# IDCF/E-Update

This application accessed through the IDCF Gatekeeper application that requires an account number and password to authenticate. This allows previously entered data to be displayed to the respondent when they enter the NCS E-Update application.

## **Welcome Page:**

Government CIPSEA and OMB Statements



Thank you for your help with the National Compensation Survey's Employment Cost Index. This application allows you to:

- · Review the information most recently provided by your establishment.
- · Upload files with new earnings or benefit information.
- · Note any changes to existing benefit plans.

We appreciate your continued assistance with this important program.

If you have any questions, please contact IDCF QCT at idcf\_qct@bls.gov or 202-691-7351 .



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.

We estimate that it will take an average of 40 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.

Form Approved, O.M.B. #1220-0164, Expires

If you have questions or comments about the website, please send e-mail to: E-Update Help@bls.gov | Version: 2.1

#### CIPSEA and OMB Statement



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- Review the information most recently provided by your establishment.
  Upload files with new earnings or benefit information.
- Note any changes to existing benefit plans.

We appreciate your continued assistance with this important program.

If you have any questions, please contact Dileep Soundararajan at Soundararajan D@bls.gov or 2026917645 .

Package(s) assigned to you are shown in the table below. Please click the "Select" button by a package ID to continue

	Package ID	Package Name
Select	692	Sched#
Select	99999999	IDCF Test Schedule

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 Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act (44 U.S.C. 3572) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent. Per the Federal Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data. 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.

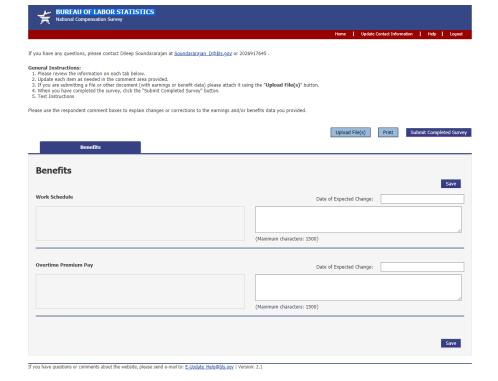
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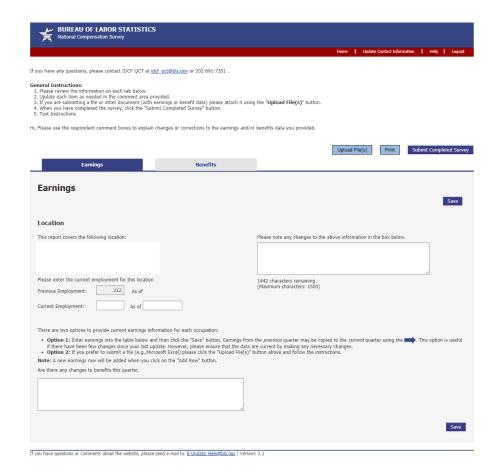
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## **Data Entry Page:**

#### **Benefits**



## **Earnings**



# Upload File(s):



## Upload File(s)

## 1. Select Files to Send to BLS

Select the file you wish to send to BLS using the "Browse" button. Repeat the process if you are sending more than one file. Select your file:

Choose File No file chosen

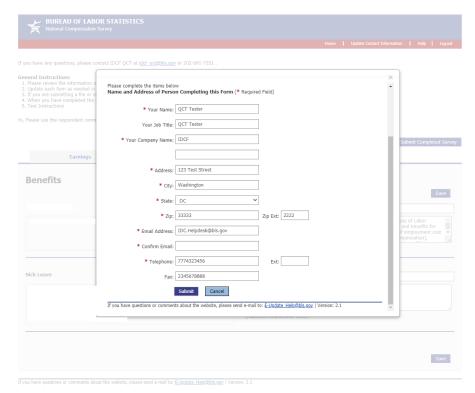
Attached Files:

### 2. Send Files

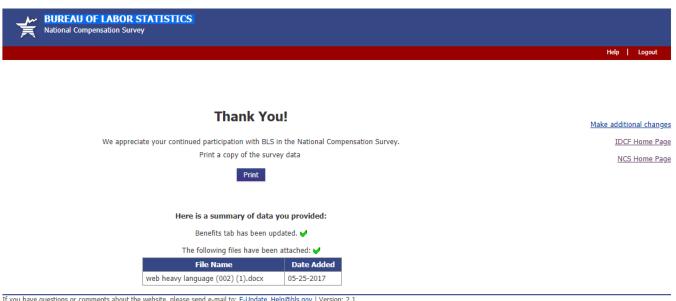
Once you have selected the file(s) you want to send to BLS, click the "Send" button to submit your data. Note: if there are any files you do not wish to send, click the "Delete" button to the left of the file name.

Send

## **Update Contact Information:**



# **Confirmation/Thank You Page:**



If you have questions or comments about the website, please send e-mail to: E-Update Help@bls.gov | Version: 2.1