



Bureau of Labor Statistics
U.S. Department of Labor

Month Year Update

OMB No. 1220-0164

Expiration Date: X/XX/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.

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. Section 3572) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent except in the case of state and local governments. The BLS publishes statistical tabulations from this report that may reveal the information reported by state and local governments. Upon request, however, the BLS will hold the information provided by state and local governments on this report in confidence. 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.

Benefits for: Company Name and Physical Address

Links to Benefit Information Used:

[Link to Respondent-Provided Benefit Information Website](#)

[Link to Respondent-Provided Benefit Information Website](#)

[Link to Respondent-Provided Benefit Information Website](#)

[Link to Respondent-Provided Benefit Information Website](#)

Please update links when updates occur.

Hello [Respondent]

Please review the data below and update benefit information for: **[Month Year]**

If you have any questions, please contact me at: [BLS Field Economist Name, Email Address, and Telephone Number]

We are collecting benefit information on the following occupations:

Selected Job	FT/PT	Wage Type	FLSA	Union Status	Hrs/Dy	Hrs/Wk	Wks/Yr

Benefits Reported:

OVERTIME PREMIUM PAY

Last Date Reported: _____ Fill in Date

Date to Review Provisions: _____ Fill in Date

(Y/N) Have there been any changes to this policy since data was previously reported?

Please use the Current Update fields below to refresh previously reported data or to provide missing data.
 Please provide estimated overtime usage for the OT eligible occupations below.
 If there is additional data to report, please indicate in the Additional Comments field.

Previously Reported Data

Premium: Reporting Example: Premium Paid per OT Event (1.5x weekly after 40 hours)

Need Data	Daily After:	Need Data	Hours
Need Data	Weekly After:	Need Data	Hours
Need Data	Weekends:		
Need Data	Holidays:		
Need Data	Other:		

Current Update

Reporting Example: (Premium Paid per OT Event)

<input type="text"/>	Daily After:	<input type="text"/>	Hours
<input type="text"/>	Weekly After:	<input type="text"/>	Hours
<input type="text"/>	Weekends:		
<input type="text"/>	Holidays:		
<input type="text"/>	Other:		

Estimated Annual Overtime Usage per Occupation (Hours)

Full-Time	Occupation Number 1	Need Data
Full-Time	Occupation Number 2	Need Data
Full-Time	Occupation Number 3	Need Data
Full-Time	Occupation Number 4	Need Data
Full-Time	Occupation Number 5	Need Data
Full-Time	Occupation Number 6	Need Data
Full-Time	Occupation Number 7	Need Data
Full-Time	Occupation Number 8	Need Data

Est. Annual Usage per Occupation for 2020

Additional Comments:

LEAVE BENEFITS: HOLIDAYS

Last Date Reported: Fill in Date

Date Expected to Change: Fill in Date

(Y/N) Have there been any changes to this policy since data was previously reported?

Please use the Current Update fields below to refresh previously reported data or to provide missing data. If there is additional data to report, please indicate in the Additional Comments field.

Previously Reported Data

Current Update

Employees Eligible for Paid Holiday Leave	Need Data	<input type="text"/>
Days Until Eligible for Holiday Leave:	Need Data	<input type="text"/>
Is the Workplace Open on Holidays?	Need Data	<input type="text"/>
Estimate percent of employees working holidays:	Need Data	<input type="text"/>
Are Employees Paid Holiday Overtime if they work?	Need Data	<input type="text"/>
If Yes, What is The Overtime Rate?	Need Data	<input type="text"/>
If no, pay Is Based On: (Base Pay, Avg Hrly Rate, Avg Hrly Rate+Shift):	Need Data	<input type="text"/>
Number of Paid Holidays:	Need Data	<input type="text"/>
New Year's Eve	Need Data	<input type="text"/>
New Year's Day	Need Data	
Martin Luther King Day	Need Data	
President's Day	Need Data	
Good Friday	Need Data	
Memorial Day	Need Data	
July 4th	Need Data	
Labor Day	Need Data	
Columbus Day	Need Data	
Election Day	Need Data	
Veteran's Day	Need Data	
Thanksgiving Day	Need Data	
Day after Thanksgiving	Need Data	
Christmas Eve	Need Data	
Christmas Day	Need Data	
Employee Birthday	Need Data	
Floating Holiday	Need Data	
Other	Need Data	

If Other, please list:

Additional Comments:

LEAVE BENEFITS: SICK LEAVE

Last Date Reported: _____ Fill in Date

Date to Review Provisions: _____ Fill in Date

(Y/N) Have there been any changes to this policy since data was previously reported?

