaid Days
Sick leave plan:		
_____ Max. days per year		
_____ Other (specify)		
_____ Not determinable		

Waiting Period: ☐ Yes ☐ No Number of Days for waiting period _____Unlimited days: ☐ Yes ☐ NoInformal plan: ☐ Yes ☐ No**Leave Usage (days) Worksheet:**Cash-in: ☐ Yes ☐ NoCarry over: ☐ Yes ☐ NoInformal plan: ☐ Yes ☐ No

Maximum Days _____

Remarks/Calculations:**Payment Basis:**

- ☐ Base pay (BP)
☐ AVERAGE HOURLY RATE (AHR)
☐ AHR + Shift (SD)
☐ AHR + Bonus (BN)
☐ Other (specify): _____

Time Basis:

- ☐ Regular work schedule
☐ Alternate work schedule
☐ Other (specify): _____

Expenditure cost: \$ _____

of employees: _____

☐ GR or ☐ SE Payroll = \$ _____

_____/_____/_____

Expenditure:☐ Calendar year _____☐ Fiscal year ending _____

OTHER LEAVE (Benefit 05)

Sched. # _____

Date of expected change (DOEC): _____

Leave Plan	Quotes Covered	Eligibility	Paid Days	Payment Rate	Unpaid Days
Funeral Leave					
Jury Duty Leave					
Military Leave					
Family Leave					
Personal Leave					
Other (specify) Paid Leave					
Leave Without Pay					

Leave Usage (days) Worksheet:Cash-in: ☐ Yes ☐ NoCarry over: ☐ Yes ☐ NoInformal plan: ☐ Yes ☐ No

Maximum Days _____

Quote	Personal		Funeral		Military		Jury Duty		Family		Other		Occ. Employ.
	Paid	Unpaid	Paid	Unpaid	Paid	Unpaid	Paid	Unpaid	Paid	Unpaid	Paid	Unpaid	
1													
2													
3													
4													
5													
6													
7													
8													

Remarks/Calculations:**Payment Basis:**

- ☐ Base pay (BP)
☐ AVERAGE HOURLY RATE (AHR)
☐ AHR + Shift (SD)
☐ AHR + Bonus (BN)
☐ Other (specify): _____

Time Basis:

- ☐ Regular work schedule
☐ Alternate work schedule
☐ Other (specify): _____

Expenditure cost: \$ _____

of employees: _____

☐ GR or ☐ SE Payroll = \$ _____

_____/_____/_____

Expenditure:

- ☐ Calendar year _____
☐ Fiscal year ending _____

SHIFT DIFFERENTIAL (Benefit 06)

Quotes: _____

Eligibility: _____

Sched. # _____

Date of expected change (DOEC): _____

Plan name: _____

Quote	Total EE*	1 st Shift EE*	2 nd shift					3 rd shift					Other: _____				
			2 nd EE*	\$*	%*	Hrs Pd	Hrs Wk	3 rd EE	\$	%	Hrs Pd	Hrs Wk	Other EE	\$*	%*	Hrs Pd*	Hrs Wk*
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	

*Total EE= total employment of quote; *1st Shift EE= first shift employment; *\$= cents or dollars per hour of differential; *%= percent extra paid for shift differential over straight time rate; *Hrs Pd= hours paid per shift; *Hrs Wk= hours worked per shift

Remarks/Calculations:**Payment Basis:**

- ☐ Base pay (BP)
☐ AVERAGE HOURLY RATE (AHR)
☐ AHR + Shift (SD)
☐ AHR + Bonus (BN)
☐ Other (specify): _____

Time Basis:

- ☐ Regular work schedule
☐ Alternate work schedule
☐ Other (specify): _____

Expenditure cost: \$ _____

of employees: _____

☐ GR or ☐ SE Payroll = \$ _____
Expenditure:

- ☐ Calendar year _____
☐ Fiscal year ending ____/____/____

NONPRODUCTION BONUS (Benefit 07)

Sched. # _____

Quotes: _____

Date of expected change (DOEC): _____

Eligibility: _____

Plan name: _____

✓	Plan Type	Provisions/Benefit Formula
	Attendance	
	Cash profit sharing	
	Employee recognition program	
	End-of-year discretionary bonus	
	Hiring	
	In-lieu of benefit payment	
	Referral	
	Retention	
	Safety	
	Signing	
	Suggestion	
	Union-related	
	Other (specify)	
	Not determinable	

