

Longevity bonus
 Management incentive bonus

National Compensation Survey



U.S. Department of Labor 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.

O.M.B. #1220-0164
 Expires 4/30/15

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: #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: #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: #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 ____ hours | Weekly after ____ hours | Paid Holidays* ____ X -1 X | Weekends | Other (specify) | |
| | Premium: | Premium: | Premium: | Premium: | Premium: | |
| | Annual hours per quote | Annual hours per quote | Annual hours per quote | Annual hours per quote | Annual hours per quote | |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

*for paid holidays subtract out regular holiday pay

Remarks/Calculations:

Payment Basis:

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

Time Basis:

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

Expenditure cost: \$ _____

of employees: _____

GR or SE Payroll = \$ _____

Annual overtime hours: _____

Expenditure:

Calendar year _____

Fiscal year ending ____ / ____ / ____

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

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

Payment Basis:

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

Time Basis:

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

Expenditure cost: \$ _____

of employees: _____
 GR or SE Payroll = \$ _____

Expenditure:

Calendar year _____
 Fiscal year ending ____ / ____ / ____

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 th | . | . | Floating | . | . |
| Labor Day | . | . | Other (specify): | . | . |
| Columbus Day | . | . | Total days | . | . |
| Election Day | . | . | | | |

Remarks/Calculations:

Payment Basis:

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

Time Basis:

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

Expenditure cost: \$ _____

of employees: _____
 GR or SE Payroll = \$ _____

Expenditure:

Calendar year _____
 Fiscal year ending ____/____/____

SICK LEAVE (Benefit 04)

Sched. # _____

Quotes: _____

Date of expected change (DOEC): _____

Eligibility: _____

Plan name: _____

| Schedule | Paid Days at 100% | Unpaid Days |
|-------------------------|-------------------|-------------|
| Sick leave plan: | | |
| ___ 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 st Shift EE* | 2 nd shift | | | | 3 rd shift | | | | Other: _____ | | | | | | |
|-------|-----------|---------------------------|-----------------------|-----|----|--------|-----------------------|--------------------|----|---|--------------|--------|----------|-----|----|---------|---------|
| | | | 2 nd EE* | \$* | %* | Hrs Pd | Hrs Wk | 3 rd EE | \$ | % | Hrs Pd | Hrs Wk | Other EE | \$* | %* | Hrs Pd* | Hrs Wk* |
| 1 | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | |

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

Remarks/Calculations:

Payment Basis:

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

Time Basis:

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

Expenditure cost: \$ _____

of employees: _____
 GR or SE Payroll = \$ _____

Expenditure:

Calendar year _____
 Fiscal year ending ____/____/____

NONPRODUCTION BONUS (Benefit 07)

Sched. # _____

Quotes: _____

Date of expected change (DOEC): _____

Eligibility: _____

Plan name: _____

| ✓ | Plan Type | Provisions/Benefit Formula |
|---|---------------------------------|----------------------------|
| | Attendance | |
| | Cash profit sharing | |
| | Employee recognition program | |
| | End-of-year discretionary bonus | |
| | Hiring | |
| | In-lieu of benefit payment | |
| | Longevity bonus | |
| | Management incentive bonus | |
| | 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. 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)

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

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

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

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

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

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

HEALTH INSURANCE (Benefit 11)

Quotes: _____

Eligibility: _____

Sched. # _____

Date of expected change (DOEC): _____

Plan name: _____

Remarks/Calculations:

Payment Basis:

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

Time Basis:

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

Expenditure cost: \$ _____

of employees: _____

GR or SE Payroll = \$ _____

Expenditure:

Calendar year _____

Fiscal year ending ____/____/____

SHORT-TERM DISABILITY (Benefit 12)

Sched. # _____

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 | | | | | | | | | | | |
| Payroll Deduction IRA | | | | | | | | | | | |
| 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* |
|------------|-------------|-------------|-----------------|---------|------|
| ALL | | | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |

*AWS= Alternate Work Schedule

Defined Contribution

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

*AWS= Alternate Work Schedule

Defined Benefit

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

*AWS= Alternate Work Schedule

Social Security

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

*AWS= Alternate Work Schedule

Medicare

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

*AWS= Alternate Work Schedule

FUTA

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

*AWS= Alternate Work Schedule

State Unemployment Insurance

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

*AWS= Alternate Work Schedule

Workers' Compensation

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

*AWS= Alternate Work Schedule

Additional tables for health insurance cost and plan participation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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. | | | | | | | | |