

## **Introduction for 2025 MEPS-PreCanvass (PC) Operation**

The MEPS\_PC Operation will be conducted electronically, via Centurion. The dates of the operation are scheduled for 5 May – 30 May. The sample size consists of approximately 42,000 cases.

## **Content for MEPS-PC**

Respondents are asked to make any applicable changes to the sampled establishment, which includes the following fields:

**Company Name**  
**Street Address**  
**City, State and Zip Code**

## **Question Content**

**Is the organization still in operation?**

Answer Options:

**Yes**  
**No**

**In 2025, did your organization offer any health insurance plans to its ACTIVE employees?**

Answer Options:

**Yes**  
**No**

**In 2025, how many employees were on your organization's/government unit's payroll AT THIS LOCATION for a typical pay period?**

Answer Space:

**All Employees**

**For the same TYPICAL pay period, how many of the employees reported above worked part-time?**

Answer Space:

**Part-time**

**How many of the employees reported above worked fewer than 30 hours per week?**

Answer Space:

**Employees worked fewer than 30 hours**

**Checkbox for No Employees worked fewer than 30 hours**

Provide information for a TYPICAL pay period in 2025

**Approximately what percentage of the employees at this location were:**

Answer Options:

**Union Members**

Percentage

Checkbox for No union members

**Women employees**

Percentage

**Employees 50 years old or older**

Percentage

**For the employees at this location, approximately what percentage earned:**

Answer Options: Percentage Requested for each category

**Less than \$18.00 per hour?** (Approximately \$37,440 a year or less)

**Between \$18.00 and \$39.00 per hour?** (Approximately \$37,440 to \$81,120 a year or less)

**More than \$39.00 per hour?** (Approximately \$81,120 a year or less)

**Did your organization offer the following fringe benefits to its employees at this location?**

Answer Options: Yes, No or Don't Know for each category

**Paid Vacation**

**Paid Sick Leave**

**Life Insurance**

**Disability Insurance**

**Critical Illness Insurance**

**Did your organization offer any of these tax-advantaged benefits to its employees at this location?**

Answer Options: Yes, No or Don't Know for each category

**Employee contributions to health insurance made on a pre-tax basis**

**Flexible Spending Accounts (FSA) for healthcare**

**Flexible Benefits Plans**

**Did your organization provide health insurance coverage to any person who retired in 2025 OR BEFORE, or to any of their survivors?**

If COBRA was the only coverage offered, select "No."

Answer Options:

**Yes**

**No**

**Don't Know**

**Contact and Mailing Information**

[This information is only collected for establishments that offer health insurance.]

**Please provide the information for the person in the company who is most knowledgeable about health insurance benefits offered by your organization/government unit:**

Answer spaces:

**Name**

**Title**

**Telephone Number**

**Extension**

**Email**

**Mailing Name**

**Mailing Name2**

**Mailing Address**

**Mailing Address 2**

**City, State and Zip Code**

**Country Name**

**Postal Code**