Usage/Cost:**Payment Basis:**

- ☐ Base pay (BP)
☐ AVERAGE HOURLY RATE (AHR)
☐ AHR + Shift (SD)
☐ AHR + Bonus (BN)
☐ Other (specify): _____

Time Basis:

- ☐ Regular work schedule
☐ Alternate work schedule
☐ Other (specify): _____

Expenditure cost: \$ _____

of employees: _____

☐ GR or ☐ SE Payroll = \$ _____**Expenditure:**

- ☐ Calendar year _____
☐ Fiscal year ending ____/____/____

LIFE INSURANCE (Benefit 10)

Quotes: _____

Eligibility: _____

Sched. # _____

Date of expected change (DOEC): _____

Plan name: _____

Plan No.	Name	Type
01		
02		
03		

Remarks/Calculations:

Payment Basis:

- ☐ Base pay (BP)
☐ AVERAGE HOURLY RATE (AHR)
☐ AHR + Shift (SD)
☐ AHR + Bonus (BN)
☐ Other (specify): _____

Time Basis:

- ☐ Regular work schedule
☐ Alternate work schedule
☐ Other (specify): _____

Expenditure cost: \$ _____

of employees: _____

☐ GR or ☐ SE Payroll = \$ _____**Expenditure:**

- ☐ Calendar year _____
☐ Fiscal year ending ____/____/____

Type:

Plan no.	Eligibility
01	
02	
03	

Formula: (Choose one formula and answer columns accordingly.)

Plan no.	Multiple of earnings		Max. benefit amount. Enter \$, No, or ND*	Flat Amount		Other (✓)	ND* (✓)
	Varies (✓)	Fixed (Enter multiple)		Varies (✓)	Fixed (Enter \$)		
01							
02							
03							

*ND= Not determinable

Financing: (Choose one financing type and answer columns accordingly.)

Plan no.	Commercially Insured		Self-insured (✓)	Union Health/Welfare Date of expected change (DOEC)
	Enter: Carrier	Enter: Plan Year		
01				
02				
03				

Premiums: (Enter \$ amount, No cost, Not determinable)

Plan no.	Company (ER) Cost	Employee (EE) Cost	Total Cost	Earnings Ceiling
01				
02				
03				

Participation (Needed if collection by Rate and Usage)

Plan no.	Quotes															
	1R	1P	2R	2P	3R	3P	4R	4P	5R	5P	6R	6P	7R	7P	8R	8P
01																
02																
03																

R= Participation (# employees in quote taking plan); P= potential participants (total # employees in quote)

Financing: (Choose one financing type and answer columns accordingly.)

Plan no.	Commercially Insured		Self-insured (✓) answer 1. and 2.	1. Use of third-party administrators (Y/N)	Union Health/Welfare (Enter date)	2. Use of insurance for claims that exceed certain limits (stop-loss)
	Carrier	Plan Year			Expected change	
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						

Cost: Plan No. _____ (Enter \$ amount, No cost, Not determinable)

Premiums	Company (ER) Cost	Employee (EE) Cost	Conversion Code	Total Cost
Single				
Family				
EMP. + Spouse				
EMP. + Child				
EMP. + 1				
EMP. + 2				
EMP. + 3				
EMP. + 4				
OTHER: _____				

Participation: Plan No. _____ (Enter % of quote employment, Not determinable, Not applicable)

	Quotes							
	1	2	3	4	5	6	7	8
Single								
Family								
EMP. + Spouse								
EMP. + Child								
EMP. + 1								
EMP. + 2								
EMP. + 3								
EMP. + 4								
Total participation								

HEALTH INSURANCE (Benefit 11)

Quotes: _____

Eligibility: _____

Sched. # _____

Date of expected change (DOEC): _____

Plan name: _____

Remarks/Calculations:

Payment Basis:

- ☐ Base pay (BP)
- ☐ AVERAGE HOURLY RATE (AHR)
- ☐ AHR + Shift (SD)
- ☐ AHR + Bonus (BN)
- ☐ Other (specify): _____

Time Basis:

- ☐ Regular work schedule
- ☐ Alternate work schedule
- ☐ Other (specify): _____

Expenditure cost: \$ _____

of employees: _____

☐ GR or ☐ SE Payroll = \$ _____

Expenditure:

☐ Calendar year _____

☐ Fiscal year ending ____/____/____

SHORT-TERM DISABILITY (Benefit 12)

Sched. # _____

Waiting Period: ☐ Yes ☐ No

Number of Days of waiting period _____

Duration: ☐ Fixed # weeks _____☐ Number of weeks varies**Formula:** (Choose one formula and answer columns accordingly.)

