



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 at BLS_PRA_Public@bls.gov. 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:

- [Holidays](#)
- [Health Insurance information](#)
- [Benefits Overview](#)
- [Pay Tables](#)

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 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
Salesperson	FT	Incentive	Exempt	Non-union	8	40	52
Clerical	FT	Time	Non-exempt	Non-union	8	40	52
Warehouse Supervisor	FT	Time	Exempt	Non-union	8	40	52
-	-						
-	-						
-	-						
-	-						
-	-						

Benefits 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)

Daily After: Hours

1.5 Weekly After: 40 Hours

Weekends:

Holidays:

Other:

Estimated Annual Overtime Usage per Occupation (Hours)

FT Salesperson N/A

FT Clerical 24

FT Warehouse Supervisor N/A

- -

- -

- -

- -

- -

Current Update

Reporting Example: (Premium Paid per OT Event)

Daily After: Hours

Weekly After: Hours

Weekends:

Holidays:

Other:

Est. Annual Usage per Occupation for 2020

N/A

N/A

Additional Comments:

☐

(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.

Vacation Plan for Full-Time

Previously Reported Data		Current Update	
Employees Eligible for Paid Vacation Leave:	<div>Yes</div>	<div></div>	
Days Until Eligible for Paid Vacation Leave:	<div>1 Year</div>	<div></div>	
Is this a Consolidated Leave Plan?	<div>No</div>	<div></div>	
If yes, what leave is included?		<div></div>	
Accrual Per Pay Period : Reporting Example: (Hrs. Earned per Required Time Employed)		Reporting Example: (Hrs. Earned per Required Time Employed)	
Vacation Hours Earned	Required Time Employed		
<div>40</div>	<div>1 year</div>	<div></div> Hours	<div></div> Year(s)
<div>80</div>	<div>2 years</div>	<div></div> Hours	<div></div> Year(s)
<div>120</div>	<div>5 years</div>	<div></div> Hours	<div></div> Year(s)
Pay Is Based On: (Base Pay, Avg Hrly Rate, Avg Hrly Rate+Shift):	<div>Base Pay</div>	<div></div>	

Additional Comments:

LEAVE BENEFITS: HOLIDAYSLast Date Reported: March 1, 2023

Date Expected to Change: _____

☐ (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 Paid Holiday Leave	Some
Days Until Eligible for Holiday Leave:	Immediate
Is the Workplace Open on Holidays?	Some
Estimate percent of employees working holidays:	Need Data
Are Employees Paid Holiday Overtime if they work?	Yes
If Yes, What is The Overtime Rate?	1.5
If no, pay Is Based On: (Base Pay, Avg Hrly Rate, Avg Hrly Rate+Shift):	
Number of Paid Holidays:	
New Year's Eve	
New Year's Day	
Martin Luther King Day	
President's Day	
Good Friday	
Memorial Day	Open*
Juneteenth	
July 4th	Open*
Labor Day	Open*
Columbus Day	
Election Day	
Veteran's Day	
Thanksgiving Day	Closed
Day after Thanksgiving	
Christmas Eve	
Christmas Day	Closed
Employee Birthday	
Floating Holiday	
Easter	Closed

Current Update

If Other, please list:

Additional Comments:

Store is closed for these paid holidays: Easter, Thanksgiving, and Christmas Day. *Clerical and Warehouse receive 1.5 x pay if they work on: Memorial Day, Labor day, 4th of July. Salespeople do not receive paid holiday off or premium pay for worked holidays.

☐

(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 Unpaid Sick Leave	Salespeople	<input type="text"/>	
Employees Eligible for Paid Sick Leave	All others	<input type="text"/>	
Days Until Eligible for Paid Sick Leave:	Immeditate	<input type="text"/>	
Maximum Days of Paid Sick Leave Per Year:	3	<input type="text"/>	
Accrual Policy:		Reporting Example: (Hrs. Earned per Required Time Worked)	
Sick Leave Hours Earned	Required Work Time		
24 per	2080 Hrs Worked	<input type="text"/> Hrs Per	<input type="text"/> Hrs Worked
Pay Is Based On: (Base Pay, Avg Hrly Rate, Avg Hrly Rate+Shift):	Base	<input type="text"/>	
Is this a Consolidated Leave Plan?	No	<input type="text"/>	
If yes, what leave is included?	N/A	<input type="text"/>	
Unused Sick Leave: (Cash In or Carry Over)	No	<input type="text"/>	
If Carry Over, how much?		<input type="text"/>	
Estimated Annual Sick Leave Usage per Occupation (Hours)			
FT	Salesperson	N/A	<input type="text"/>
FT	Clerical	3	<input type="text"/>
FT	Warehouse Supervisor	3	<input type="text"/>
-	-		<input type="text"/>
-	-		<input type="text"/>
-	-		<input type="text"/>
-	-		<input type="text"/>
-	-		<input type="text"/>

Additional Comments:

Estimated all Clerical and Warehouse Supervisors use all 3 days.

