



Bureau of Labor Statistics
U.S. Department of Labor

[Month Year] Update

OMB No. 1220-0164

Expiration Date: 5/31/2024

We estimate that it will take an average of 20 minutes to complete this form, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding this estimate or any other aspect of this survey; including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Office of Compensation and Working Conditions at BLS_PRA_Public@bls.gov. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act (44 U.S.C. Section 3572) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent except in the case of state and local governments. The BLS publishes statistical tabulations from this report that may reveal the information reported by state and local governments. Upon request, however, the BLS will hold the information provided by state and local governments on this report in confidence. Per the Federal Cybersecurity Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data. This report is authorized by law, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results of this survey comprehensive, accurate and timely.

Benefits for: Company Name and Physical Address

Links to Benefit Information Used:

[Holidays](#)

[Health Insurance information](#)

[Benefits Overview](#)

[Pay Tables](#)

Please update links when updates occur.

Hello [Respondent]

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

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

We are collecting benefit information on the following occupations:

Selected Job	FT/PT	Wage Type	FLSA	Union Status	Hrs/Dy	Hrs/Wk	Wks/Yr
Salesperson	FT	Incentive	Exempt	Non-union	8	40	52
Clerical	FT	Time	Non-exempt	Non-union	8	40	52
Warehouse Supervisor	FT	Time	Exempt	Non-union	8	40	52
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-

Benefits Reported:

OVERTIME PREMIUM PAY

Last Date Reported: March 1, 2023

Date to Review Provisions: March 2024

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

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

Previously Reported Data

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

_____ Daily After: _____ Hours
 1.5 Weekly After: 40 Hours
 _____ Weekends:
 _____ Holidays:
 _____ Other:

Current Update

Reporting Example: (Premium Paid per OT Event)

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

Estimated Annual Overtime Usage per Occupation (Hours)

FT	Salesperson	N/A
FT	Clerical	24
FT	Warehouse Supervisor	N/A
-	-	
-	-	
-	-	
-	-	
-	-	

Est. Annual Usage per Occupation for 2020

N/A
N/A

Additional Comments:

LEAVE BENEFITS: VACATION

Last Date Reported: March 1, 2023

Date to Review Provisions: March 2024

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

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

Vacation Plan for Full-Time

Previously Reported Data

Employees Eligible for Paid Vacation Leave: Yes
Days Until Eligible for Paid Vacation Leave: 1 Year
Is this a Consolidated Leave Plan? No
If yes, what leave is included?

Current Update

Accrual Per Pay Period : Reporting Example: (Hrs. Earned per Required Time Employed)

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

Vacation Hours Earned Required Time Employed
40 1 year
80 2 years
120 5 years

Hours Year(s)
 Hours Year(s)
 Hours Year(s)

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

Additional Comments:

LEAVE BENEFITS: HOLIDAYS

Last Date Reported: March 1, 2023

Date Expected to Change: _____

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

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

Previously Reported Data

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

Current Update

If Other, please list:

--

Additional Comments:

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

LEAVE BENEFITS: SICK LEAVE

Last Date Reported: March 1, 2023

Date to Review Provisions: March 2024

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

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

Previously Reported Data

Employees Eligible for Unpaid Sick Leave Salespeople

Employees Eligible for Paid Sick Leave All others

Days Until Eligible for Paid Sick Leave: Immediate

Maximum Days of Paid Sick Leave Per Year: 3

Current Update

Accrual Policy:

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

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

Sick Leave Hours Earned 24 per Required Work Time 2080 Hrs Worked

Hrs Per Hrs Worked

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

Is this a Consolidated Leave Plan? No

If yes, what leave is included? N/A

Unused Sick Leave: (Cash In or Carry Over) No

If Carry Over, how much?

Estimated Annual Sick Leave Usage per Occupation (Hours)

FT Salesperson N/A

FT Clerical 3

FT Warehouse Supervisor 3

- -

- -

- -

- -

- -

Additional Comments:

LEAVE BENEFITS: PERSONAL LEAVE

Last Date Reported: March 1, 2023

Date to Review Provisions: March 2024

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

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

Previously Reported Data

Number of Days Provided: **Need Data**
Is this part of a Consolidated Leave Plan? **Need Data**
Pay Is Based On: (Base Pay, Avg Hrly Rate, Avg Hrly Rate+Shift): **Need Data**

Current Update

Employees eligible for paid personal leave:

FT Salesperson **Need Data**
FT Clerical **Need Data**
FT Warehouse Supervisor **Need Data**
- - _____
- - _____
- - _____
- - _____
- - _____

Additional Comments: Can employees use vacation for personal days?