Plan no.	Percent of earnings (✓)		Max. benefit per week. Enter \$, No, or ND*	Flat Amount		Other (✓)	ND* (✓)
	Varies (✓)	Fixed (Enter %)		Varies (✓)	Fixed (Enter \$)		
01							
02							
03							

*ND= not determinable

Financing: (Choose one financing type and answer columns accordingly.)

Plan no.	Commercially Insured		Self-insured (✓)	Union Health/Welfare Date of expected change (DOEC)	Unfunded (Write details in remarks)	State (✓)	Other (✓)	ND* (✓)
	Enter: Carrier	Enter: Plan Year						
01								
02								
03								

*ND= not determinable

Premiums: (Enter \$ amount, No cost, Not determinable)

Plan no.	Company (ER) Cost	Employee (EE) Cost	Total Cost	Earnings Ceiling
01				
02				
03				

Participation: (Enter % of quote employment, Not determinable, Not applicable)

Plan no.	Quotes								
	ALL	1	2	3	4	5	6	7	8
01									
02									
03									

SHORT-TERM DISABILITY (Benefit 12)

Quotes: _____

Eligibility: _____

Sched. # _____

Date of expected change (DOEC): _____

Plan name: _____

Remarks/Calculations:**Payment Basis:**

- ☐ Base pay (BP)
☐ AVERAGE HOURLY RATE (AHR)
☐ AHR + Shift (SD)
☐ AHR + Bonus (BN)
☐ Other (specify): _____

Time Basis:

- ☐ Regular work schedule
☐ Alternate work schedule
☐ Other (specify): _____

Expenditure cost: \$ _____

of employees: _____

☐ GR or ☐ SE Payroll = \$ _____

_____/_____/_____

Expenditure:

- ☐ Calendar year _____
☐ Fiscal year ending

LONG-TERM DISABILITY (Benefit 23)

Sched. # _____

Waiting Period: ☐ Yes ☐ No Number of Days _____**Formula:**

Plan no.	Percent of earnings (✓)		If fixed, enter # or ND*	Max. benefit amount. Enter \$, No, or ND	Flat Amount (✓)	Other (✓)	ND* (✓)
	Varies	Fixed					
01							
02							
03							

*ND= not determinable

Financing: (Choose one financing type and answer columns accordingly.)

Plan no.	Commercially Insured		Self-insured (✓)	Union Health/Welfare
	Enter: Carrier	Enter: Plan Year		Date of expected change (DOEC)
01				
02				
03				

Premiums: (Enter \$ amount, No cost, Not determinable)

Plan no.	Company (ER) Cost	Employee (EE) Cost	Total Cost	Earnings Ceiling
01				
02				
03				

Participation: (Enter % of quote employment, Not determinable, Not applicable)

Plan no.	Quotes								
	ALL	1	2	3	4	5	6	7	8
01									
02									
03									

LONG-TERM DISABILITY (Benefit 23)

Quotes: _____

Eligibility: _____

Sched. # _____

Date of expected change (DOEC): _____

Plan name: _____

Remarks/Calculations:

Payment Basis:

- ☐ Base pay (BP)
☐ AVERAGE HOURLY RATE (AHR)
☐ AHR + Shift (SD)
☐ AHR + Bonus (BN)
☐ Other (specify): _____

Time Basis:

- ☐ Regular work schedule
☐ Alternate work schedule
☐ Other (specify): _____

Expenditure cost: \$ _____

of employees: _____

☐ GR or ☐ SE Payroll = \$ _____**Expenditure:**☐ Calendar year _____☐ Fiscal year ending ____/____/____

DEFINED BENEFIT PLANS (Benefit 13)

Sched. _____

Basic Information:

Plan No.	Plan Name/Carrier	Eligibility	EIN (Employer identification #)	PN (Plan #)	SPD* (Y/N)	SPD* Date	Master Schedule
01							
02							
03							

*SPD= Summary Plan Description are required at initiation for all defined benefit plans.

Provisions:

Employee required contributions						Other attributes			
Plan no.	None (✓)	Percent of earnings		Coordinated with Social Security (✓)	Other (✓)	ND* (✓)	Ad hoc In last 5 yrs. (✓)	If Ad hoc, enter year	COLA* (✓)
		Enter %	% ND*						
01									
02									
03									

COLA= Cost of living adjustment; *ND= not determinable

Financing: (Not necessary to code)

Plan no.	Commercially Insured		Union Fund
	Enter: Carrier	Enter: Plan Year	Date of expected change (DOEC)
01			
02			
03			

Premiums: (Enter \$ amount, No cost, Not determinable)

Plan no.	Company (ER) Cost	Employee (EE) Cost	Total Cost
01			
02			
03			

Participation: (Enter % of quote employment, Not determinable, Not applicable)

Plan no.	Quotes								
	ALL	1	2	3	4	5	6	7	8
01									
02									
03									

DEFINED BENEFIT (Benefit 13)

Quotes: _____

Eligibility: _____

Sched. # _____

Date of expected change (DOEC): _____

Plan name: _____

Remarks/Calculations:**Payment Basis:**

- ☐ Base pay (BP)
☐ AVERAGE HOURLY RATE (AHR)
☐ AHR + Shift (SD)
☐ AHR + Bonus (BN)
☐ Other (specify): _____

Time Basis:

- ☐ Regular work schedule
☐ Alternate work schedule
☐ Other (specify): _____

Expenditure cost: \$ _____

of employees: _____

☐ GR or ☐ SE Payroll = \$ _____**Expenditure:**

- ☐ Calendar year _____
☐ Fiscal year ending ____/____/____

PBGC☐ Annual per employee cost: _____ ☐ Annual Expenditure: _____

Basic Information:

Plan No.	Plan Name/Carrier	Eligibility	EIN (Employer identification #)	PN (Plan #)	SPD* (Y/N)	SPD* Date	Master Schedule
01							
02							
03							
04							

*SPD= Summary Plan Description are required at initiation for all defined contribution plans.

Provisions:

Plan no.	Type*	Required Employee contribution (✓)	Contributions tax-deferred?
01			
02			
03			
04			

* Deferred Profit Sharing, ESOP, Money Purchase Plan, Savings & Thrift, SEP, SIMPLE, Stock bonus, Other (specify), or Not Determinable

Participation: (Enter % of quote employment, Not determinable, Not applicable)

Plan no.	Quotes								
	ALL	1	2	3	4	5	6	7	8
01									
02									
03									
04									

Unduplicated Totals:

Collect the percentage of employment in DC-only, DB-only, and both DC and DB data, if both the DB and DC plan participation, is between 0 and 100 percent. If the plan participation in either benefit is 0 or 100 percent, the system will compute the unduplicated totals.

Quote	Retirement Percentages		
	% Defined Contribution Only (DC-only)	% Defined Benefit Only (DB-only)	% Both DC and DB
1			
2			
3			
4			
5			
6			
7			
8			

DEFINED CONTRIBUTION (Benefit 14), UNDUPLICATED TOTALS

Sched. # _____

Quotes: _____

Date of expected change (DOEC): _____

Eligibility: _____

Plan name: _____

Remarks/Calculations:

Payment Basis:

- ☐ Base pay (BP)
- ☐ AVERAGE HOURLY RATE (AHR)
- ☐ AHR + Shift (SD)
- ☐ AHR + Bonus (BN)
- ☐ Other (specify): _____

Time Basis:

- ☐ Regular work schedule
- ☐ Alternate work schedule
- ☐ Other (specify): _____

Expenditure cost: \$ _____

of employees: _____

☐ GR or ☐ SE Payroll = \$ _____

_____/_____/_____

Expenditure:

☐ Calendar year _____

☐ Fiscal year ending

SOCIAL SECURITY, MEDICARE, FUTA (Benefit 15, 16, 19) Sched. # _____

Date of expected change (DOEC): _____

Are all employees covered by:

Social Security: ☐ Yes ☐ No

Medicare: ☐ Yes ☐ No

FUTA: ☐ Yes ☐ No

Participation: (Enter % of quote employment, Not determinable, Not applicable)

Benefit	Quotes								
	All	1	2	3	4	5	6	7	8
Social Security									
Medicare									
FUTA									

Does employer report tips for any sampled occupation? ☐ Yes (Answer table) ☐ No

Quote:	All	1	2	3	4	5	6	7	8
Average Hourly Rate									
Average Tips Per Hour									
Total Employees									

Remarks/Calculations:

STATE UNEMPLOYMENT INSURANCE, WORKERS' COMPENSATION (Benefits 20, 21)

Sched. # _____

STATE UNEMPLOYMENT INSURANCE

Quotes: _____

Date of expected change (DOEC): _____

Eligibility: _____

Plan name: _____

Financing:☐ State Insured (Enter rate and add-on data below if different from State)

