National Compensation Survey
Employment Cost Index
Month Year Update

Schedule # - 999999

{Index benefits summary only – Gov.}

Thank you for your assistance with the Employment Cost Index. Your summary of benefits report is enclosed. **Please update the plan information and costs within one week of receiving this package.** Include any scheduled changes effective before the reference date of MONTH 12, YEAR. If there are significant changes, we may need to follow up with you to get more details.

There are several reporting options available:

- Secure file transfer over the internet – **https://www.BLSCompdata.bls.gov**
- Email to **BLSCompdata@bls.gov**
- Fax the completed form to 999-999-9999
- Mail a printed report or the completed form

Data can be reported in any standard format, but be sure to include your schedule number, 999999, on any reports or emails.
If you have any questions, please contact: XXXX XXXXXXX at 999-999-8888.

Please correct name, title, or address, as needed.
Prepared by:
Name ________________________
Title ________________________
Telephone: ________________________

Date Prepared: ________________________

Respondent Name
Respondent Title
Company Name
Company Name 2
Address1
Address2
City, State Zip

As entered by the regional office

As a participant in a Bureau of Labor Statistics (BLS) statistical survey, you should be aware that use of electronic transmittal methods in reporting data to the BLS involves certain inherent risks to the confidentiality of those data. Further, you should be aware that responsible electronic transmittal practices employed by the BLS cannot completely eliminate those risks.

The BLS is committed to the responsible treatment of the data you report and will take appropriate steps within its ability to protect the confidentiality of those data.

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 20.19 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.

(NOTE: This is a computer-generated form that provides prior benefits data to, and requests updated benefits data from survey respondents)

Summary of Benefits example – update

U. S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS SO-1003G

Establishment = Any Company Schedule Number = XXXXXXX

Mr. Xxxx Xxxxx, City Director of HR
(TEL.) Number

Ben #	**Plan description**	Expected to change

BENEFIT DESCRIPTIONS COVER THE FOLLOWING OCCUPATIONS
XXXX City Engineer
XXXX City Engineering Specialist
XXXX Asst Research

01 <u>**WORK SCHEDULE**</u> **– Full-time and part-time**
Full-time 8.00 hours/day 40.00/weekly hours 52.0 annual weeks

Part-time 5.00 hours/day 25.00/weekly hours 52.0 annual weeks

01 **1.5X after 40 hours/wk,**
2.0X on Sundays

02 <u>VACATION</u>
After 6 months = 1 week
After 1 year = 2 weeks
After 5 years = 3 weeks
After 10 years = 4 weeks (max.)

Summary of Benefits example – update

U. S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS
Establishment = Any Company Schedule Number = XXXXXXX

Ben #	Plan description			Expected to change
03	HOLIDAYS			
	8 paid holidays a year.			
	New Year's Day		**Labor Day**	
	President's Day		**Veteran's Day**	
	Memorial Day		**Thanksgiving**	
	July 4th		**Christmas**	
04	SICK LEAVE			
	5 days/year. No carry over.			
05	OTHER LEAVE			
	Auxiliary Leave			
	Funeral leave: 3 days. Immediate family.			
	Personal leave:2 days/year.			
	Jury duty: As needed. Unpaid			
07	NONPRODUCTION BONUS			
	Year end bonus			**12/01/10**
	Year-end bonus: 1 weeks pay.			
10	LIFE INSURANCE			
	All: $10,000 Life & AD&D. 50% employer paid.			**09/01/10**
	Total cost: Life = $.70/$1,000/month			
	AD&D = $.07/$1,000/month			
	Optional plan 100% employee paid.			
11	**HEALTH BENEFITS**			
	Blue Cross/Blue Shield			**09/31/10**
	Eligibility=	**3 month LOS, Full-Time**		
	2007	**HEALTH PROVISIONS**	**EMPLOYER (70%)**	**EMPLOYEE (30%)**

Total cost: Single = $212.34/month
Family = $458.16/month

12	SHORT TERM DISABILITY INSURANCE **Optional plan. 100% employee paid.**	**10/01/10**

Summary of Benefits example – update

U. S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS
Establishment = Any Company Schedule Number = XXXXXX

BEN #	**PLAN DISCRIPTION**	EXPECTED TO CHANGE
	PLEASE PROVIDE 2007 RATE	
23	LONG TERM DISABILITY PAY **Full-time:** **Benefit = 60% of salary up to $4,000/month until retirement age.** **2007 TOTAL COST = $.70/$100 of payroll** **Company pays 50%** **Employee pays 50%**	**03/01/10**
13	STATE PUBLIC EE's DEFINED BENEFIT PENSION PLAN **Pension plan: Pays 2.0%X years of service** **2007 Fiscal Year: Co. Cost = $ 189,359.00** **Co. gross payroll = $2,310,922.00** **Eligibility: Must work over 1,000 hrs/year.**	
	PLEASE PROVIDE 2004RATE.	
20	STATE UNEMPLOYMENT INSURANCE **2007 rate = 2.4%**	**09/01/10**
21	WORKER'S COMPENSATION **2007 Rates** **Office 8810 = $.27/$100.00** **Sales workers 8742 = $.89/$100.00** **Experience Modifier = 1.15** **Premium Discount = 9.0%**	**07/01/10**
22	**THERE ARE NO PROVISIONS FOR THE FOLLOWING BENEFITS:** **Defined Contribution Plan**	