National Compensation Survey Schedule # - 999999

Employment Cost Index

Month Year Update {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. Respondent Name

Prepared by: Respondent Title

Name \_\_\_\_\_\_\_\_\_\_\_\_ Company Name

Title \_\_\_\_\_\_\_\_\_\_\_\_ Company Name 2

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address1

 Address2

Date Prepared: 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.

|  |  |  |  |
| --- | --- | --- | --- |
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| --- |
| 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. #1220-0164Expires XXXX |
| We estimate that it will take an average of 20 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 (Government) example – update

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

Establishment = Any Company Schedule Number = XXXXXXX

Mr. Xxxx Xxxxx, CEO

(TEL.) Number

|  |  |  |
| --- | --- | --- |
| Ben # | Plan description | Expected to change |
|  |  |  |
| BENEFIT DESCRIPTIONS COVER THE FOLLOWING OCCUPATIONSXXXX Division ManagerXXXX Head TechnicianXXXX SecretaryXXXX 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 | HOLIDAYS |  |
|  | 8 paid holidays a year. |  |
|  | New Year’s DayPresident’s DayMemorial DayJuly 4th | Labor DayVeteran’s DayThanksgivingChristmas |  |
|  |  |  |
| 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 | 12/01/1X |
|  | Year-end bonus: 1 weeks pay. |  |
|  |  |  |
| 10 | LIFE INSURANCE |  |
|  | All: $10,000 Life & AD&D. 50% employer paid. | 09/01/1X |
|  |  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 | 10/31/1X |
|  | Eligibility= | 3 month LOS, Full-Time  |  |
|  | 2018 | 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. | 10/01/1X |

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 |
|  | PLEASE PROVIDE 2018 RATE |  |
| 23 | LONG TERM DISABILITY PAY | 11/01/1X |
|  | Full-time: | Benefit = 60% of salary up to $4,000/month until retirement age.2010 TOTAL COST = $.70/$100 of payrollCompany pays 50%Employee pays 50% |  |
|  |  |  |
|  |  |  |
| 13 | DEFINED BENEFIT PENSION PLANS |  |
|  | 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. |  |
|  |  |  |
|  | PLEASE PROVIDE 2004RATE. |  |
| 20 | STATE UNEMPLOYMENT INSURANCE |  |
|  | 201X rate = 2.4% | 10/01/1X |
|  |  |  |
| 21 | WORKER’S COMPENSATION | 06/01/1X |
|  | 201X Rates |  |  |
|  | Office 8810 =  | $.27/$100.00 |  |
|  | Sales workers 8742 = | $.89/$100.00 |  |
|  | Experience Modifier = | 1.15 |  |
|  | Premium Discount = | 9.0% |  |
|  |  |  |  |
|  |  |  |  |
| 22 | THERE ARE NO PROVISIONS FOR THE FOLLOWING BENEFITS: |
|  | Defined Contribution Plan |  |