NON-PRODUCTION BONUS

Last Date Reported: March 1, 2023

Date Expected to Change: March 2024

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

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

Previously Reported Data			Current Update
Type of Bonus (i.e. Christmas, Hiring, Retention)		Christmas	<input type="text"/>
Employees Eligible for Bonus:		Yes	<input type="text"/>
Days Until Eligible for Bonus:		Immediate	<input type="text"/>
Benefit Payout Date:		1-Dec	<input type="text"/>
Provisions:			
<i>Flat Amount, Multiple of Earnings, Number of Days, Varies:</i>		Flat Amount	<input type="text"/>
Annual Non-Production Bonus per Occupation			Annual NP Bonus per Occupation for 2023
FT	Salesperson	\$250	<input type="text"/>
FT	Clerical	\$250	<input type="text"/>
FT	Warehouse Supervisor	\$250	<input type="text"/>
-	-		<input type="text"/>
-	-		<input type="text"/>
-	-		<input type="text"/>
-	-		<input type="text"/>
-	-		<input type="text"/>

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

Non-Production Bonus Company-Wide Expenditure	NPB Expenditure for 2023
Time Frame (Month / Quarter / Annual):	Time Frame: <input type="text"/>
Company-Wide Expenditure:	Co-Wide Expenditure: <input type="text"/>
Company-Wide Employment:	Co-Wide Employment: <input type="text"/>
Company-Wide Gross Payroll:	Co-Wide Gross Payroll: <input type="text"/>

Additional Comments:

LIFE INSURANCE

Last Date Reported: March 1, 2023

Date Expected to Change: March 2024

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

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

LIFE INSURANCE PLAN CARRIER:

Need Data

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

Yes

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

Previously Reported Data

Current Update

Policy Date:

Need Data

Type of Insurance:

Life only

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

Plan Benefit:

Flat Amount

Flat Amount, Multiple of Earnings, Varies:

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

\$30,000

What is the Benefit Maximum?

\$30,000

Is the employee required to contribute?

No

Is Retiree Life offered?

Need Data

Employees Eligible for Life Insurance:

Yes

Days Until Eligible for Life Insurance:

60 days

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

Please specify whether reported participation is count or percent.

FT Salesperson 100%

FT Clerical 100%

FT Warehouse Supervisor 100%

- -

- -

- -

- -

- -

Company Cost per \$1000

Company Cost per \$1000 for 2024

Life Rate per \$1000 per month: \$5.40

Rate per \$1000 / mo:

AD&D Rate per \$1000 per month: N/A

Rate per \$1000 / mo:

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

Company-Wide Expenditure

Time Frame (Month / Quarter / Annual):

Company-Wide Expenditure:

Company-Wide Gross Payroll:

Co-Wide Expenditure for 2020

Time Frame:

Co-Wide Expenditure:

Co-Wide Gross Payroll:

Additional Comments:

HEALTH INSURANCE

Last Date Reported: March 1, 2023

Date Expected to Change: March 2024

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

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

If you can provide a copy of the current benefit guide with employer and employee premiums for health/dental/vision or HSA plans, there is no need to duplicate the premium information on this page.

MEDICAL PLAN CARRIER:	BC/BS	<input type="text"/>
MEDICAL PLAN TIERS:	1	<input type="text"/>
Does the company contribute to the premium? (Y/N):	Y	<input type="text"/>

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

Previously Reported Data

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

Current Update

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

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

FT	Salesperson	<u>100%</u>
FT	Clerical	<u>50%</u>
FT	Warehouse Supervisor	<u>75%</u>
-	-	<input type="text"/>
-	-	<input type="text"/>
-	-	<input type="text"/>
-	-	<input type="text"/>
-	-	<input type="text"/>

Please specify whether reported participation is count or percent.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Previous Premiums:

Coverage Options	Employer Premiums (monthly)	Employee Premiums (monthly)
Single:	<u>\$397.79</u>	<u>\$24.50</u>
Individual + Spouse:	<u>\$397.79</u>	<u>\$184.27</u>
Individual + Children:	<u>\$397.79</u>	<u>\$292.40</u>
Family:	<u>\$397.79</u>	<u>\$305.76</u>

Current Update FY24

Employer Premiums (monthly)	Employee Premiums (monthly)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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

Previous Health Insurance Expenditure

Time Frame (Month / Quarter / Annual):

Company-Wide Expenditure:

Total Number of Eligible Employees:

Health Insurance Expenditure for 2023

Time Frame:

Co-Wide Expenditure:

Tot. # Elig Employees:

Additional Comments:

LONG-TERM DISABILITY INSURANCE

Last Date Reported: March 1, 2023

Date to Review Provisions: March 2024

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

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

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

Additional Comments:

RETIREMENT: DEFINED CONTRIBUTION

Last Date Reported: _____

Date Expected to Change: March 2024

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

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

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

Previous Employer Contribution to Plan: **Need Data**

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

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

Additional Comments:

WORKER'S COMPENSATION

Last Date Reported: _____

Date Expected to Change: March 2024

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

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

Previously Reported Data

Plan Carrier: **Need Data**
 Policy Date: **Need Data**

Worker's Comp Code	Cost per \$100
Need Data Salesperson	Need Data
Need Data Clerical	Need Data
Need Data Warehouse Supervisor	Need Data
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Experience Modifier in decimal (if applicable):	Need Data
Premium Discount in decimal (if applicable):	Need Data

Current Update

Current Update FY24

WC Code <small>(if available)</small>	Cost per \$100
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Experience Modifier 2024:	_____
Premium Discount 2024:	_____

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

Worker's Compensation Expenditure

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

Expenditure for 2023

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

Additional Comments:

OTHER BENEFITS

Last Date Reported: March 1, 2023

Date Expected to Change: March 2024

(Y/N) Have there been any changes to the benefits offered below since data was previously reported?

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

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

Additional Comments: