

National Compensation Survey

Employment Cost Index

Month Year Update

Schedule # - 999999

{Index benefits summary only – Private industry}

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.

**O.M.B. #1220-0164
Expires XXXXXX**

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

Summary of Benefits (Government) example – update

U. S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS SO-1003P PAGE 1

Establishment = Any Company Schedule Number = XXXXXXXX

Mr. Xxxx Xxxxx, CEO
(TEL.) Number

Ben #	Plan description	Expected to change
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BENEFIT DESCRIPTIONS COVER THE FOLLOWING OCCUPATIONS

- XXXX Division Manager
- XXXX Head Technician
- XXXX Secretary
- XXXX Janitor

01 **WORK SCHEDULE – 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 **VACATION**
 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 = XXXXXX

Ben #	Plan description	Expected to change
03	<p><u>HOLIDAYS</u> 8 paid holidays a year. New Year’s Day Labor Day President’s Day Veteran’s Day Memorial Day Thanksgiving July 4th Christmas</p>	
04	<p><u>SICK LEAVE</u> 5 days/year. No carry over.</p>	
05	<p><u>OTHER LEAVE</u> Auxiliary Leave Funeral leave: 3 days. Immediate family.</p> <p>Personal leave: 2 days/year. Jury duty: As needed. Unpaid</p>	
07	<p><u>NONPRODUCTION BONUS</u> Year end bonus Year-end bonus: 1 weeks pay.</p>	<p>12/01/1X</p>
10	<p><u>LIFE INSURANCE</u> All: \$10,000 Life & AD&D. 50% employer paid. Total cost: Life = \$.70/\$1,000/month AD&D = \$.07/\$1,000/month Optional plan 100% employee paid.</p>	<p>09/01/1X</p>
11	<p><u>HEALTH BENEFITS</u> Blue Cross/Blue Shield Eligibilit 3 month LOS, Full-Time y= 2018 HEALTH PROVISIONS</p>	<p>10/31/1X</p> <p>EMPLOYER (70%) EMPLOYEE (30%)</p>

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

12

SHORT TERM DISABILITY INSURANCE

Optional plan. 100% employee paid.

10/01/1X

Summary of Benefits example – update

U. S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS

Establishment = Any Company Schedule Number = XXXXX

BEN #	PLAN DISCRIPTION	EXPECTED TO CHANGE
23	<p>PLEASE PROVIDE 2018 RATE <u>LONG TERM DISABILITY PAY</u> Full-time: Benefit = 60% of salary up to \$4,000/month until retirement age. 2010 TOTAL COST = \$.70/\$100 of payroll Company pays 50% Employee pays 50%</p>	11/01/1X
13	<p><u>DEFINED BENEFIT PENSION PLANS</u> Pension plan: Pays 2.0%X years of service 201X Fiscal Year: Co. Cost = \$ 189,359.00 Co. gross payroll = \$2,310,922.00 Eligibility: Must work over 1,000 hrs/year.</p>	
20	<p>PLEASE PROVIDE 2004RATE. <u>STATE UNEMPLOYMENT INSURANCE</u> 201X rate = 2.4%</p>	10/01/1X
21	<p><u>WORKER'S COMPENSATION</u> 201X Rates Office 8810 = \$.27/\$100.00 Sales workers 8742 = \$.89/\$100.00 Experience Modifier = 1.15 Premium Discount = 9.0%</p>	06/01/1X
22	<p><u>THERE ARE NO PROVISIONS FOR THE FOLLOWING BENEFITS:</u> Defined Contribution Plan</p>	