

# U.S. Department of Labor National Compensation Survey

## Bureau of Labor Statistics



The BLS publishes statistical tabulations from this survey that may reveal the information reported by individual State and local governments. Upon your request, however, the BLS will hold the information provided on this survey form in confidence.

*This report is authorized by law, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely.*

Form Approved  
O.M.B. #1220-0164  
Expires 1/31/14

We estimate that it will take an average of 177 minutes to complete this form, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding this estimate or any other aspect of this survey; including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Office of Compensation and Working Conditions (1220-0164), 2 Massachusetts Avenue N.E., Washington, D.C. 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

### BENEFITS COLLECTION FORM FOR GOVERNMENT

Establishment: \_\_\_\_\_ Schedule #: \_\_\_\_\_

EIN: \_\_\_\_\_ Field Economist: \_\_\_\_\_ Date Collected: \_\_\_\_\_

| Status                                          | Est. | Quotes |   |   |   |   |   |   |   |   |
|-------------------------------------------------|------|--------|---|---|---|---|---|---|---|---|
|                                                 |      | All    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| <input type="checkbox"/> Usable                 |      |        |   |   |   |   |   |   |   |   |
| <input type="checkbox"/> On strike              |      |        |   |   |   |   |   |   |   |   |
| <input type="checkbox"/> Temporary non-response |      |        |   |   |   |   |   |   |   |   |
| <input type="checkbox"/> Refusal (Explain)      |      |        |   |   |   |   |   |   |   |   |
| <input type="checkbox"/> No matching jobs       |      |        |   |   |   |   |   |   |   |   |

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

| Benefit                      | Estab. |     | Quotes (Indicate NP or RE) |   |   |   |   |   |   |   |
|------------------------------|--------|-----|----------------------------|---|---|---|---|---|---|---|
|                              | NP*    | RE* | 1                          | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Overtime (Premium pay)       |        |     |                            |   |   |   |   |   |   |   |
| Vacations                    |        |     |                            |   |   |   |   |   |   |   |
| Holidays                     |        |     |                            |   |   |   |   |   |   |   |
| Sick leave                   |        |     |                            |   |   |   |   |   |   |   |
| Other leave                  |        |     |                            |   |   |   |   |   |   |   |
| Shift differentials          |        |     |                            |   |   |   |   |   |   |   |
| Non-production bonus         |        |     |                            |   |   |   |   |   |   |   |
| Life insurance               |        |     |                            |   |   |   |   |   |   |   |
| Health insurance             |        |     |                            |   |   |   |   |   |   |   |
| Short-term disability        |        |     |                            |   |   |   |   |   |   |   |
| Long-term disability         |        |     |                            |   |   |   |   |   |   |   |
| Defined benefit              |        |     |                            |   |   |   |   |   |   |   |
| Defined contribution         |        |     |                            |   |   |   |   |   |   |   |
| Social Security              |        |     |                            |   |   |   |   |   |   |   |
| Medicare                     |        |     |                            |   |   |   |   |   |   |   |
| Federal Unemployment Tax Act |        |     |                            |   |   |   |   |   |   |   |
| State unemployment           |        |     |                            |   |   |   |   |   |   |   |
| Workers compensation         |        |     |                            |   |   |   |   |   |   |   |

\*NP= no plan offered, \*RE= unknown whether a plan exists

# 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:                                                           |                                                |
| <input type="checkbox"/> Authorizing <input type="checkbox"/> Supplying → | Name:                                          |
| Telephone                                                                 | Title:                                         |
| Fax                                                                       |                                                |
| Email Address                                                             | Benefits to be collected here are:<br>#s _____ |

## Benefit Collection Address # 2.

Physical Address     Personal Visit Address     Mailing Address

|                                                                           |                                                |
|---------------------------------------------------------------------------|------------------------------------------------|
| Company Name:                                                             |                                                |
| Secondary Name (Doing Business As):                                       |                                                |
| Address:                                                                  |                                                |
| City/State/ZIP:                                                           |                                                |
| <input type="checkbox"/> Authorizing <input type="checkbox"/> Supplying → | Name:                                          |
| Telephone                                                                 | Title:                                         |
| Fax                                                                       |                                                |
| Email Address                                                             | Benefits to be collected here are:<br>#s _____ |

