

# U.S. Department of Labor National Compensation Survey

## Bureau of Labor Statistics



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
<input type="checkbox"/> Usable										
<input type="checkbox"/> On strike										
<input type="checkbox"/> Temporary non-response										
<input type="checkbox"/> Refusal (Explain)										
<input type="checkbox"/> 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

# 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:	
<input type="checkbox"/> Authorizing <input type="checkbox"/> 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:	
<input type="checkbox"/> Authorizing <input type="checkbox"/> 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:	
<input type="checkbox"/> Authorizing <input type="checkbox"/> Supplying →	Name:
Telephone	Title:
Fax	
Email Address	Benefits to be collected here are: _____ #S _____

**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:**

- Base pay (BP)
- AVERAGE HOURLY RATE (AHR)
- AHR + Shift (SD)
- AHR + Bonus (BN)
- Other (specify): \_\_\_\_\_

**Time Basis:**

- Regular work schedule
- Alternate work schedule
- Other (specify): \_\_\_\_\_

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

# of employees: \_\_\_\_\_

GR or  SE Payroll = \$ \_\_\_\_\_

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

**Expenditure:**

Calendar year \_\_\_\_\_

Fiscal year ending \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>Plan # 1 name:</b> _____ <b>Eligibility:</b> _____ <b>Quotes:</b> _____ <b>Vacation schedule:</b> <input type="checkbox"/> Percent of earnings <input type="checkbox"/> Union fund <input type="checkbox"/> Time <b>Is this part of a consolidated leave plan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ND (NOT DETERMINABLE) <b>If yes, check all that apply:</b> <input type="checkbox"/> Vacation <input type="checkbox"/> Personal <input type="checkbox"/> ND (NOT DETERMINABLE) <input type="checkbox"/> Military <input type="checkbox"/> Sick <input type="checkbox"/> Holidays <input type="checkbox"/> Family <input type="checkbox"/> Jury Duty <input type="checkbox"/> Funeral	<b>LOS</b>	<b>Vacation Plan</b>

<b>Plan # 2 name:</b> _____ <b>Eligibility:</b> _____ <b>Quotes:</b> _____ <b>Vacation schedule:</b> <input type="checkbox"/> Percent of earnings <input type="checkbox"/> Union fund <input type="checkbox"/> Time <b>Is this part of a consolidated leave plan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> ND (NOT DETERMINABLE) <b>If yes, check all that apply:</b> <input type="checkbox"/> Vacation <input type="checkbox"/> Personal <input type="checkbox"/> ND (NOT DETERMINABLE) <input type="checkbox"/> Military <input type="checkbox"/> Sick <input type="checkbox"/> Holidays <input type="checkbox"/> Family <input type="checkbox"/> Jury Duty <input type="checkbox"/> Funeral	<b>LOS</b>	<b>Vacation Plan</b>

**Payment Basis:**

- Base pay (BP)
- AVERAGE HOURLY RATE (AHR)
- AHR + Shift (SD)
- AHR + Bonus (BN)
- Other (specify): \_\_\_\_\_

**Time Basis:**

- Regular work schedule
- Alternate work schedule
- Other (specify): \_\_\_\_\_

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

# of employees: \_\_\_\_\_  
 GR or  SE Payroll = \$ \_\_\_\_\_

**Expenditure:**

Calendar year \_\_\_\_\_  
 Fiscal year ending \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# VACATION (SUPPLEMENTARY SHEET)

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

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

Schedule	Quotes							
	1	2	3	4	5	6	7	8
<input type="checkbox"/> L.O.S.								
<input type="checkbox"/> 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 4 <sup>th</sup>	.	.	Floating	.	.
Labor Day	.	.	Other (specify):	.	.
Columbus Day	.	.	<b>Total days</b>	.	.
	.	.		.	.

**Remarks/Calculations:**

**Payment Basis:**

- Base pay (BP)
- AVERAGE HOURLY RATE (AHR)
- AHR + Shift (SD)
- AHR + Bonus (BN)
- Other (specify): \_\_\_\_\_

**Time Basis:**

- Regular work schedule
- Alternate work schedule
- Other (specify): \_\_\_\_\_

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

# of employees: \_\_\_\_\_  
 GR or  SE Payroll = \$ \_\_\_\_\_

**Expenditure:**

Calendar year \_\_\_\_\_  
 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:**

- Base pay (BP)
- AVERAGE HOURLY RATE (AHR)
- AHR + Shift (SD)
- AHR + Bonus (BN)
- Other (specify): \_\_\_\_\_

**Time Basis:**

- Regular work schedule
- Alternate work schedule
- Other (specify): \_\_\_\_\_

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

# of employees: \_\_\_\_\_

GR or  SE Payroll = \$ \_\_\_\_\_

**Expenditure:**

Calendar year \_\_\_\_\_

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:**

- Base pay (BP)
- AVERAGE HOURLY RATE (AHR)
- AHR + Shift (SD)
- AHR + Bonus (BN)
- Other (specify): \_\_\_\_\_

**Time Basis:**

- Regular work schedule
- Alternate work schedule
- Other (specify): \_\_\_\_\_

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

# of employees: \_\_\_\_\_

GR or  SE Payroll = \$ \_\_\_\_\_

**Expenditure:**

Calendar year \_\_\_\_\_

Fiscal year ending \_\_\_\_/\_\_\_\_/\_\_\_\_

**SHIFT DIFFERENTIAL (Benefit 06)**

Quotes: \_\_\_\_\_

Eligibility: \_\_\_\_\_

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

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

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

Quote	Total EE*	1 <sup>st</sup> Shift EE*	2 <sup>nd</sup> shift				3 <sup>rd</sup> shift				Other:						
			2 <sup>nd</sup> EE*	*\$	%*	Hrs Pd	Hrs Wk	3 <sup>rd</sup> 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; \*1<sup>st</sup> 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:**

- Base pay (BP)
- AVERAGE HOURLY RATE (AHR)
- AHR + Shift (SD)
- AHR + Bonus (BN)
- Other (specify): \_\_\_\_\_

**Time Basis:**

- Regular work schedule
- Alternate work schedule
- Other (specify): \_\_\_\_\_

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

# of employees: \_\_\_\_\_  
 GR or  SE Payroll = \$ \_\_\_\_\_

**Expenditure:**

Calendar year \_\_\_\_\_  
 Fiscal year ending \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NONPRODUCTION BONUS (Benefit 07)**

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

Quotes: \_\_\_\_\_

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

Eligibility: \_\_\_\_\_

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

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

**Usage/Cost:****Payment Basis:**

- Base pay (BP)
- AVERAGE HOURLY RATE (AHR)
- AHR + Shift (SD)
- AHR + Bonus (BN)
- Other (specify): \_\_\_\_\_

**Time Basis:**

- Regular work schedule
- Alternate work schedule
- Other (specify): \_\_\_\_\_

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

# of employees: \_\_\_\_\_

 GR or  SE Payroll = \$ \_\_\_\_\_**Expenditure:** Calendar year \_\_\_\_\_ 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:**

- Base pay (BP)
- AVERAGE HOURLY RATE (AHR)
- AHR + Shift (SD)
- AHR + Bonus (BN)
- Other (specify): \_\_\_\_\_

**Time Basis:**

- Regular work schedule
- Alternate work schedule
- Other (specify): \_\_\_\_\_

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

# of employees: \_\_\_\_\_

GR or  SE Payroll = \$ \_\_\_\_\_

**Expenditure:**

Calendar year \_\_\_\_\_

Fiscal year ending \_\_\_\_/\_\_\_\_/\_\_\_\_

**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 ( <input type="checkbox"/> )	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)

**Type:**

Plan No.	Plan Name/Carrier	Elig	Type of Coverage				Plan Type PPO, FFS, HMO, POS, ND	Self-Insured	3 <sup>rd</sup> 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)

**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)**

Quotes: \_\_\_\_\_

Eligibility: \_\_\_\_\_

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

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

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

---

**Payment Basis:**

- Base pay (BP)
- AVERAGE HOURLY RATE (AHR)
- AHR + Shift (SD)
- AHR + Bonus (BN)
- Other (specify): \_\_\_\_\_

**Time Basis:**

- Regular work schedule
- Alternate work schedule
- Other (specify): \_\_\_\_\_

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

# of employees: \_\_\_\_\_

GR or  SE Payroll = \$ \_\_\_\_\_

**Expenditure:**

Calendar year \_\_\_\_\_

Fiscal year ending \_\_\_\_/\_\_\_\_/\_\_\_\_





**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:**

- Base pay (BP)
- AVERAGE HOURLY RATE (AHR)
- AHR + Shift (SD)
- AHR + Bonus (BN)
- Other (specify): \_\_\_\_\_

**Time Basis:**

- Regular work schedule
- Alternate work schedule
- Other (specify): \_\_\_\_\_

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

# of employees: \_\_\_\_\_

GR or  SE Payroll = \$ \_\_\_\_\_

**Expenditure:**

Calendar year \_\_\_\_\_

Fiscal year ending \_\_\_\_/\_\_\_\_/\_\_\_\_

**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)**

Quotes: \_\_\_\_\_

Eligibility: \_\_\_\_\_

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

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

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

---

**Remarks/Calculations:**

---

**Payment Basis:**

- Base pay (BP)
- AVERAGE HOURLY RATE (AHR)
- AHR + Shift (SD)
- AHR + Bonus (BN)
- Other (specify): \_\_\_\_\_

**Time Basis:**

- Regular work schedule
- Alternate work schedule
- Other (specify): \_\_\_\_\_

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

# of employees: \_\_\_\_\_

GR or  SE Payroll = \$ \_\_\_\_\_

**Expenditure:**

Calendar year \_\_\_\_\_

Fiscal year ending \_\_\_\_/\_\_\_\_/\_\_\_\_

**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:**

- Base pay (BP)
- AVERAGE HOURLY RATE (AHR)
- AHR + Shift (SD)
- AHR + Bonus (BN)
- Other (specify): \_\_\_\_\_

**Time Basis:**

- Regular work schedule
- Alternate work schedule
- Other (specify): \_\_\_\_\_

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

# of employees: \_\_\_\_\_

GR or  SE Payroll = \$ \_\_\_\_\_

**Expenditure:**

Calendar year \_\_\_\_\_

Fiscal year ending \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PBGC**

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

**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:**

- Base pay (BP)
- AVERAGE HOURLY RATE (AHR)
- AHR + Shift (SD)
- AHR + Bonus (BN)
- Other (specify): \_\_\_\_\_

**Time Basis:**

- Regular work schedule
- Alternate work schedule
- Other (specify): \_\_\_\_\_

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

# of employees: \_\_\_\_\_

GR or  SE Payroll = \$ \_\_\_\_\_

**Expenditure:**

Calendar year \_\_\_\_\_

Fiscal year ending \_\_\_\_/\_\_\_\_/\_\_\_\_

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:** \$ \_\_\_\_\_

# of employees: \_\_\_\_\_

GR or  SE Payroll = \$ \_\_\_\_\_

**Expenditure:**

Calendar year \_\_\_\_\_

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:** \$ \_\_\_\_\_

# of employees: \_\_\_\_\_

GR or  SE Payroll = \$ \_\_\_\_\_

**Expenditure:**

Calendar year \_\_\_\_\_

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

**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

**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



**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

**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

**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				
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				
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				
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				
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				
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.								