|  |  |  |
| --- | --- | --- |
| U.S. Department of Labor**Bureau of Labor Statistics** | National Compensation Survey | dol_seal_bw |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | |  |
| 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. 1220-0164  Expires XXXX |
| We estimate that it will take an average of 180 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](mailto: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. | | | |

**BENEFITS COLLECTION FORM FOR GOVERNMENTS**

Establishment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Schedule #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Field Economist: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date Collected: \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Status** | **Est.** | **Quotes** | | | | | | | | |
| **All** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| Usable |  |  |  |  |  |  |  |  |  |  |
| On strike |  |  |  |  |  |  |  |  |  |  |
| Temporary non-response |  |  |  |  |  |  |  |  |  |  |
| Refusal (Explain) |  |  |  |  |  |  |  |  |  |  |
| No matching jobs |  |  |  |  |  |  |  |  |  |  |

**Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Benefit** | **Estab.** | | **Quotes (Indicate NP or RE)** | | | | | | | |
| **NP\*** | **RE\*** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| Overtime (Premium pay) |  |  |  |  |  |  |  |  |  |  |
| Vacations |  |  |  |  |  |  |  |  |  |  |
| Holidays |  |  |  |  |  |  |  |  |  |  |
| Sick leave |  |  |  |  |  |  |  |  |  |  |
| Personal leave |  |  |  |  |  |  |  |  |  |  |
| Shift differentials |  |  |  |  |  |  |  |  |  |  |
| Non-production bonus |  |  |  |  |  |  |  |  |  |  |
| Life insurance |  |  |  |  |  |  |  |  |  |  |
| Health insurance |  |  |  |  |  |  |  |  |  |  |
| Short-term disability |  |  |  |  |  |  |  |  |  |  |
| Long-term disability |  |  |  |  |  |  |  |  |  |  |
| Defined benefit |  |  |  |  |  |  |  |  |  |  |
| Defined contribution |  |  |  |  |  |  |  |  |  |  |
| Social Security |  |  |  |  |  |  |  |  |  |  |
| Medicare |  |  |  |  |  |  |  |  |  |  |
| Federal Unemployment Tax Act |  |  |  |  |  |  |  |  |  |  |
| State unemployment |  |  |  |  |  |  |  |  |  |  |
| Workers compensation |  |  |  |  |  |  |  |  |  |  |

**\*NP=** no plan offered, \***RE=** unknown whether a plan exists

**NCS Form 24-5P (2024)**

Benefit Collection Address/Officials Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Fill out this page if different Address/Official contacted from the Wage Address/Officials listed on the “General Establishment Information” section in IDC.)

**Benefit Collection Address # 1.**

Physical Address  Personal Visit Address  Mailing Address

|  |  |  |
| --- | --- | --- |
| Company Name: | | |
| Secondary Name (Doing Business As): | | |
| Address: | | |
| City/State/ZIP: | | |
| Authorizing Supplying 🡪 | | Name: |
| Telephone |  | Title: |
| Fax |  |  |
| Email Address |  | Benefits to be collected here are:  #’s\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_ |

**Benefit Collection Address # 2.**

Physical Address  Personal Visit Address  Mailing Address

|  |  |  |
| --- | --- | --- |
| Company Name: | | |
| Secondary Name (Doing Business As): | | |
| Address: | | |
| City/State/ZIP: | | |
| Authorizing Supplying 🡪 | | Name: |
| Telephone |  | Title: |
| Fax |  |  |
| Email Address |  | Benefits to be collected here are:  #’s\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_ |

**Benefit Collection Address # 3.**

Physical Address  Personal Visit Address  Mailing Address

|  |  |  |
| --- | --- | --- |
| Company Name: | | |
| Secondary Name (Doing Business As): | | |
| Address: | | |
| City/State/ZIP: | | |
| Authorizing Supplying🡪 | | Name: |
| Telephone |  | Title: |
| Fax |  |  |
| Email Address |  | Benefits to be collected here are:  #’s\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_,\_\_\_ |

**ESTABLISHMENT** Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company Provisions**

**HEALTH**

Does the establishment offer health insurance benefits to any employees?

Yes

No

Not determinable

**DEFINED BENEFITS**

If no plan is available for matched employees, are defined benefit plans offered to any employees?

Yes

No

Not determinable

**DEFINED CONTRIBUTION**

If no plan is available for matched employees, are defined contribution plans offered to any employees?

Yes

No

Not determinable

**OVERTIME (PREMIUM PAY, Benefit 01)** Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of expected change (DOEC): \_\_\_\_\_\_\_\_\_\_

Eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quote:** | **Type, Premium, and Annual Hours** | | | | | **Average Occupational**  **Employment** |
| **Daily after**  **\_\_\_ hours** | **Weekly after**  **\_\_\_\_ hours** | **Paid Holidays\***  **\_\_\_\_\_X –1 X** | Weekends | **Other (specify)** |
| **Premium: \_\_\_\_\_\_\_\_\_** | **Premium: \_\_\_\_\_\_\_\_\_** | **Premium: \_\_\_\_\_\_\_\_\_** | **Premium: \_\_\_\_\_\_\_\_\_** | **Premium: \_\_\_\_\_\_\_\_\_** |
| **Annual hours per quote** | **Annual hours per quote** | **Annual hours**  **per quote** | **Annual hours per quote** | **Annual hours per quote** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |

\*for paid holidays subtract out regular holiday pay

**Remarks/Calculations:**

Payment Basis: Time Basis:

Base pay (BP)  Regular work schedule

AVERAGE HOURLY RATE (AHR)  Alternate work schedule

AHR + Shift (SD)  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

AHR + Bonus (BN)

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

###### **Expenditure cost:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expenditure:**

# of employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Calendar year \_\_\_\_\_\_\_\_\_\_\_\_\_

GR or  SE Payroll = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fiscal year ending \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

###### Annual overtime hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VACATION** (**Benefit 02)** Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Plan # 1 name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **LOS** | Vacation Plan |
| Eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Quotes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Vacation schedule: |  |  |
| Percent of earnings |  |  |
| Union fund |  |  |
| Time |  |  |
| **Is this part of a consolidated leave plan?** |  |  |
| Yes  No  ND (NOT DETERMINABLE) |  |  |
| **If yes, check all that apply:** |  |  |
| Vacation  Personal  ND (NOT DETERMINABLE) |  |  |
| Military  Sick |  |  |
| Holidays  Family |  |  |
| Jury Duty  Funeral |  |  |

|  |  |  |
| --- | --- | --- |
| Plan # 2 name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **LOS** | Vacation Plan |
| Eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Quotes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Vacation schedule: |  |  |
| Percent of earnings |  |  |
| Union fund |  |  |
| Time |  |  |
| **Is this part of a consolidated leave plan?** |  |  |
| Yes  No  ND (NOT DETERMINABLE) |  |  |
| **If yes, check all that apply:** |  |  |
| Vacation  Personal  ND (NOT DETERMINABLE) |  |  |
| Military  Sick |  |  |
| Holidays  Family |  |  |
| Jury Duty  Funeral |  |  |

Payment Basis: Time Basis:

Base pay (BP)  Regular work schedule

AVERAGE HOURLY RATE (AHR)  Alternate work schedule

AHR + Shift (SD)  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

AHR + Bonus (BN)

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

###### **Expenditure cost:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expenditure:**

# of employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Calendar year \_\_\_\_\_\_\_\_\_\_\_\_\_

GR or  SE Payroll = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fiscal year ending \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

**VACATION (SUPPLEMENTARY SHEET)** Sched. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Date of expected change (DOEC): \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Schedule** | **Quotes** | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| L.O.S.  D.O.H. |  |  |  |  |  |  |  |  |
| Less 1 month |  |  |  |  |  |  |  |  |
| 1 month |  |  |  |  |  |  |  |  |
| 2 months |  |  |  |  |  |  |  |  |
| 3 months |  |  |  |  |  |  |  |  |
| 4 months |  |  |  |  |  |  |  |  |
| 5 months |  |  |  |  |  |  |  |  |
| 6 months |  |  |  |  |  |  |  |  |
| 7 months |  |  |  |  |  |  |  |  |
| 8 months |  |  |  |  |  |  |  |  |
| 9 months |  |  |  |  |  |  |  |  |
| 10 months |  |  |  |  |  |  |  |  |
| 11 months |  |  |  |  |  |  |  |  |
| 1 year |  |  |  |  |  |  |  |  |
| 2 years |  |  |  |  |  |  |  |  |
| 3 years |  |  |  |  |  |  |  |  |
| 4 years |  |  |  |  |  |  |  |  |
| 5 years |  |  |  |  |  |  |  |  |
| 6 years |  |  |  |  |  |  |  |  |
| 7 years |  |  |  |  |  |  |  |  |
| 8 years |  |  |  |  |  |  |  |  |
| 9 years |  |  |  |  |  |  |  |  |
| 10 years |  |  |  |  |  |  |  |  |
| 11 years |  |  |  |  |  |  |  |  |
| 12 years |  |  |  |  |  |  |  |  |
| 13 years |  |  |  |  |  |  |  |  |
| 14 years |  |  |  |  |  |  |  |  |
| 15 years |  |  |  |  |  |  |  |  |
| 16 years |  |  |  |  |  |  |  |  |
| 17 years |  |  |  |  |  |  |  |  |
| 18 years |  |  |  |  |  |  |  |  |
| 19 years |  |  |  |  |  |  |  |  |
| 20 years |  |  |  |  |  |  |  |  |
| 21 years |  |  |  |  |  |  |  |  |
| 22 years |  |  |  |  |  |  |  |  |
| 23 years |  |  |  |  |  |  |  |  |
| 24 years |  |  |  |  |  |  |  |  |
| 25 years |  |  |  |  |  |  |  |  |
| 26 years |  |  |  |  |  |  |  |  |
| 27 years |  |  |  |  |  |  |  |  |
| 28 years |  |  |  |  |  |  |  |  |
| 29 years |  |  |  |  |  |  |  |  |
| 30 years |  |  |  |  |  |  |  |  |
| 30+ years |  |  |  |  |  |  |  |  |
| Occupational  Employment |  |  |  |  |  |  |  |  |

**HOLIDAYS (Benefit 03)** Sched. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of expected change (DOEC):\_\_\_\_\_\_\_\_\_\_\_

Eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Holidays** | **Number of days** | | **Holidays** | **Number of days** | |
| **Paid** | **Unpaid** | **Paid** | **Unpaid** |
| New Year’s Eve | **.** | **.** | Election Day | **.** | **.** |
| New Year’s Day | **.** | **.** | Veteran’s Day | **.** | **.** |
| Martin Luther King’s Birthday | **.** | **.** | Thanksgiving Day | **.** | **.** |
| President’s Day | **.** | **.** | Day after Thanksgiving | **.** | **.** |
| Good Friday | **.** | **.** | Christmas Eve | **.** | **.** |
| Memorial Day | **.** | **.** | Christmas Day | **.** | **.** |
| Juneteenth |  |  | Employee’s Birthday |  |  |
| July 4th | **.** | **.** | Floating | **.** | **.** |
| Labor Day | . | . | Other (specify): | . | . |
| Columbus Day | **.** | **.** | Total days | **.** | **.** |
|  | **.** | **.** |

**Remarks/Calculations:**

Payment Basis: Time Basis:

Base pay (BP)  Regular work schedule

AVERAGE HOURLY RATE (AHR)  Alternate work schedule

AHR + Shift (SD)  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

AHR + Bonus (BN)

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

###### **Expenditure cost:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expenditure:**

# of employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Calendar year \_\_\_\_\_\_\_\_\_\_\_\_\_

GR or  SE Payroll = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fiscal year ending \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

**SICK LEAVE (Benefit 04)** Sched. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of expected change (DOEC): \_\_\_\_\_\_\_\_\_\_

Eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sick leave plan:

\_\_\_Days paid as needed

\_\_ Max. days per year

\_\_ Other or Part of PTO/

Consolidated Leave Plan

\_\_ Not determinable

|  |  |  |
| --- | --- | --- |
| **Schedule** | **Paid Days at 100%** | **Unpaid Days** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Unlimited days:  Yes  No