## Benefit Collection Address # 3.

Physical Address     Personal Visit Address     Mailing Address

|                                                                           |                                                |
|---------------------------------------------------------------------------|------------------------------------------------|
| Company Name:                                                             |                                                |
| Secondary Name (Doing Business As):                                       |                                                |
| Address:                                                                  |                                                |
| City/State/ZIP:                                                           |                                                |
| <input type="checkbox"/> Authorizing <input type="checkbox"/> Supplying → | Name:                                          |
| Telephone                                                                 | Title:                                         |
| Fax                                                                       |                                                |
| Email Address                                                             | Benefits to be collected here are:<br>#s _____ |

**Company Provisions****HEALTH**

Does the establishment offer health insurance benefits to any employees?

- Yes  
 No  
 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)**

Sched. # \_\_\_\_\_

Quotes: \_\_\_\_\_

Date of expected change (DOEC): \_\_\_\_\_

Eligibility: \_\_\_\_\_

Plan name: \_\_\_\_\_

| Quote: | Type, Premium, and Annual Hours |                            |                               |                        |                        | Average Occupational Employment |
|--------|---------------------------------|----------------------------|-------------------------------|------------------------|------------------------|---------------------------------|
|        | Daily after<br>____ hours       | Weekly after<br>____ hours | Paid Holidays*<br>____ X -1 X | Weekends               | Other<br>(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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------|
| <b>Plan # 1 name:</b> _____<br><b>Eligibility:</b> _____<br><b>Quotes:</b> _____<br><b>Vacation schedule:</b><br><input type="checkbox"/> Percent of earnings<br><input type="checkbox"/> Union fund<br><input type="checkbox"/> Time<br><b>Is this part of a consolidated leave plan?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ND (NOT DETERMINABLE)<br><b>If yes, check all that apply:</b><br><input type="checkbox"/> Vacation <input type="checkbox"/> Personal <input type="checkbox"/> ND (NOT DETERMINABLE)<br><input type="checkbox"/> Military <input type="checkbox"/> Sick<br><input type="checkbox"/> Holidays <input type="checkbox"/> Family<br><input type="checkbox"/> Jury Duty <input type="checkbox"/> Funeral | <b>LOS</b> | <b>Vacation Plan</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------|
| <b>Plan # 2 name:</b> _____<br><b>Eligibility:</b> _____<br><b>Quotes:</b> _____<br><b>Vacation schedule:</b><br><input type="checkbox"/> Percent of earnings<br><input type="checkbox"/> Union fund<br><input type="checkbox"/> Time<br><b>Is this part of a consolidated leave plan?</b><br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ND (NOT DETERMINABLE)<br><b>If yes, check all that apply:</b><br><input type="checkbox"/> Vacation <input type="checkbox"/> Personal <input type="checkbox"/> ND (NOT DETERMINABLE)<br><input type="checkbox"/> Military <input type="checkbox"/> Sick<br><input type="checkbox"/> Holidays <input type="checkbox"/> Family<br><input type="checkbox"/> Jury Duty <input type="checkbox"/> Funeral | <b>LOS</b> | <b>Vacation Plan</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |            |                      |

**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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**VACATION (SUPPLEMENTARY SHEET)**

Sched. # \_\_\_\_\_

Date of expected change (DOEC): \_\_\_\_\_

| Schedule                        | Quotes |   |   |   |   |   |   |   |
|---------------------------------|--------|---|---|---|---|---|---|---|
|                                 | 1      | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| <input type="checkbox"/> L.O.S. |        |   |   |   |   |   |   |   |
| <input type="checkbox"/> D.O.H. |        |   |   |   |   |   |   |   |
| Less 1 month                    |        |   |   |   |   |   |   |   |
| 1 month                         |        |   |   |   |   |   |   |   |
| 2 months                        |        |   |   |   |   |   |   |   |
| 3 months                        |        |   |   |   |   |   |   |   |
| 4 months                        |        |   |   |   |   |   |   |   |
| 5 months                        |        |   |   |   |   |   |   |   |
| 6 months                        |        |   |   |   |   |   |   |   |
| 7 months                        |        |   |   |   |   |   |   |   |
| 8 months                        |        |   |   |   |   |   |   |   |
| 9 months                        |        |   |   |   |   |   |   |   |
| 10 months                       |        |   |   |   |   |   |   |   |
| 11 months                       |        |   |   |   |   |   |   |   |
| 1 year                          |        |   |   |   |   |   |   |   |
| 2 years                         |        |   |   |   |   |   |   |   |
| 3 years                         |        |   |   |   |   |   |   |   |
| 4 years                         |        |   |   |   |   |   |   |   |
| 5 years                         |        |   |   |   |   |   |   |   |
| 6 years                         |        |   |   |   |   |   |   |   |
| 7 years                         |        |   |   |   |   |   |   |   |
| 8 years                         |        |   |   |   |   |   |   |   |
| 9 years                         |        |   |   |   |   |   |   |   |
| 10 years                        |        |   |   |   |   |   |   |   |
| 11 years                        |        |   |   |   |   |   |   |   |
| 12 years                        |        |   |   |   |   |   |   |   |
| 13 years                        |        |   |   |   |   |   |   |   |
| 14 years                        |        |   |   |   |   |   |   |   |
| 15 years                        |        |   |   |   |   |   |   |   |
| 16 years                        |        |   |   |   |   |   |   |   |
| 17 years                        |        |   |   |   |   |   |   |   |
| 18 years                        |        |   |   |   |   |   |   |   |
| 19 years                        |        |   |   |   |   |   |   |   |
| 20 years                        |        |   |   |   |   |   |   |   |
| 21 years                        |        |   |   |   |   |   |   |   |
| 22 years                        |        |   |   |   |   |   |   |   |
| 23 years                        |        |   |   |   |   |   |   |   |
| 24 years                        |        |   |   |   |   |   |   |   |
| 25 years                        |        |   |   |   |   |   |   |   |
| 26 years                        |        |   |   |   |   |   |   |   |
| 27 years                        |        |   |   |   |   |   |   |   |
| 28 years                        |        |   |   |   |   |   |   |   |
| 29 years                        |        |   |   |   |   |   |   |   |
| 30 years                        |        |   |   |   |   |   |   |   |
| 30+ years                       |        |   |   |   |   |   |   |   |
| Occupational Employment         |        |   |   |   |   |   |   |   |

**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 <sup>th</sup>          | .              | .      | Floating               | .              | .      |
| Labor Day                     | .              | .      | Other (specify):       | .              | .      |
| Columbus Day                  | .              | .      | <b>Total days</b>      | .              | .      |
| 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)**

Sched. # \_\_\_\_\_

Quotes: \_\_\_\_\_

Date of expected change (DOEC): \_\_\_\_\_

Eligibility: \_\_\_\_\_

Plan name: \_\_\_\_\_

| Schedule                | Paid Days at 100% | Unpaid Days |
|-------------------------|-------------------|-------------|
| <b>Sick leave plan:</b> |                   |             |
| ___ Days paid as needed |                   |             |
| ___ Max. days per year  |                   |             |
| ___ Other (specify)     |                   |             |
| ___ Not determinable    |                   |             |
|                         |                   |             |
|                         |                   |             |
|                         |                   |             |

Waiting Period:  Yes  No Number of Days for waiting period \_\_\_\_\_

Unlimited days:  Yes  No

**Leave Usage (days) Worksheet:**

Carry over:  All  Limited For Limited Maximum Days \_\_\_\_\_

Informal plan:  Yes  No

Paid

Unpaid

Other

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

**Expenditure:**

Calendar year \_\_\_\_\_



GR or  SE Payroll = \$ \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

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          |                |             |           |              |             |

| 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 <sup>st</sup> Shift EE* | 2 <sup>nd</sup> shift |     |    |        | 3 <sup>rd</sup> shift |                    |    |   | Other: _____ |        |          |     |    |         |         |
|-------|-----------|---------------------------|-----------------------|-----|----|--------|-----------------------|--------------------|----|---|--------------|--------|----------|-----|----|---------|---------|
|       |           |                           | 2 <sup>nd</sup> EE*   | \$* | %* | Hrs Pd | Hrs Wk                | 3 <sup>rd</sup> 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; \*1<sup>st</sup> 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)**

Sched. # \_\_\_\_\_

Quotes: \_\_\_\_\_

Date of expected change (DOEC): \_\_\_\_\_

Eligibility: \_\_\_\_\_

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.<br>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           |
|----------|----------------------|------------------|------------------|--------------------------------|
|          | 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** (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)

|  |  |  |  |  |  | Pay after services rendered (3) | Outside network higher cost (3b) | Does Employer pay any portion of claims (4) |
|--|--|--|--|--|--|---------------------------------|----------------------------------|---------------------------------------------|
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |
|  |  |  |  |  |  |                                 |                                  |                                             |

M= Medical; D= Dental; V= Vision; P= Prescription drugs

- 3. Does this plan pay benefits after services are rendered, typically after coinsurance and deductibles?
- 3b. Can the enrollee go outside the network of plan providers for coverage at higher cost?
- 4. Does the employer pay any portion of claims?

**Basic Information:**

| Plan No. | EIN (Employer Identification #) | PN (Plan #) | SPD*(Y/N) | SPD* Date | Master Schedule |
|----------|---------------------------------|-------------|-----------|-----------|-----------------|
| 01       |                                 |             |           |           |                 |
| 02       |                                 |             |           |           |                 |
| 03       |                                 |             |           |           |                 |
| 04       |                                 |             |           |           |                 |
| 05       |                                 |             |           |           |                 |
| 06       |                                 |             |           |           |                 |
| 07       |                                 |             |           |           |                 |
| 08       |                                 |             |           |           |                 |
| 09       |                                 |             |           |           |                 |
| 10       |                                 |             |           |           |                 |

\*SPD= Summary Plan Description are required at initiation for all health plans.

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

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**Remarks/Calculations:**

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**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. # \_\_\_\_\_

**3. Waiting Period:**  Yes  No Number of Days of waiting period \_\_\_\_\_  
 Duration:  Fixed # weeks \_\_\_\_\_  Number of weeks varies ND

**1. 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

**2. 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

**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)**

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

**LONG-TERM DISABILITY (Benefit 23)**

Sched. # \_\_\_\_\_

Waiting Period:  Yes  No Number of Days \_\_\_\_\_

**1. 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**1. 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.

**2. Provisions:**

| Employee required contributions |          |                     |       |                                      |           |         |           |
|---------------------------------|----------|---------------------|-------|--------------------------------------|-----------|---------|-----------|
| Plan no.                        | None (✓) | Percent of earnings |       | Coordinated with Social Security (✓) | Other (✓) | ND* (✓) | COLA* (✓) |
|                                 |          | Enter %             | % ND* |                                      |           |         |           |
| 01                              |          |                     |       |                                      |           |         |           |
| 02                              |          |                     |       |                                      |           |         |           |
| 03                              |          |                     |       |                                      |           |         |           |

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

3. Are new employees able to participate in the DB plan? Yes  No  ND

4. In what year did new employees become ineligible for the DB plan \_\_\_\_\_

5. For this plan have benefits been frozen, or are they still accruing for participants?

All current  Subset of current  No current participants are accruing benefits  ND

6. What are other retirement plan options for new employees who cannot participate in this plan?

New DB plan  New DC plan  Enhancement of existing DC plan  Other  None  ND

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

**1. 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

**2. 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.

3. Must the employee contribute to receive the employer contribution?  Yes  No  ND

4. Are any employee contributions tax deferred?  Yes  No  ND

**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

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 plan

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       |     |   |   |   |   |   |   |   |   |