Please use the Current Update fields below to refresh previously reported data or to provide missing data.
If there is additional data to report, please indicate in the Additional Comments field.

Previously Reported Data

Employees Eligible for Unpaid Sick Leave **Need Data**

Employees Eligible for Paid Sick Leave **Need Data**

Days Until Eligible for Paid Sick Leave: **Need Data**

Maximum Days of Paid Sick Leave Per Year: **Need Data**

Current Update

Accrual Policy:

Reporting Example: (Hrs. Earned per Required Time Worked)

Reporting Example: (Hrs. Earned per Required Time Worked)

Sick Leave Hours Earned **Need Data** per Required Work Time **Need Data** Hrs Worked

_____ Hrs Per _____ Hrs Worked

Pay Is Based On: (Base Pay, Avg Hrly Rate, Avg Hrly Rate+Shift): **Need Data**

Is this a consolidated Leave Plan? **Need Data**

If yes, what leave is included? **Need Data**

Unused Sick Leave: (Cash In or Carry Over) **Need Data**

If Carry Over, how much? **Need Data**

Estimated Annual Sick Leave Usage per Occupation (Hours)

Full-Time Occupation Number 1 **Need Data**

Full-Time Occupation Number 2 **Need Data**

Full-Time Occupation Number 3 **Need Data**

Full-Time Occupation Number 4 **Need Data**

Full-Time Occupation Number 5 **Need Data**

Full-Time Occupation Number 6 **Need Data**

Full-Time Occupation Number 7 **Need Data**

Full-Time Occupation Number 8 **Need Data**

Est. Annual Usage per Occupation for 2020

Additional Comments:

LEAVE BENEFITS: PERSONAL LEAVE

Last Date Reported: _____ Fill in Date

Date to Review Provisions: _____ Fill in Date

(Y/N) Have there been any changes to this policy since data was previously reported?

*Please use the Current Update fields below to refresh previously reported data or to provide missing data.
If there is additional data to report, please indicate in the Additional Comments field.*

Previously Reported Data

Number of Days Provided: **Need Data**

Is this part of a Consolidated Leave Plan? **Need Data**

Pay Is Based On: (Base Pay, Avg Hrly Rate, Avg Hrly Rate+Shift): **Need Data**

Current Update

Employees eligible for paid personal leave:

Full-Time Occupation Number 1 **Need Data**

Full-Time Occupation Number 2 **Need Data**

Full-Time Occupation Number 3 **Need Data**

Full-Time Occupation Number 4 **Need Data**

Full-Time Occupation Number 5 **Need Data**

Full-Time Occupation Number 6 **Need Data**

Full-Time Occupation Number 7 **Need Data**

Full-Time Occupation Number 8 **Need Data**

Additional Comments:

SHIFT DIFFERENTIALS

Last Date Reported: _____ Fill in Date

Date to Review Provisions: _____ Fill in Date

(Y/N) Have there been any changes to this policy since data was previously reported?

Please use the Current Update fields below to refresh previously reported data or to provide missing data.
If there is additional data to report, please indicate in the Additional Comments field.

Previously Reported Data

Full-Time	Occupation Number 1	Need Data
Full-Time	Occupation Number 2	Need Data
Full-Time	Occupation Number 3	Need Data
Full-Time	Occupation Number 4	Need Data
Full-Time	Occupation Number 5	Need Data
Full-Time	Occupation Number 6	Need Data
Full-Time	Occupation Number 7	Need Data
Full-Time	Occupation Number 8	Need Data

Current Update

Additional Comments:

LIFE INSURANCE

Last Date Reported: _____ Fill in Date

Date Expected to Change: _____ Fill in Date

(Y/N) Have there been any changes to this policy since data was previously reported?

Please use the Current Update fields below to refresh previously reported data or to provide missing data.
If there is additional data to report, please indicate in the Additional Comments field.

LIFE INSURANCE PLAN CARRIER:

Need Data

Does the company contribute to the premium? (Y/N):

Need Data

If the answer is no, no additional information needed for this plan.

Previously Reported Data

Current Update

Policy Date:

Need Data

Type of Insurance:

Need Data

Life Only, AD&D Only, Life & AD&D, Dependent Life:

Plan Benefit:

Need Data

Flat Amount, Multiple of Earnings, Varies:

Amount: *Reporting Example: 1x Annual Salary to Next Highest Thousand*

Need Data

What is the Benefit Maximum?

Need Data

Is the employee required to contribute?

Need Data

Is Retiree Life offered?

Need Data

Employees Eligible for Life Insurance:

Need Data

Days Until Eligible for Life Insurance:

Need Data

Employees Participating in Plan (Count or Percent for each Occupation):

Please specify whether reported participation is count or percent.

Full-Time Occupation Number 1

Need Data

Full-Time Occupation Number 2

Need Data

Full-Time Occupation Number 3

Need Data

Full-Time Occupation Number 4

Need Data

Full-Time Occupation Number 5

Need Data

Full-Time Occupation Number 6

Need Data

Full-Time Occupation Number 7

Need Data

Full-Time Occupation Number 8

Need Data

Company Cost per \$1000

Company Cost per \$1000 for 2021

Life Rate per \$1000 per month:

Need Data

Rate per \$1000 / mo:

AD&D Rate per \$1000 per month:

Need Data

Rate per \$1000 / mo:

If rates per \$1000 are not available, or they vary by age or salary, please provide a company-wide expenditure.

Company-Wide Expenditure

Time Frame (Month / Quarter / Annual):

Company-Wide Expenditure:

Company-Wide Gross Payroll:

Co-Wide Expenditure for 2020

Time Frame:

Co-Wide Expenditure:

Co-Wide Gross Payroll:

Additional Comments:

HEALTH INSURANCE

Last Date Reported: Fill in Date

Date Expected to Change: Fill in Date

(Y/N) Have there been any changes to this policy since data was previously reported?

Please use the Current Update fields below to refresh previously reported data or to provide missing data.
 If there is additional data to report, please indicate in the Additional Comments field.
 If you can provide a copy of the current benefit guide with employer and employee premiums for health/dental/vision or HSA plans, there is no need to duplicate the premium information on this page.

MEDICAL PLAN CARRIER:	Need Data	<input style="width: 100%;" type="text"/>
MEDICAL PLAN TIERS:	Need Data	<input style="width: 100%;" type="text"/>
Does the company contribute to the premium? (Y/N): <i>If the answer is no, no additional information needed for this plan.</i>	Need Data	<input style="width: 100%;" type="text"/>

Previously Reported Data

Fill in Plan Tier Name	
Policy Date:	Need Data
Insurance Coverage:	Need Data
Does this plan pay benefits after services are rendered?	Need Data
Are there any restrictions on choice of plan providers?	Need Data
Does the employer pay any portion of claims for benefits?	Need Data
Does the employer have a stop loss insurance policy?	Need Data
Which employees are eligible for this plan?	Need Data
How many days before eligible for this plan:	Need Data

Current Update

<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>

Employees Participating in Plan (Count or Percent for each Occupation):

Full-Time Occupation Number 1	Need Data
Full-Time Occupation Number 2	Need Data
Full-Time Occupation Number 3	Need Data
Full-Time Occupation Number 4	Need Data
Full-Time Occupation Number 5	Need Data
Full-Time Occupation Number 6	Need Data
Full-Time Occupation Number 7	Need Data
Full-Time Occupation Number 8	Need Data

Please specify whether reported participation is count or percent.

<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>

Previous Premiums:

Coverage Options	Employer Premiums	Employee Premiums
Single:	Need Data	Need Data
Individual + Spouse:	Need Data	Need Data
Individual + Children:	Need Data	Need Data
Family:	Need Data	Need Data

Current Update FY21-22

Employer Premiums	Employee Premiums
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Fill in Plan Tier Name

Policy Date: Need Data

Insurance Coverage: Need Data

Does this plan pay benefits after services are rendered? Need Data

Are there any restrictions on choice of plan providers? Need Data

Does the employer pay any portion of claims for benefits? Need Data

Does the employer have a stop loss insurance policy? Need Data

Which employees are eligible for this plan? Need Data

How many days before eligible for this plan: Need Data

Employees Participating in Plan (Count or Percent for each Occupation):

Full-Time Occupation Number 1 Need Data

Full-Time Occupation Number 2 Need Data

Full-Time Occupation Number 3 Need Data

Full-Time Occupation Number 4 Need Data

Full-Time Occupation Number 5 Need Data

Full-Time Occupation Number 6 Need Data

Full-Time Occupation Number 7 Need Data

Full-Time Occupation Number 8 Need Data

Please specify whether reported participation is count or percent.

