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](mailto: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.

|  |  |  |
| --- | --- | --- |
| 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. | O.M.B. #1220-0164  Expires XXXXXX |
| 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 (Private Industry) example – update

## U. S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS SO-1003P 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 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 | OVERTIME  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 Day  President’s Day  Memorial Day  July 4th | | Labor Day  Veteran’s Day  Thanksgiving  Christmas | | |  |
|  |  | | | | |  |
| 04 | SICK LEAVE | | | | |  |
|  | 5 days/year. No carry over. | | | | |  |
|  |  | | | | |  |
| 05 | OTHER LEAVE | | | | |  |
|  | Auxiliary Leave | | | | |  |
|  | Funeral leave: 3 days. Immediate family. | | | | |  |
|  | Jury duty: As needed. Unpaid | | | | |  |
|  |  | | | | |  |
| 07 | NONPRODUCTION BONUS | | | | |  |
|  | Year end bonus: 1 weeks pay. | | | | | 12/01/XX |
|  |  | | | | |  |
| 10 | LIFE INSURANCE | | | | |  |
|  | All: $10,000 Life & AD&D. 50% employer paid. | | | | | 09/01/XX |
|  | 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/XX |
|  | Eligibility= | 3 month LOS, Full-Time | | | |  |
|  | 20XX | 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/XX |

Summary of Benefits example – update

U. S. DEPARTMENT OF LABOR BUREAU OF LABOR STATISTICS

Establishment = Any Company Schedule Number = XXXXX

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Ben # | Plan description | | | | | Expected to change |
|  | PLEASE PROVIDE 20XX RATE | | | | |  |
| 23 | LONG TERM DISABILITY PAY | | | | | 11/01/XX |
|  | Full-time: | Benefit = 60% of salary up to $4,000/month until retirement age.  20XX TOTAL COST = $.70/$100 of payroll  Company pays 50%  Employee pays 50% | | | |  |
|  |  | | | | |  |
|  |  | | | | |  |
| 13 | DEFINED BENEFIT PENSION PLANS | | | | |  |
|  | Pension plan: | | Pays 2.0%X years of service | | |  |
|  | 20XX Fiscal Year: | | Co. Cost = $ 189,359.00 | | |  |
|  |  | | Co. gross payroll = $2,310,922.00 | | |  |
|  | Eligibility: | | Must work over 1,000 hrs/year. | | |  |
|  |  | | | | |  |
|  | PLEASE PROVIDE 20XX RATE. | | | | |  |
| 20 | STATE UNEMPLOYMENT INSURANCE | | | | |  |
|  | 20XX rate = 2.4% | | | | | 10/01/XX |
|  |  | | | | |  |
| 21 | WORKER’S COMPENSATION | | | | | 06/01/XX |
|  | 20XX 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 | | | |  | |