**Leave Usage (days) Worksheet:**

Carry over:  All  Limited For Maximum Number of Days\_\_\_\_\_\_ or Hours \_\_\_\_\_\_

Paid

Unpaid

Other

**Remarks/Calculations:**

Payment Basis: Time Basis:

Base pay (BP)  Regular work schedule

AVERAGE HOURLY RATE (AHR)  Alternate work schedule

AHR + Shift (SD)  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

AHR + Bonus (BN)

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

###### **Expenditure cost:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expenditure:**

# of employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Calendar year \_\_\_\_\_\_\_\_\_\_\_\_\_

GR or  SE Payroll = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fiscal year ending \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

**PERSONAL LEAVE (Benefit 05)** Sched. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of expected change (DOEC): \_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Leave Plan** | **Quotes Covered** | **Eligibility** | **Paid Days** | **Payment Rate** | **Unpaid Days** |
| **Personal Leave** |  |  |  |  |  |
| Other (specify) Paid Leave |  |  |  |  |  |
| **Leave Without Pay** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quote** | Personal | | Other | | Occ. Employ. |
| Paid | Unpaid | Paid | Unpaid |  |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |

**Remarks/Calculations:**

Payment Basis: Time Basis:

Base pay (BP)  Regular work schedule

AVERAGE HOURLY RATE (AHR)  Alternate work schedule

AHR + Shift (SD)  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

AHR + Bonus (BN)

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

###### **Expenditure cost:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expenditure:**

# of employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Calendar year \_\_\_\_\_\_\_\_\_\_\_\_\_

GR or  SE Payroll = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fiscal year ending \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

**SHIFT DIFFERENTIAL (Benefit 06)** Sched. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of expected change (DOEC): \_\_\_\_\_\_\_\_\_\_

Eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Quote** | **Total EE\*** | **1st Shift EE\*** | **2nd shift** | | | | | **3rd shift** | | | | | **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **2nd**  **EE\*** | **$\*** | **%\*** | **Hrs Pd** | **Hrs**  **Wk** | **3rd**  **EE** | **$** | **%** | **Hrs Pd** | **Hrs Wk** | **Other**  **EE** | **$\*** | **%\*** | **Hrs Pd\*** | **Hrs Wk\*** |
| **1** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\*Total EE= total employment of quote; \*1st Shift EE= first shift employment; \*$= cents or dollars per hour of differential; \*%= percent extra paid for shift differential over straight time rate; \*Hrs Pd= hours paid per shift; \*Hrs Wk= hours worked per shift

**Remarks/Calculations:**

Payment Basis: Time Basis:

Base pay (BP)  Regular work schedule

AVERAGE HOURLY RATE (AHR)  Alternate work schedule

AHR + Shift (SD)  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

AHR + Bonus (BN)

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

###### **Expenditure cost:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expenditure:**

# of employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Calendar year \_\_\_\_\_\_\_\_\_\_\_\_\_

GR or  SE Payroll = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fiscal year ending \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

**NONPRODUCTION BONUS (Benefit 07)** Sched. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of expected change (DOEC): \_\_\_\_\_\_\_\_\_\_

Eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **** | **Plan Type** | **Provisions/Benefit Formula** |
|  | Attendance |  |
|  | Cash profit sharing |  |
|  | Employee recognition program |  |
|  | End-of-year discretionary bonus |  |
|  | Hiring |  |
|  | In-lieu of benefit payment |  |
|  | Longevity bonus |  |
|  | Management incentive bonus |  |
|  | Safety |  |
|  | Signing |  |
|  | Suggestion |  |
|  | Union-related |  |
|  | Retention bonus |  |
|  | Referral bonus |  |
|  | Other (specify) |  |
|  | Not determinable |  |

**Usage/Cost:**

Payment Basis: Time Basis:

Base pay (BP)  Regular work schedule

AVERAGE HOURLY RATE (AHR)  Alternate work schedule

AHR + Shift (SD)  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

AHR + Bonus (BN)

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

###### **Expenditure cost:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expenditure:**

# of employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Calendar year \_\_\_\_\_\_\_\_\_\_\_\_\_

GR or  SE Payroll = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fiscal year ending \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

**LIFE INSURANCE (Benefit 10)** Sched. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of expected change (DOEC): \_\_\_\_\_\_\_\_\_\_

Eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Plan No.** | **Name** | **Type** |
| **01** |  |  |
| **02** |  |  |
| **03** |  |  |

**Remarks/Calculations:**

Payment Basis: Time Basis:

Base pay (BP)  Regular work schedule

AVERAGE HOURLY RATE (AHR)  Alternate work schedule

AHR + Shift (SD)  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

AHR + Bonus (BN)

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

###### **Expenditure cost:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expenditure:**

# of employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Calendar year \_\_\_\_\_\_\_\_\_\_\_\_\_

GR or  SE Payroll = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fiscal year ending \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

**LIFE INSURANCE (Benefit 10)** Sched. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type:**

|  |  |
| --- | --- |
| **Plan no.** | **Eligibility** |
| **01** |  |
| **02** |  |
| **03** |  |

**Formula:** (Choose one formula and answer columns accordingly.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Plan no.** | **Multiple of earnings** | | **Max. benefit amount.**  **Enter $, No, or ND\*** | **Flat Amount** | | **Other** | **ND\*** |
| **Varies** | **Fixed (Enter multiple)** | **Varies** | **Fixed**  **(Enter $)** |
| **01** |  |  |  |  |  |  |  |
| **02** |  |  |  |  |  |  |  |
| **03** |  |  |  |  |  |  |  |

**\*ND= Not determinable**

**Financing:** (Choose one financing type and answer columns accordingly.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Plan no.** | **Commercially Insured** | | **Self-insured ()** | **Union Health/Welfare** |
| **Enter: Carrier** | **Enter: Plan Year** | **Date of expected change (DOEC)** |
| **01** |  |  |  |  |
| **02** |  |  |  |  |
| **03** |  |  |  |  |

**Premiums:** (Enter $ amount, No cost, Not determinable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Plan no.** | Company (ER) Cost | **Employee (EE) Cost** | **Total Cost** | **Earnings Ceiling** |
| **01** |  |  |  |  |
| **02** |  |  |  |  |
| **03** |  |  |  |  |

**Participation** (Needed if collection by Rate and Usage)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Plan no.** | **Quotes** | | | | | | | | | | | | | | | |
| **1R** | **1P** | **2R** | **2P** | **3R** | **3P** | **4R** | **4P** | **5R** | **5P** | **6R** | **6P** | **7R** | **7P** | **8R** | **8P** |
| **01** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **02** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **03** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

R= Participation (# employees in quote taking plan); P= potential participants (total # employees in quote)

**HEALTH INSURANCE (Benefit 11)** Sched. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Plan No.** | **Plan Name/**  **Carrier** | **Elig** | **Type of**  **Coverage** | | | | **Plan Type**  **PPO, FFS, HMO, POS, ND** | **Self-Insured** | **3rd Party Administrator**  **/ Stop Loss Insurance** |
| **M** | **D** | **V** | **P** |
| **01** |  |  |  |  |  |  |  |  | / |
| **02** |  |  |  |  |  |  |  |  | / |
| **03** |  |  |  |  |  |  |  |  | / |
| **04** |  |  |  |  |  |  |  |  | / |
| **05** |  |  |  |  |  |  |  |  | / |
| **06** |  |  |  |  |  |  |  |  | / |
| **07** |  |  |  |  |  |  |  |  | / |
| **08** |  |  |  |  |  |  |  |  | / |
| **09** |  |  |  |  |  |  |  |  | / |
| **10** |  |  |  |  |  |  |  |  | / |

2. What is the type of health insurance? M= Medical; D= Dental; V= Vision; P= Prescription drugs

3. What is the plan type? PPO (includes HDHP, CHDP, EPO, POS Indemnity Plans), FFS, HMO, POS (Open-Access or Open-Ended HMO)

4. Does the employer self-insure this plan?

4A. Does the employer use a third-party administrator?

4B. Does the employer have an insurance policy for when claims exceed a certain amount (stop loss)?

**Basic Information:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Plan No.** | **EIN (Employer Identification #)** | **PN (Plan #)** | **SBC\*(Y/N)** | **SBC\* Date** | **Master Schedule** |
| **01** |  |  |  |  |  |
| **02** |  |  |  |  |  |
| **03** |  |  |  |  |  |
| **04** |  |  |  |  |  |
| **05** |  |  |  |  |  |
| **06** |  |  |  |  |  |
| **07** |  |  |  |  |  |
| **08** |  |  |  |  |  |
| **09** |  |  |  |  |  |
| **10** |  |  |  |  |  |

\* Plan Documents are required at initiation for all health plans. Examples are Summary Plan Description (SPD) or Summary of Benefits and Coverage (SBC)

**HEALTH INSURANCE (Benefit 11)** Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financing:** (Choose one financing type and answer columns accordingly.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Plan no.** | **Commercially Insured** | | **Self-insured** | **Use of third-party administrators**  **(Y/N)** | **Union Health/Welfare (Enter date)** | **Use of insurance for claims that exceed certain limits**  **(stop-loss)** |
| **Carrier** | **Plan Year** | **Expected change** |
| **01** |  |  |  |  |  |  |
| **02** |  |  |  |  |  |  |
| **03** |  |  |  |  |  |  |
| **04** |  |  |  |  |  |  |
| **05** |  |  |  |  |  |  |
| **06** |  |  |  |  |  |  |
| **07** |  |  |  |  |  |  |
| **08** |  |  |  |  |  |  |
| **09** |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |

**Cost:** Plan No. \_\_\_\_\_ (Enter $ amount, No cost, Not determinable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Premiums | **Company (ER) Cost** | Employee (EE) Cost | **Conversion Code** | **Total Cost** |
| **Single** |  |  |  |  |
| **Family** |  |  |  |  |
| **EMP. + Spouse** |  |  |  |  |
| **EMP. + Child** |  |  |  |  |
| **EMP. + 1** |  |  |  |  |
| **EMP. + 2** |  |  |  |  |
| **EMP. + 3** |  |  |  |  |
| **EMP. + 4** |  |  |  |  |
| **OTHER:\_\_\_\_\_\_\_** |  |  |  |  |

**Participation:** Plan No. \_\_\_\_\_ (Enter % of quote employment, Not determinable, Not applicable)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Quotes** | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **Single** |  |  |  |  |  |  |  |  |
| **Family** |  |  |  |  |  |  |  |  |
| **EMP. + Spouse** |  |  |  |  |  |  |  |  |
| **EMP. + Child** |  |  |  |  |  |  |  |  |
| **EMP. + 1** |  |  |  |  |  |  |  |  |
| **EMP. + 2** |  |  |  |  |  |  |  |  |
| **EMP. + 3** |  |  |  |  |  |  |  |  |
| **EMP. + 4** |  |  |  |  |  |  |  |  |
| **Total participation** |  |  |  |  |  |  |  |  |

**HEALTH INSURANCE (Benefit 11)** Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of expected change (DOEC): \_\_\_\_\_\_\_\_\_\_

Eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Basis: Time Basis:

Base pay (BP)  Regular work schedule

AVERAGE HOURLY RATE (AHR)  Alternate work schedule

AHR + Shift (SD)  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

AHR + Bonus (BN)

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

###### **Expenditure cost:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expenditure:**

# of employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Calendar year \_\_\_\_\_\_\_\_\_\_\_\_\_

GR or  SE Payroll = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fiscal year ending \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

**SHORT-TERM DISABILITY (Benefit 12)** Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Financing:** (Choose one financing type and answer columns accordingly.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Plan no.** | **Insured – Commercially/State Insured or sponsored by another organization (union, trade group)** | | **Self-insured** | **Unfunded – Salary Continuation** | **ND\*** |
| **Enter: Carrier** | **Enter: Plan Year** |
| **01** |  |  |  |  |  |
| **02** |  |  |  |  |  |
| **03** |  |  |  |  |  |

\*ND= not determinable

**2. Formula**: (Choose one formula and answer columns accordingly.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Plan no.** | **Percent of earnings** | | **Max. benefit per week.**  **Enter $, No, or ND\*** | **Flat Amount** | | **Other** | **ND\*** |
| **Varies** | **Fixed (Enter %)** | **Varies** | **Fixed**  **(Enter $)** |
| **01** |  |  |  |  |  |  |  |
| **02** |  |  |  |  |  |  |  |
| **03** |  |  |  |  |  |  |  |

\*ND= not determinable

**3. Duration of Benefits**

Duration:  Fixed # weeks \_\_\_\_\_\_\_\_ Number of weeks varies ND

**Premiums:** (Enter $ amount, No cost, Not determinable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Plan no.** | Company (ER) Cost | **Employee (EE) Cost** | **Total Cost** | **Earnings Ceiling** |
| **01** |  |  |  |  |
| **02** |  |  |  |  |
| **03** |  |  |  |  |

**Participation:** (Enter % of quote employment, Not determinable, Not applicable)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Plan no.** | **Quotes** | | | | | | | | |
| **ALL** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **01** |  |  |  |  |  |  |  |  |  |
| **02** |  |  |  |  |  |  |  |  |  |
| **03** |  |  |  |  |  |  |  |  |  |

**SHORT-TERM DISABILITY (Benefit 12)** Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of expected change (DOEC): \_\_\_\_\_\_\_\_\_\_

Eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Remarks/Calculations:**

Payment Basis: Time Basis:

Base pay (BP)  Regular work schedule

AVERAGE HOURLY RATE (AHR)  Alternate work schedule

AHR + Shift (SD)  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

AHR + Bonus (BN)

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

###### **Expenditure cost:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expenditure:**

# of employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Calendar year \_\_\_\_\_\_\_\_\_\_\_\_\_

GR or  SE Payroll = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fiscal year ending \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

**LONG-TERM DISABILITY (Benefit 23)**  Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Formula:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Plan no.** | **Percent of earnings (1)** | | **If fixed, enter # or ND\*** | **Max. benefit amount.**  **Enter $, No, or ND** | **Flat Amount (1)** | **Other**  **(1)** | **ND\***  **(1)** |
| **Varies** | **Fixed** |
| **01** |  |  |  |  |  |  |  |
| **02** |  |  |  |  |  |  |  |
| **03** |  |  |  |  |  |  |  |

\*ND= not determinable

**2. Employee Contribution**

Do employees contribute to the LTD Plan:  Yes  No Not Determinable

**Financing:** (Choose one financing type and answer columns accordingly.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Plan no.** | **Commercially Insured** | | **Self-insured ()** | **Union Health/Welfare** |
| **Enter: Carrier** | **Enter: Plan Year** | **Date of expected change (DOEC)** |
| **01** |  |  |  |  |
| **02** |  |  |  |  |
| **03** |  |  |  |  |

**Premiums:** (Enter $ amount, No cost, Not determinable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Plan no.** | Company (ER) Cost | **Employee (EE) Cost** | **Total Cost** | **Earnings Ceiling** |
| **01** |  |  |  |  |
| **02** |  |  |  |  |
| **03** |  |  |  |  |

**Participation:** (Enter % of quote employment, Not determinable, Not applicable)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Plan no.** | **Quotes** | | | | | | | | |
| **ALL** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **01** |  |  |  |  |  |  |  |  |  |
| **02** |  |  |  |  |  |  |  |  |  |
| **03** |  |  |  |  |  |  |  |  |  |

**LONG-TERM DISABILITY (Benefit 23)** Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of expected change (DOEC): \_\_\_\_\_\_\_\_\_\_

Eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Remarks/Calculations:**

Payment Basis: Time Basis:

Base pay (BP)  Regular work schedule

AVERAGE HOURLY RATE (AHR)  Alternate work schedule

AHR + Shift (SD)  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

AHR + Bonus (BN)

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

###### **Expenditure cost:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expenditure:**

# of employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Calendar year \_\_\_\_\_\_\_\_\_\_\_\_\_

GR or  SE Payroll = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fiscal year ending \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

**DEFINED BENEFIT PLANS** (Benefit 13) Sched. \_\_\_\_\_\_\_\_

**1.Basic Information:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Plan No.** | Plan Name/Carrier | **Eligibility** | **EIN (Employer identification #)** | **PN (Plan #)** | **SPD\***  **(Y/N)** | **SPD\* Date** | **Master Schedule** |
| **01** |  |  |  |  |  |  |  |
| **02** |  |  |  |  |  |  |  |
| **03** |  |  |  |  |  |  |  |

\*SPD= Summary Plan Description are required at initiation for all defined benefit plans.

**2.Provisions:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employee required contributions** | | | | | | |
| **Plan no.** | **None**  **()** | **Percent of earnings** | | **Coordinated with Social Security ()** | **Other**  **()** | **ND\***  **()** |
| **Enter %** | **% ND\*** |
| **01** |  |  |  |  |  |  |
| **02** |  |  |  |  |  |  |
| **03** |  |  |  |  |  |  |

COLA= Cost of living adjustment; \*ND= not determinable

**3.**  Are new employees able to participate in the DB plan? Yes  No  ND

**4.**  In what year did new employees become ineligible for the DB plan \_\_\_\_\_

**5.**  For this plan have benefits been frozen, or are they still accruing for participants?

All current  Subset of current  No current participants are accruing benefits  ND

**6.** What are other retirement plan options for new employees who cannot participate in this plan?

New DB plan  Modified version of the existing DB plan

New DC plan  Enhancement of existing DC plan

Other  None  ND

**Financing: (Not necessary to code)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Plan no.** | **Commercially Insured** | | **Union Fund** |
| **Enter: Carrier** | **Enter: Plan Year** | **Date of expected change (DOEC)** |
| **01** |  |  |  |
| **02** |  |  |  |
| **03** |  |  |  |

**Premiums:** (Enter $ amount, No cost, Not determinable)

|  |  |  |  |
| --- | --- | --- | --- |
| **Plan no.** | Company (ER) Cost | **Employee (EE) Cost** | **Total Cost** |
| **01** |  |  |  |
| **02** |  |  |  |
| **03** |  |  |  |

**Participation:** (Enter % of quote employment, Not determinable, Not applicable)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Plan no.** | **Quotes** | | | | | | | | |
| **ALL** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **01** |  |  |  |  |  |  |  |  |  |
| **02** |  |  |  |  |  |  |  |  |  |
| **03** |  |  |  |  |  |  |  |  |  |

**DEFINED BENEFIT (Benefit 13)** Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of expected change (DOEC): \_\_\_\_\_\_\_\_\_\_

Eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Remarks/Calculations:**

Payment Basis: Time Basis:

Base pay (BP)  Regular work schedule

AVERAGE HOURLY RATE (AHR)  Alternate work schedule

AHR + Shift (SD)  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

AHR + Bonus (BN)

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

###### **Expenditure cost:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expenditure:**

# of employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Calendar year \_\_\_\_\_\_\_\_\_\_\_\_\_

GR or  SE Payroll = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fiscal year ending \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

**PBGC**

Annual per employee cost: \_\_\_\_\_\_\_\_\_\_\_\_\_  Annual Expenditure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEFINED CONTRIBUTION (Benefit 14), UNDUPLICATED TOTALS** Sched. #\_\_\_\_\_\_\_\_\_

**1. Provisions:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Plan no.** | **Type\*** | **Required Employee contribution ()** | **Contributions tax-deferred?** |
| **01** |  |  |  |
| **02** |  |  |  |
| **03** |  |  |  |
| **04** |  |  |  |

\* Deferred Profit Sharing, ESOP, Money Purchase Plan, Savings & Thrift, SEP, SIMPLE, Other (specify), or Not Determinable

**2. Basic Information:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Plan No.** | Plan Name/Carrier | **Eligibility** | **EIN (Employer identification #)** | **PN (Plan #)** | **SPD\***  **(Y/N)** | **SPD\* Date** | **Master Schedule** |
| **01** |  |  |  |  |  |  |  |
| **02** |  |  |  |  |  |  |  |
| **03** |  |  |  |  |  |  |  |
| **04** |  |  |  |  |  |  |  |

\*SPD= Summary Plan Description are required at initiation for all defined contribution plans.

**3.** Must the employee contribute to receive the employer contribution?  Yes  No  ND

**4.** Are any employee contributions tax deferred?  Yes  No  ND

**Participation:** (Enter % of quote employment, Not determinable, Not applicable)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Plan no.** | **Quotes** | | | | | | | | |
| **ALL** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **01** |  |  |  |  |  |  |  |  |  |
| **02** |  |  |  |  |  |  |  |  |  |
| **03** |  |  |  |  |  |  |  |  |  |
| **04** |  |  |  |  |  |  |  |  |  |

**Unduplicated Totals:**

Collect the percentage of employment in DC-only, DB-only, and both DC and DB data, if both the DB and DC plan participation, is between 0 and 100 percent. If the plan participation in either benefit is 0 or 100 percent, the system will compute the unduplicated totals.

|  |  |  |  |
| --- | --- | --- | --- |
| Quote | **Retirement Percentages** | | |
| **% Defined Contribution Only (DC-only)** | **% Defined Benefit Only (DB-only)** | **% Both DC and DB** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |

**DEFINED CONTRIBUTION (Benefit 14), UNDUPLICATED TOTALS**

Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of expected change (DOEC): \_\_\_\_\_\_\_\_\_\_

Eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Remarks/Calculations:**

Payment Basis: Time Basis:

Base pay (BP)  Regular work schedule

AVERAGE HOURLY RATE (AHR)  Alternate work schedule

AHR + Shift (SD)  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

AHR + Bonus (BN)

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_

###### **Expenditure cost:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expenditure:**

# of employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Calendar year \_\_\_\_\_\_\_\_\_\_\_\_\_

GR or  SE Payroll = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fiscal year ending \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_

**SOCIAL SECURITY, MEDICARE, FUTA (Benefit 15, 16, 19)** Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

###### Date of expected change (DOEC): \_\_\_\_\_\_\_\_\_\_

Are all employees covered by:

Social Security:  Yes  No

Medicare:  Yes  No

FUTA:  Yes  No

**Participation:** (Enter % of quote employment, Not determinable, Not applicable)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Benefit** | **Quotes** | | | | | | | | |
| **All** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| Social Security |  |  |  |  |  |  |  |  |  |
| **Medicare** |  |  |  |  |  |  |  |  |  |
| **FUTA** |  |  |  |  |  |  |  |  |  |

Does employer report tips for any sampled occupation?  Yes (Answer table)  No

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Quote:** | **All** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **Average Hourly Rate** |  |  |  |  |  |  |  |  |  |
| **State minimum wage for non-tipped workers** |  |  |  |  |  |  |  |  |  |

**Remarks/Calculations:**

**STATE UNEMPLOYMENT INSURANCE, WORKERS’ COMPENSATION (Benefits 20, 21)**

Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATE UNEMPLOYMENT INSURANCE**

Quotes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of expected change (DOEC): \_\_\_\_\_\_\_\_\_\_\_

Eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financing:**

State Insured (Enter rate and add-on data below)

Rate \_\_\_\_\_\_\_\_\_\_\_\_\_%

Add-on rate(s), if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%

Self-Insured/Reimbursement

Railroad plan

Nonprofit plan

Does employer report tips for any sampled occupation?  Yes (Answer table)  No

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Quote: | **ALL** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Average Hourly Rate |  |  |  |  |  |  |  |  |  |
| State minimum wage for non-tipped workers |  |  |  |  |  |  |  |  |  |

###### **Expenditure cost:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expenditure:**

# of employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Calendar year \_\_\_\_\_\_\_\_\_\_\_\_\_

GR or  SE Payroll = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fiscal year ending \_\_\_\_/\_\_\_\_\_/\_\_\_\_

**WORKERS’ COMPENSATION**

Quotes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of expected change (DOEC): \_\_\_\_\_\_\_\_\_\_\_

Eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Financing:**

Self-Insured  Commercially Insured (Answer grid)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **QUOTE** | **W.C. Code** | **Rate** | **Experience Modifier** | **Premium Discount** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |

###### **Expenditure cost:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Expenditure:**

# of employees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Calendar year \_\_\_\_\_\_\_\_\_\_\_\_\_

GR or  SE Payroll = $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fiscal year ending \_\_\_\_/\_\_\_\_\_/\_\_\_\_

**Other Benefits** Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of expected change (DOEC): \_\_\_\_\_\_\_\_\_\_\_

Eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Plan name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Benefit** | **Access for each benefit** | | | **Quotes** | | | | | | | |
| **ND\*** | **All** | **None** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| Paid Personal Leave |  |  |  |  |  |  |  |  |  |  |  |
| Paid Funeral Leave |  |  |  |  |  |  |  |  |  |  |  |
| Paid Military Leave |  |  |  |  |  |  |  |  |  |  |  |
| Paid Jury Duty |  |  |  |  |  |  |  |  |  |  |  |
| Paid Family Leave |  |  |  |  |  |  |  |  |  |  |  |
| Unpaid Family Leave |  |  |  |  |  |  |  |  |  |  |  |
| Child Care Assistance |  |  |  |  |  |  |  |  |  |  |  |
| Flexible Workplace |  |  |  |  |  |  |  |  |  |  |  |
| Flexible Work Schedule |  |  |  |  |  |  |  |  |  |  |  |
| Subsidized Commuting |  |  |  |  |  |  |  |  |  |  |  |
| Wellness Programs |  |  |  |  |  |  |  |  |  |  |  |
| Employee Assistance Program |  |  |  |  |  |  |  |  |  |  |  |
| Health Savings Accounts (HSA) |  |  |  |  |  |  |  |  |  |  |  |
| Flexible Benefits |  |  |  |  |  |  |  |  |  |  |  |
| Health Flexible Spending Account |  |  |  |  |  |  |  |  |  |  |  |
| Dependent Care Flex Spending Acct |  |  |  |  |  |  |  |  |  |  |  |
| Cash Defer’d Arrangement, no ER contribution |  |  |  |  |  |  |  |  |  |  |  |
| Payroll Deduction IRA |  |  |  |  |  |  |  |  |  |  |  |
| Financial Planning |  |  |  |  |  |  |  |  |  |  |  |
| Student Loan Repayment |  |  |  |  |  |  |  |  |  |  |  |
| Long-term Care Insurance |  |  |  |  |  |  |  |  |  |  |  |
| Retiree Health – under age 65 |  |  |  |  |  |  |  |  |  |  |  |
| Retiree Health – age 65 and over |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| Does your establishment offer health benefits to unmarried domestic partners | | | | | | | | | | | |
| 1. Of the opposite sex? |  |  |  |  |  |  |  |  |  |  |  |
| 2. Of the same sex? |  |  |  |  |  |  |  |  |  |  |  |
| As part of a defined benefit plan, does your establishment offer survivor benefits to unmarried domestic partners | | | | | | | | | | | |
| 1. Of the opposite sex? |  |  |  |  |  |  |  |  |  |  |  |
| 2. Of the same sex? |  |  |  |  |  |  |  |  |  |  |  |

\*ND = Not determinable

Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cost Grids**

**Overtime**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quote** | **Status Code** | **Value Entry** | **Conversion Code** | **Annual Overtime Hours** | **Average Premium** | **AWS\*** |
| ALL |  |  |  |  |  |  |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |

\*AWS= Alternate Work Schedule

**Vacation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quote** | **Status Code** | **Value Entry** | **Conversion Code** | **Paid Weeks** | **Unpaid Weeks** | **AWS\*** |
| ALL |  |  |  |  |  |  |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |

\*AWS= Alternate Work Schedule

**Holiday**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quote** | **Status Code** | **Value Entry** | **Conversion Code** | **Paid Days** | **Unpaid Days** | **AWS\*** |
| ALL |  |  |  |  |  |  |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |

\*AWS= Alternate Work Schedule

Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sick Leave**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quote** | **Status Code** | **Value Entry** | **Conversion Code** | **Paid Days** | **Unpaid Days** | **AWS\*** |
| ALL |  |  |  |  |  |  |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |

\*AWS= Alternate Work Schedule

**Personal Leave**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Quote** | **Status Code** | **Value Entry** | **Conversion Code** | **Paid Days** | **Unpaid Days** | **AWS\*** |
| ALL |  |  |  |  |  |  |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |

\*AWS= Alternate Work Schedule

Nonproduction Bonus

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quote** | **Status Code** | **Value Entry** | **Conversion Code** | **Paid Days** | **AWS\*** |
| ALL |  |  |  |  |  |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |

\*AWS= Alternate Work Schedule

Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Life Insurance**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Quote** | **Status Code** | **Value Entry** | **Multi Earnings Cov.** | **Flat Amount Cov.** | **Conversion Code** | **Ceiling** | **AWS\*** |
| ALL |  |  |  |  |  |  |  |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |

\*AWS= Alternate Work Schedule

Health Insurance

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Quote** | **Status Code** | **Value Entry** | **Conversion Code** | **AWS\*** |
| ALL |  |  |  |  |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |

\*AWS= Alternate Work Schedule

**Short-term Disability**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quote** | **Status Code** | **Value Entry** | **Conversion Code** | **Ceiling** | **AWS\*** |
| ALL |  |  |  |  |  |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |

\*AWS= Alternate Work Schedule

Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Long-term Disability**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quote** | **Status Code** | **Value Entry** | **Conversion Code** | **Ceiling** | **AWS\*** |
| ALL |  |  |  |  |  |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |

\*AWS= Alternate Work Schedule

Defined Contribution

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quote** | **Status Code** | **Value Entry** | **Conversion Code** | **Ceiling** | **AWS\*** |
| ALL |  |  |  |  |  |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |

\*AWS= Alternate Work Schedule

Defined Benefit

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quote** | **Status Code** | **Value Entry** | **Conversion Code** | **Ceiling** | **AWS\*** |
| ALL |  |  |  |  |  |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |

\*AWS= Alternate Work Schedule

Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Social Security**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quote** | **Status Code** | **Legally Required Factor** | **Value Entry** | **Conversion Code** | **AWS\*** |
| ALL |  |  |  |  |  |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |

\*AWS= Alternate Work Schedule

**Medicare**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quote** | **Status Code** | **Legally Required Factor** | **Value Entry** | **Conversion Code** | **AWS\*** |
| ALL |  |  |  |  |  |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |

\*AWS= Alternate Work Schedule

**FUTA**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quote** | **Status Code** | **Legally Required Factor** | **Value Entry** | **Conversion Code** | **AWS\*** |
| ALL |  |  |  |  |  |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |

\*AWS= Alternate Work Schedule

Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Unemployment Insurance

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Quote** | **Status Code** | **Value Entry** | **Conversion Code** | **Ceiling** | **AWS\*** |
| ALL |  |  |  |  |  |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |
| **6** |  |  |  |  |  |
| **7** |  |  |  |  |  |
| **8** |  |  |  |  |  |

\*AWS= Alternate Work Schedule

Workers’ Compensation

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Quote** | **Status Code** | **Value Entry** | **Conversion Code** | **Ceiling** | **Rate** | **Exp.**  **Mod** | **Prem. Disc** | **AWS\*** |
| ALL |  |  |  |  |  |  |  |  |
| **1** |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |

\*AWS= Alternate Work Schedule

Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional tables for health insurance cost and plan participation**

**Cost:** Plan No. \_\_\_\_\_ (Enter $ amount, No cost, Not determinable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Premiums | **Company (ER) Cost** | Employee (EE) Cost | **Conversion Code** | **Total Cost** |
| **Single** |  |  |  |  |
| **Family** |  |  |  |  |
| **EMP. + Spouse** |  |  |  |  |
| **EMP. + Child** |  |  |  |  |
| **EMP. + 1** |  |  |  |  |
| **EMP. + 2** |  |  |  |  |
| **EMP. + 3** |  |  |  |  |
| **EMP. + 4** |  |  |  |  |
| **OTHER:\_\_\_\_\_\_\_** |  |  |  |  |

**Participation:** Plan No. \_\_\_\_\_ (Enter % of quote employment, Not determinable, Not applicable)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Quotes** | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **Single** |  |  |  |  |  |  |  |  |
| **Family** |  |  |  |  |  |  |  |  |
| **EMP. + Spouse** |  |  |  |  |  |  |  |  |
| **EMP. + Child** |  |  |  |  |  |  |  |  |
| **EMP. + 1** |  |  |  |  |  |  |  |  |
| **EMP. + 2** |  |  |  |  |  |  |  |  |
| **EMP. + 3** |  |  |  |  |  |  |  |  |
| **EMP. + 4** |  |  |  |  |  |  |  |  |
| **Total part.** |  |  |  |  |  |  |  |  |

**Cost:** Plan No. \_\_\_\_\_ (Enter $ amount, No cost, Not determinable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Premiums | **Company (ER) Cost** | Employee (EE) Cost | **Conversion Code** | **Total Cost** |
| **Single** |  |  |  |  |
| **Family** |  |  |  |  |
| **EMP. + Spouse** |  |  |  |  |
| **EMP. + Child** |  |  |  |  |
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| **EMP. + 2** |  |  |  |  |
| **EMP. + 3** |  |  |  |  |
| **EMP. + 4** |  |  |  |  |
| **OTHER:\_\_\_\_\_\_\_** |  |  |  |  |

**Participation:** Plan No. \_\_\_\_\_ (Enter % of quote employment, Not determinable, Not applicable)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Quotes** | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **Single** |  |  |  |  |  |  |  |  |
| **Family** |  |  |  |  |  |  |  |  |
| **EMP. + Spouse** |  |  |  |  |  |  |  |  |
| **EMP. + Child** |  |  |  |  |  |  |  |  |
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| **EMP. + 2** |  |  |  |  |  |  |  |  |
| **EMP. + 3** |  |  |  |  |  |  |  |  |
| **EMP. + 4** |  |  |  |  |  |  |  |  |
| **Total part.** |  |  |  |  |  |  |  |  |

Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cost:** Plan No. \_\_\_\_\_ (Enter $ amount, No cost, Not determinable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Premiums | **Company (ER) Cost** | Employee (EE) Cost | **Conversion Code** | **Total Cost** |
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| **Family** |  |  |  |  |
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| **EMP. + 4** |  |  |  |  |
| **OTHER:\_\_\_\_\_\_\_** |  |  |  |  |

**Participation:** Plan No. \_\_\_\_\_ (Enter % of quote employment, Not determinable, Not applicable)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Quotes** | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **Single** |  |  |  |  |  |  |  |  |
| **Family** |  |  |  |  |  |  |  |  |
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| **Total part.** |  |  |  |  |  |  |  |  |

**Cost:** Plan No. \_\_\_\_\_ (Enter $ amount, No cost, Not determinable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Premiums | **Company (ER) Cost** | Employee (EE) Cost | **Conversion Code** | **Total Cost** |
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| **Family** |  |  |  |  |
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| **EMP. + 4** |  |  |  |  |
| **OTHER:\_\_\_\_\_\_\_** |  |  |  |  |

**Participation:** Plan No. \_\_\_\_\_ (Enter % of quote employment, Not determinable, Not applicable)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Quotes** | | | | | | | |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
| **Single** |  |  |  |  |  |  |  |  |
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| **EMP. + Child** |  |  |  |  |  |  |  |  |
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| **EMP. + 2** |  |  |  |  |  |  |  |  |
| **EMP. + 3** |  |  |  |  |  |  |  |  |
| **EMP. + 4** |  |  |  |  |  |  |  |  |
| **Total part.** |  |  |  |  |  |  |  |  |

Sched. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cost:** Plan No. \_\_\_\_\_ (Enter $ amount, No cost, Not determinable)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Premiums | **Company (ER) Cost** | Employee (EE) Cost | **Conversion Code** | **Total Cost** |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** |
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| **Family** |  |  |  |  |  |  |  |  |
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| **Family** |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
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