Previous Premiums:

Coverage Options	Employer Premiums	Employee Premiums
Single:	Need Data	Need Data
Individual + Spouse:	Need Data	Need Data
Individual + Children:	Need Data	Need Data
Family:	Need Data	Need Data

Current Update FY21-22

Employer Premiums	Employee Premiums

If premiums are not available, please provide a company-wide expenditure.

Previous Health Insurance Expenditure

Time Frame (Month / Quarter / Annual):

Company-Wide Expenditure:

Total Number of Eligible Employees:

Health Insurance Expenditure for 2021

Time Frame:

Co-Wide Expenditure:

Tot. # Elig Employees:

HSA Company Contribution

Does the company contribute to the HSA? (Y/N):

Need Data

If the answer is yes, please answer the following expenditure questions.

Previous HSA Company Contribution Expenditure

Monthly Company Contribution Amount:

Total Company-Wide Expenditure:

Total Number of Eligible Employees:

HSA Co. Contribution Expenditure for 2021

Monthly Contribution:

Co-Wide Expenditure:

Tot. # Elig Employees:

Additional Comments:

DENTAL PLAN CARRIER:

Need Data

DENTAL PLAN TIERS:

Need Data

Does the company contribute to the premium? (Y/N):

Need Data

If the answer is no, no additional information needed for this plan.

Previously Reported Data

Policy Date:

Need Data

Does this plan pay benefits after services are rendered?

Need Data

Are there any restrictions on choice of plan providers?

Need Data

Does the employer pay any portion of claims for benefits?

Need Data

Does the employer have a stop loss insurance policy?

Need Data

Which employees are eligible for this plan?

Need Data

How many days before eligible for this plan:

Need Data

Employees Participating in Plan (Count or Percent for each Occupation):

Please specify whether reported participation is count or percent.

Full-Time Occupation Number 1

Need Data

Full-Time Occupation Number 2

Need Data

Full-Time Occupation Number 3

Need Data

Full-Time Occupation Number 4

Need Data

Full-Time Occupation Number 5

Need Data

Full-Time Occupation Number 6

Need Data

Full-Time Occupation Number 7

Need Data

Full-Time Occupation Number 8

Need Data

Previous Premiums:

Coverage

Employer

Employee

Options

Premiums

Premiums

Single:

Need Data

Need Data

Family:

Need Data

Need Data

Current Update FY21-22

Employer

Employee

Premiums

Premiums

If premiums are not available, please provide a company-wide expenditure.

Previous Dental Insurance Expenditure

Time Frame (Month / Quarter / Annual):

Expenditure:

Number of Eligible Employees:

Dental Insurance Expenditure for 2021

Time Frame:

Expenditure:

Eligible Employees:

Additional Comments:

VISION PLAN CARRIER:

Need Data

VISION PLAN TIERS:

Need Data

Does the company contribute to the premium? (Y/N):

Need Data

If the answer is no, no additional information needed for this plan.

Previously Reported Data

Policy Date:

Need Data

Does this plan pay benefits after services are rendered?

Need Data

Are there any restrictions on choice of plan providers?

Need Data

Does the employer have a stop loss insurance policy?

Need Data

Which employees are eligible for this plan?

Need Data

How many days before eligible for this plan:

Need Data

Current Update

Employees Participating in Plan (Count or Percent for each Occupation):

Please specify whether reported participation is count or percent.

Full-Time Occupation Number 1

Need Data

Full-Time Occupation Number 2

Need Data

Full-Time Occupation Number 3

Need Data

Full-Time Occupation Number 4

Need Data

Full-Time Occupation Number 5

Need Data

Full-Time Occupation Number 6

Need Data

Full-Time Occupation Number 7

Need Data

Full-Time Occupation Number 8

Need Data

Previous Premiums:

Coverage

Employer

Employee

Current Update FY21-22

Employer

Employee

Options

Premiums

Premiums

Premiums

Premiums

Single:

Need Data

Need Data

Individual + Spouse:

Need Data

Need Data

Individual + Children:

Need Data

Need Data

Family:

Need Data

Need Data

If premiums are not available, please provide a company-wide expenditure.

Previous Vision Insurance Expenditure

Time Frame (Month / Quarter / Annual):

Time Frame:

Expenditure:

Expenditure:

Number of Eligible Employees:

Eligible Employees:

Additional Comments:

Previous Estimated Annual Usage (Days Used)

Full-Time Occupation Number 1
Full-Time Occupation Number 2
Full-Time Occupation Number 3
Full-Time Occupation Number 4
Full-Time Occupation Number 5
Full-Time Occupation Number 6
Full-Time Occupation Number 7
Full-Time Occupation Number 8

Need Data
Need Data
Need Data
Need Data
Need Data
Need Data
Need Data
Need Data

Estimated Annual Usage

Additional Comments:

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LONG-TERM DISABILITY INSURANCE

Last Date Reported: Fill in Date

Date to Review Provisions: Fill in Date

(Y/N) Have there been any changes to this policy since data was previously reported?

*Please use the Current Update fields below to refresh previously reported data or to provide missing data.
If there is additional data to report, please indicate in the Additional Comments field.*

Previously Reported Data

Long-Term Disability Plan: (Paid, Unpaid, or No Plan) **Need Data**

Days Until Eligible for Long-Term Disability: **Need Data**

Insurance Carrier: **Need Data**

Policy Date: **Need Data**

Long-Term Disability Plan Formula:

Percent of Earnings: **Need Data**

Maximum monthly amount: **Need Data**

Employee Contribution to Plan: **Need Data**

Employees Participating in Plan (Count or Percent for each Occupation):

Full-Time Occupation Number 1 **Need Data**

Full-Time Occupation Number 2 **Need Data**

Full-Time Occupation Number 3 **Need Data**

Full-Time Occupation Number 4 **Need Data**

Full-Time Occupation Number 5 **Need Data**

Full-Time Occupation Number 6 **Need Data**

Full-Time Occupation Number 7 **Need Data**

Full-Time Occupation Number 8 **Need Data**

Current Update

Please specify whether reported participation is count or percent.

Company Cost per \$100

Rate per \$100 per employee: **Need Data**

Company Cost per \$100 for 2021

Rate per \$100 / EE:

Additional Comments:

RETIREMENT: DEFINED BENEFIT

Last Date Reported: _____ Fill in Date

Date Expected to Change: _____ Fill in Date

(Y/N) Have there been any changes to this policy since data was previously reported?

*Please use the Current Update fields below to refresh previously reported data or to provide missing data.
If there is additional data to report, please indicate in the Additional Comments field.*

RETIREMENT PLAN: Need Data

Previously Reported Data Need Data **Current Update FY21-22**

Plan Description Year: Need Data

Days Until Eligible to Participate in Plan: Need Data

Employee Contribution to Plan: Need Data

Are benefits frozen or are they accruing for participants? Need Data

Are new employees able to participate in this plan? Need Data

IF NO:

What year did new employees become ineligible for plan? Need Data

What other retirement benefits are available for new employees who could not participate in this plan?

A new defined benefits plan: Need Data

A modified version of the existing plan: Need Data

A new defined contributions plan: Need Data

An enhanced defined contribution plan: Need Data

Other: Need Data

Nothing replaced this plan: Need Data

Employees Participating in Plan (Count or Percent for each Occupation):

Please specify whether reported participation is count or percent.

Full-Time Occupation Number 1 Need Data

Full-Time Occupation Number 2 Need Data

Full-Time Occupation Number 3 Need Data

Full-Time Occupation Number 4 Need Data

Full-Time Occupation Number 5 Need Data

Full-Time Occupation Number 6 Need Data

Full-Time Occupation Number 7 Need Data

Full-Time Occupation Number 8 Need Data

Previous Employer Contribution to Plan:

Need Data |

If participation is not available, please provide a company-wide expenditure.

Expenditure Cost:	Expenditure Cost:
Number of Employees:	Number of Employees:
Gross Payroll:	Gross Payroll:

Additional Comments:

RETIREMENT PLAN:

Need Data

Previously Reported Data

Current Update FY21-22

Plan Description Year:

Need Data

Days Until Eligible to Participate in Plan:

Need Data

Employee Contribution to Plan:

Need Data

Are benefits frozen or are they accruing for participants?

Need Data

Are new employees able to participate in this plan?

Need Data

IF NO:

What year did new employees become ineligible for plan?

Need Data

What other retirement benefits are available for new employees who could not participate in this plan?

A new defined benefits plan:

Need Data

A modified version of the existing plan:

Need Data

A new defined contributions plan:

Need Data

An enhanced defined contribution plan:

Need Data

Other:

Need Data

Nothing replaced this plan:

Need Data

Employees Participating in Plan (Count or Percent for each Occupation):

Please specify whether reported participation is count or percent.

Full-Time Occupation Number 1

Need Data

Full-Time Occupation Number 2

Need Data

Full-Time Occupation Number 3

Need Data

Full-Time Occupation Number 4

Need Data

Full-Time Occupation Number 5

Need Data

Full-Time Occupation Number 6

Need Data

Full-Time Occupation Number 7

Need Data

Full-Time Occupation Number 8

Need Data

Previous Employer Contribution to Plan:

Need Data |

If participation is not available, please provide a company-wide expenditure.

Expenditure Cost:	Expenditure Cost:	<input type="text"/>
Number of Employees:	Number of Employees:	<input type="text"/>
Gross Payroll:	Gross Payroll:	<input type="text"/>

Additional Comments:

RETIREMENT: DEFINED CONTRIBUTION

Last Date Reported: _____ Fill in Date

Date Expected to Change: _____ Fill in Date

(Y/N) Have there been any changes to this policy since data was previously reported?

*Please use the Current Update fields below to refresh previously reported data or to provide missing data.
If there is additional data to report, please indicate in the Additional Comments field.*

Previously Reported Data

Plan Description Title: Need Data

Days Until Eligible to Participate in Plan: Need Data

Plan Type
(Def Profit Share, ESOP, MPP, Svgs & Thrift, SEP, SIMPLE) Need Data

Must employee contribute to receive employer contribution? Need Data

Are any employee contributions tax-deferred? Need Data

Employees Participating in Plan (Count or Percent for each Occupation):

Full-Time Occupation Number 1 Need Data

Full-Time Occupation Number 2 Need Data

Full-Time Occupation Number 3 Need Data

Full-Time Occupation Number 4 Need Data

Full-Time Occupation Number 5 Need Data

Full-Time Occupation Number 6 Need Data

Full-Time Occupation Number 7 Need Data

Full-Time Occupation Number 8 Need Data

Current Update

Please specify whether reported participation is count or percent.

Previous Employer Contribution to Plan: Need Data

If participation is not available, please provide a company-wide expenditure.

Expenditure Cost: _____
Number of Employees: _____
Gross Payroll: _____

Expenditure Cost:
Number of Employees:
Gross Payroll:

Additional Comments:

STATE UNEMPLOYMENT INSURANCE

Last Date Reported: _____ Fill in Date

Date Expected to Change: _____ Fill in Date

(Y/N) Have there been any changes to this policy since data was previously reported?

Please use the Current Update fields below to refresh previously reported data or to provide missing data. If there is additional data to report, please indicate in the Additional Comments field.

Previous State Unemployment Insurance Rate for 2020

Need Data

State Unemployment Insurance Rate 2021

Previous State Unemployment Insurance Expenditure

Time Frame (Month / Quarter / Annual):

Need Data

Expenditure:

Need Data

Total Employment:

Need Data

Expenditure for 2020

Time Frame: _____

Expenditure: _____

Total Employment: _____

Additional Comments:

WORKER'S COMPENSATION

Last Date Reported: Fill in Date

Date Expected to Change: Fill in Date

(Y/N) Have there been any changes to this policy since data was previously reported?

Please use the Current Update fields below to refresh previously reported data or to provide missing data.
If there is additional data to report, please indicate in the Additional Comments field.

Previously Reported Data

Plan Carrier: Need Data
Policy Date: Need Data

Worker's Comp Code	Cost per \$100
<input type="text"/> Need Data Occupation Number 1	<input type="text"/> Need Data
<input type="text"/> Need Data Occupation Number 2	<input type="text"/> Need Data
<input type="text"/> Need Data Occupation Number 3	<input type="text"/> Need Data
<input type="text"/> Need Data Occupation Number 4	<input type="text"/> Need Data
<input type="text"/> Need Data Occupation Number 5	<input type="text"/> Need Data
<input type="text"/> Need Data Occupation Number 6	<input type="text"/> Need Data
<input type="text"/> Need Data Occupation Number 7	<input type="text"/> Need Data
<input type="text"/> Need Data Occupation Number 8	<input type="text"/> Need Data
Experience Modifier in decimal (if applicable):	<input type="text"/> Need Data
Premium Discount in decimal (if applicable):	<input type="text"/> Need Data

Current Update

Current Update FY21-22

WC Code (if available)	Cost per \$100
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Experience Modifier 2021:	<input type="text"/>
Premium Discount 2021:	<input type="text"/>

If rates per \$100 per occupation are not available, please provide an expenditure below.

Worker's Compensation Expenditure

Time Frame (Month / Quarter / Annual):
Worker's Comp Expenditure:
Total Employees:
Gross Payroll:

Expenditure for 2021

Time Frame:
WC Expenditure:
Total Employees:
Gross Payroll:

Additional Comments:

Additional Comments:

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