Rate _____%

Add-on rate(s), if any _____%

☐ Self-Insured/Reimbursement☐ Railroad plan☐ Nonprofit planDoes employer report tips for any sampled occupation? ☐ Yes (Answer table) ☐ No

Quote:	ALL	1	2	3	4	5	6	7	8
Average Hourly Rate									
Average Tips Per Hour									
Total Employees									

Expenditure cost: \$ _____

of employees: _____

☐ GR or ☐ SE Payroll = \$ _____**Expenditure:**☐ Calendar year _____☐ Fiscal year ending ____/____/____**WORKERS' COMPENSATION**

Quotes: _____

Date of expected change (DOEC): _____

Eligibility: _____

Plan name: _____

Financing:☐ Self-Insured☐ Commercially Insured (Answer grid)

QUOTE	W.C. Code	Rate	Experience Modifier	Premium Discount
1				
2				
3				
4				
5				
6				
7				
8				

Expenditure cost: \$ _____

of employees: _____

☐ GR or ☐ SE Payroll = \$ _____**Expenditure:**☐ Calendar year _____☐ Fiscal year ending ____/____/____

Emerging Benefits

Sched. # _____

Date of expected change (DOEC): _____

Eligibility: _____

Plan name: _____

Benefit	Access for each benefit			Quotes							
	ND*	All	None	1	2	3	4	5	6	7	8
Adoption assistance											
Child care:											
Funds											
On/off-site facility											
Resource and referral service											
Education:											
Non-work related											
Work-related											
Employee assistance programs											
Employer-provided home computers											
Fitness centers											
Flexible work site											
Long-term care											
Medical savings accounts											
OOS Salary reduction											
Sec. 125 Cafeteria benefits:											
Flexible benefits											
Health care reimbursement accounts											
Dependent care reimbursement accounts											
Stock options											
Signing											
Performance											
Other											
Subsidized commuting											
Travel accident insurance											
Wellness programs											
Does your establishment offer health benefits to unmarried domestic partners											
1. Of the opposite sex?											
2. Of the same sex?											
As part of a defined benefit plan, does your establishment offer survivor benefits to unmarried domestic partners											
1. Of the opposite sex?											
2. Of the same sex?											

*ND = Not determinable

Sched. # _____

Cost Grids

Overtime

Quote	Status Code	Value Entry	Conversion Code	Annual Overtime Hours	Average Premium	AWS*
ALL						
1						
2						
3						
4						
5						
6						
7						
8						

*AWS= Alternate Work Schedule

Vacation

Quote	Status Code	Value Entry	Conversion Code	Paid Weeks	Unpaid Weeks	AWS*
ALL						
1						
2						
3						
4						
5						
6						
7						
8						

*AWS= Alternate Work Schedule

Holiday

Quote	Status Code	Value Entry	Conversion Code	Paid Days	Unpaid Days	AWS*
ALL						
1						
2						
3						
4						
5						
6						
7						
8						

*AWS= Alternate Work Schedule

Sched. # _____

Sick Leave

Quote	Status Code	Value Entry	Conversion Code	Paid Days	Unpaid Days	AWS*
ALL						
1						
2						
3						
4						
5						
6						
7						
8						

*AWS= Alternate Work Schedule

Other Leave

Quote	Status Code	Value Entry	Conversion Code	Paid Days	Unpaid Days	AWS*
ALL						
1						
2						
3						
4						
5						
6						
7						
8						

*AWS= Alternate Work Schedule

Nonproduction Bonus

Quote	Status Code	Value Entry	Conversion Code	Paid Days	AWS*
ALL					
1					
2					
3					
4					
5					
6					
7					
8					

*AWS= Alternate Work Schedule

Life Insurance

Quote	Status Code	Value Entry	Multi Earnings Cov.	Flat Amount Cov.	Conversion Code	Ceiling	AWS*
ALL							
1							
2							
3							
4							
5							
6							
7							
8							

*AWS= Alternate Work Schedule

Health Insurance

Quote	Status Code	Value Entry	Conversion Code	AWS*
ALL				
1				
2				
3				
4				
5				
6				
7				
8				

*AWS= Alternate Work Schedule

Short-term Disability

Quote	Status Code	Value Entry	Conversion Code	Ceiling	AWS*
ALL					
1					
2					
3					
4					
5					
6					
7					
8					

*AWS= Alternate Work Schedule

Long-term Disability

Quote	Status Code	Value Entry	Conversion Code	Ceiling	AWS*
ALL					
1					
2					
3					
4					
5					
6					
7					
8					

*AWS= Alternate Work Schedule

Defined Contribution

Quote	Status Code	Value Entry	Conversion Code	Ceiling	AWS*
ALL					
1					
2					
3					
4					
5					
6					
7					
8					

*AWS= Alternate Work Schedule

Defined Benefit

Quote	Status Code	Value Entry	Conversion Code	Ceiling	AWS*
ALL					
1					
2					
3					
4					
5					
6					
7					
8					

*AWS= Alternate Work Schedule

Social Security

Quote	Status Code	Legally Required Factor	Value Entry	Conversion Code	AWS*
ALL					
1					
2					
3					
4					
5					
6					
7					
8					

*AWS= Alternate Work Schedule

Medicare

Quote	Status Code	Legally Required Factor	Value Entry	Conversion Code	AWS*
ALL					
1					
2					
3					
4					
5					
6					
7					
8					

*AWS= Alternate Work Schedule

FUTA

Quote	Status Code	Legally Required Factor	Value Entry	Conversion Code	AWS*
ALL					
1					
2					
3					
4					
5					
6					
7					
8					

*AWS= Alternate Work Schedule

State Unemployment Insurance

Quote	Status Code	Value Entry	Conversion Code	Ceiling	AWS*
ALL					
1					
2					
3					
4					
5					
6					
7					
8					

*AWS= Alternate Work Schedule

Workers' Compensation

Quote	Status Code	Value Entry	Conversion Code	Ceiling	Rate	Exp. Mod	Prem. Disc	AWS*
ALL								
1								
2								
3								
4								
5								
6								
7								
8								

*AWS= Alternate Work Schedule

Additional tables for health insurance cost and plan participation**Cost:** Plan No. _____ (Enter \$ amount, No cost, Not determinable)

Premiums	Company (ER) Cost	Employee (EE) Cost	Conversion Code	Total Cost
Single				
Family				
EMP. + Spouse				
EMP. + Child				
EMP. + 1				
EMP. + 2				
EMP. + 3				
EMP. + 4				
OTHER: _____				

Participation: Plan No. _____ (Enter % of quote employment, Not determinable, Not applicable)

	Quotes							
	1	2	3	4	5	6	7	8
Single								
Family								
EMP. + Spouse								
EMP. + Child								
EMP. + 1								
EMP. + 2								
EMP. + 3								
EMP. + 4								
Total part.								

Cost: Plan No. _____ (Enter \$ amount, No cost, Not determinable)

Premiums	Company (ER) Cost	Employee (EE) Cost	Conversion Code	Total Cost
Single				
Family				
EMP. + Spouse				
EMP. + Child				
EMP. + 1				
EMP. + 2				
EMP. + 3				
EMP. + 4				
OTHER: _____				

Participation: Plan No. _____ (Enter % of quote employment, Not determinable, Not applicable)

	Quotes							
	1	2	3	4	5	6	7	8
Single								
Family								
EMP. + Spouse								
EMP. + Child								
EMP. + 1								
EMP. + 2								
EMP. + 3								
EMP. + 4								
Total part.								

Cost: Plan No. _____ (Enter \$ amount, No cost, Not determinable)

Premiums	Company (ER) Cost	Employee (EE) Cost	Conversion Code	Total Cost
Single				
Family				
EMP. + Spouse				
EMP. + Child				
EMP. + 1				
EMP. + 2				
EMP. + 3				
EMP. + 4				
OTHER: _____				

Participation: Plan No. _____ (Enter % of quote employment, Not determinable, Not applicable)

	Quotes							
	1	2	3	4	5	6	7	8
Single								
Family								
EMP. + Spouse								
EMP. + Child								
EMP. + 1								
EMP. + 2								
EMP. + 3								
EMP. + 4								
Total part.								

Cost: Plan No. _____ (Enter \$ amount, No cost, Not determinable)

Premiums	Company (ER) Cost	Employee (EE) Cost	Conversion Code	Total Cost
Single				
Family				
EMP. + Spouse				
EMP. + Child				
EMP. + 1				
EMP. + 2				
EMP. + 3				
EMP. + 4				
OTHER: _____				

Participation: Plan No. _____ (Enter % of quote employment, Not determinable, Not applicable)

	Quotes							
	1	2	3	4	5	6	7	8
Single								
Family								
EMP. + Spouse								
EMP. + Child								
EMP. + 1								
EMP. + 2								
EMP. + 3								
EMP. + 4								
Total part.								