**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 |
| Child Care Assistance                                                                                             |                         |     |      |        |   |   |   |   |   |   |   |
| Retiree Health – under age 65                                                                                     |                         |     |      |        |   |   |   |   |   |   |   |
| Retiree Health – age 65 and over                                                                                  |                         |     |      |        |   |   |   |   |   |   |   |
| Financial Planning                                                                                                |                         |     |      |        |   |   |   |   |   |   |   |
| Wellness Programs                                                                                                 |                         |     |      |        |   |   |   |   |   |   |   |
| Employee Assistance Program                                                                                       |                         |     |      |        |   |   |   |   |   |   |   |
| Subsidized Commuting                                                                                              |                         |     |      |        |   |   |   |   |   |   |   |
| Long-term Care Insurance                                                                                          |                         |     |      |        |   |   |   |   |   |   |   |
| Flexible Workplace                                                                                                |                         |     |      |        |   |   |   |   |   |   |   |
| Health Savings Accounts (HAS)                                                                                     |                         |     |      |        |   |   |   |   |   |   |   |
| Cash Defer'd Arrangement, no ER contribution                                                                      |                         |     |      |        |   |   |   |   |   |   |   |
| Flexible Benefits                                                                                                 |                         |     |      |        |   |   |   |   |   |   |   |
| Health Care Reimbursement Account                                                                                 |                         |     |      |        |   |   |   |   |   |   |   |
| Dependent Care Reimbursement Accts                                                                                |                         |     |      |        |   |   |   |   |   |   |   |
| Stock Option - Other                                                                                              |                         |     |      |        |   |   |   |   |   |   |   |
| Stock Option - Performance                                                                                        |                         |     |      |        |   |   |   |   |   |   |   |
| Stock Option - Signing                                                                                            |                         |     |      |        |   |   |   |   |   |   |   |
| Paid Funeral Leave                                                                                                |                         |     |      |        |   |   |   |   |   |   |   |
| Paid Military Leave                                                                                               |                         |     |      |        |   |   |   |   |   |   |   |
| Paid Personal Leave                                                                                               |                         |     |      |        |   |   |   |   |   |   |   |
| Paid Family Leave                                                                                                 |                         |     |      |        |   |   |   |   |   |   |   |
| Unpaid Family Leave                                                                                               |                         |     |      |        |   |   |   |   |   |   |   |
| 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

**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* |
|------------|-------------|-------------|-----------------|---------|------|
| <b>ALL</b> |             |             |                 |         |      |
| <b>1</b>   |             |             |                 |         |      |
| <b>2</b>   |             |             |                 |         |      |
| <b>3</b>   |             |             |                 |         |      |
| <b>4</b>   |             |             |                 |         |      |
| <b>5</b>   |             |             |                 |         |      |
| <b>6</b>   |             |             |                 |         |      |
| <b>7</b>   |             |             |                 |         |      |
| <b>8</b>   |             |             |                 |         |      |

\*AWS= Alternate Work Schedule

**Defined Contribution**

| Quote      | Status Code | Value Entry | Conversion Code | Ceiling | AWS* |
|------------|-------------|-------------|-----------------|---------|------|
| <b>ALL</b> |             |             |                 |         |      |
| <b>1</b>   |             |             |                 |         |      |
| <b>2</b>   |             |             |                 |         |      |
| <b>3</b>   |             |             |                 |         |      |
| <b>4</b>   |             |             |                 |         |      |
| <b>5</b>   |             |             |                 |         |      |
| <b>6</b>   |             |             |                 |         |      |
| <b>7</b>   |             |             |                 |         |      |
| <b>8</b>   |             |             |                 |         |      |

\*AWS= Alternate Work Schedule

**Defined Benefit**

| Quote      | Status Code | Value Entry | Conversion Code | Ceiling | AWS* |
|------------|-------------|-------------|-----------------|---------|------|
| <b>ALL</b> |             |             |                 |         |      |
| <b>1</b>   |             |             |                 |         |      |
| <b>2</b>   |             |             |                 |         |      |
| <b>3</b>   |             |             |                 |         |      |
| <b>4</b>   |             |             |                 |         |      |
| <b>5</b>   |             |             |                 |         |      |
| <b>6</b>   |             |             |                 |         |      |
| <b>7</b>   |             |             |                 |         |      |
| <b>8</b>   |             |             |                 |         |      |

\*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.   |        |   |   |   |   |   |   |   |

**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.   |        |   |   |   |   |   |   |   |