(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	
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		
Employees eligible for paid personal leave:				
FT	Salesperson	Need Data		
FT	Clerical	Need Data		
FT	Warehouse Supervisor	Need Data		
-	-			
-	-			
-	-			
-	-			
-	-			
-	-			

Additional Comments:

Can employees use vacation for personal days?

NON-PRODUCTION BONUS

Last Date Reported: March 1, 2023

Date Expected to Change: March 2024

☐ (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
Type of Bonus (i.e. Christmas, Hiring, Retention)	Christmas		
Employees Eligible for Bonus:	Yes		
Days Until Eligible for Bonus:	Immediate		
Benefit Payout Date:	1-Dec		
Provisions:			
Flat Amount, Multiple of Earnings, Number of Days, Varies:			Flat Amount
Annual Non-Production Bonus per Occupation			Annual NP Bonus per Occupation for 2023
FT	Salesperson	\$250	
FT	Clerical	\$250	
FT	Warehouse Supervisor	\$250	
-	-		
-	-		
-	-		
-	-		
-	-		

If annual occupational bonus amounts are not available, please provide a company-wide expenditure.

Non-Production Bonus Company-Wide Expenditure	NPB Expenditure for 2023
Time Frame (Month / Quarter / Annual):	Time Frame:
Company-Wide Expenditure:	Co-Wide Expenditure:
Company-Wide Employment:	Co-Wide Employment:
Company-Wide Gross Payroll:	Co-Wide Gross Payroll:

Additional Comments:

LIFE INSURANCE

Last Date Reported: March 1, 2023

Date Expected to Change: March 2024

(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): If the answer is no, no additional information needed for this plan.	Yes	

Previously Reported Data		Current Update
Policy Date:	Need Data	
Type of Insurance: <i>Life Only, AD&D Only, Life & AD&D, Dependent Life:</i>	Life only	
Plan Benefit: <i>Flat Amount, Multiple of Earnings, Varies:</i>	Flat Amount	
Amount: <i>Reporting Example:1x Annual Salary to Next Highest Thousand</i>	\$30,000	
What is the Benefit Maximum?	\$30,000	
Is the employee required to contribute?	No	
Is Retiree Life offered?	Need Data	
Employees Eligible for Life Insurance:	Yes	
Days Until Eligible for Life Insurance:	60 days	
Employees Participating in Plan (Count or Percent for each Occupation):		<i>Please specify whether reported participation is count or percent.</i>
FT Salesperson	100%	
FT Clerical	100%	
FT Warehouse Supervisor	100%	
-		
-		
-		
-		
-		

Company Cost per \$1000		Company Cost per \$1000 for 2024
Life Rate per \$1000 per month:	\$5.40	Rate per \$1000 / mo:
AD&D Rate per \$1000 per month:	N/A	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: March 1, 2023

Date Expected to Change: March 2024

(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:	BC/BS	
MEDICAL PLAN TIERS:	1	
Does the company contribute to the premium? (Y/N):	Y	

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

Previously Reported Data		Current Update
Fill in Plan Tier Name		
Policy Date:	1/1/2023	
Insurance Coverage:	Medical/Prescription	
Does this plan pay benefits after services are rendered?	Yes	
Are there any restrictions on choice of plan providers?	No	
Does the employer pay any portion of claims for benefits?	No	
Does the employer have a stop loss insurance policy?	No	
Which employees are eligible for this plan?	All FT	
How many days before eligible for this plan:	60	

Employees Participating in Plan (Count or Percent for each Occupation):			Please specify whether reported participation is count or percent.
FT	Salesperson	100%	
FT	Clerical	50%	
FT	Warehouse Supervisor	75%	
-	-		
-	-		
-	-		
-	-		
-	-		

Previous Premiums:			Current Update FY24	
Coverage Options	Employer Premiums (monthly)	Employee Premiums (monthly)	Employer Premiums (monthly)	Employee Premiums (monthly)
Single:	\$397.79	\$24.50		
Individual + Spouse:	\$397.79	\$184.27		
Individual + Children:	\$397.79	\$292.40		
Family:	\$397.79	\$305.76		

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 2023

Time Frame:

Co-Wide Expenditure:

Tot. # Elig Employees:

Additional Comments:

LONG-TERM DISABILITY INSURANCE

Last Date Reported:

March 1, 2023

Date to Review Provisions:

March 2024

(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
Long-Term Disability Plan: (Paid, Unpaid, or No Plan)	Paid		
Days Until Eligible for Long-Term Disability:	365		
Insurance Carrier:	Need Data		
Policy Date:	1/1/2023		
Long-Term Disability Plan Formula:			
Percent of Earnings:	66%		
Maximum monthly amount:	\$5,000		
Employee Contribution to Plan:	No		
Employees Participating in Plan (Count or Percent for each Occupation):			Please specify whether reported participation is count or percent.
FT	Salesperson	100	
FT	Clerical	100	
FT	Warehouse Supervisor	100	
-	-		
-	-		
-	-		
-	-		
-	-		
Company Cost per \$100			Company Cost per \$100 for 2021
Rate per \$100 per employee:	\$0.47		Rate per \$100 / EE:

Additional Comments:

☐

 (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
Plan Description Title:	401(k)		
Days Until Eligible to Participate in Plan:	365		
Plan Type			
(Def Profit Share, ESOP, MPP, Svgs & Thrift, SEP, SIMPLE)	401(k)		
Must employee contribute to receive employer contribution?	Yes		
Are any employee contributions tax-deferred?	Yes		
Employees Participating in Plan (Count or Percent for each Occupation):			Please specify whether reported participation is count or percent.
FT	Salesperson	Need Data	
FT	Clerical	Need Data	
FT	Warehouse Supervisor	Need Data	
-	-		
-	-		
-	-		
-	-		
-	-		

Previous Employer Contribution to Plan:	Need Data	
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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:

WORKER'S COMPENSATION

Last Date Reported: _____

Date Expected to Change: March 2024

☐ (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	
Plan Carrier:	Need Data	<input type="text"/>	
Policy Date:	Need Data	<input type="text"/>	
		Current Update FY24	
Worker's Comp Code	Cost per \$100	WC Code (if available)	Cost per \$100
Need Data Salesperson	Need Data	<input type="text"/>	<input type="text"/>
Need Data Clerical	Need Data	<input type="text"/>	<input type="text"/>
Need Data Warehouse Supervisor	Need Data	<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 in decimal (if applicable):	Need Data	Experience Modifier 2024:	<input type="text"/>
Premium Discount in decimal (if applicable):	Need Data	Premium Discount 2024:	<input type="text"/>

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

Worker's Compensation Expenditure	Expenditure for 2023
Time Frame (Month / Quarter / Annual):	Time Frame: <input type="text"/>
Worker's Comp Expenditure:	WC Expenditure: <input type="text"/>
Total Employees:	Total Employees: <input type="text"/>
Gross Payroll:	Gross Payroll: <input type="text"/>

Additional Comments:

OTHER BENEFITS

Last Date Reported: March 1, 2023

Date Expected to Change: March 2024

☐ (Y/N) Have there been any changes to the benefits offered below 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 (Please insert "y" for any benefits offered.)	All	Salesperson	Clerical	Warehouse Supervisor	"	"	"	"	"
Paid Personal Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid Funeral Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid Military Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid Jury Duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paid Family Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid Family Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Work Schedule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Subsidized Commuting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wellness Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Assistance Program	Y	--	--	--	--	--	--	--	--
Health Savings Account (HSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Flexible Spending Account	Y	--	--	--	--	--	--	--	--
Dependent Care Flex Spending Account	Y	--	--	--	--	--	--	--	--
Cash/Defer'd Arrangement; no ER Contribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payroll Deduction IRA; no ER Contribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Loan Repayment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term Care Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retiree Health - Under age 65	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retiree Health - Age 65 and Over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Partner Health Same Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Partner Health Opposite Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Partner DB Survivor Same Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Partner DB Survivor Opposite Sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: