

# Benefits Checklist

OMB Control No. 1220-0164  
Form Expiration: XX/XX/XXXX

## National Compensation Survey (NCS)

### U.S. Department of Labor, Bureau of Labor Statistics (BLS)

Schedule Number:

Establishment Name:

Secondary Name:

Address 1:             Physical                       Mailing                       Personal Visit

Address 2:             Physical                       Mailing                       Personal Visit

Address 3:             Physical                       Mailing                       Personal Visit

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## RESPONDENT CONTACT INFORMATION

Name 1:  Authorizer  Supplier

Title:

Mailing Address:

Telephone:  Mobile  Office FAX:

Email:

Name 2:  Authorizer  Supplier

Title:

Mailing Address:

Telephone:  Mobile  Office FAX:

Email:

## QUOTE DETAILS

1 \_\_\_\_\_

5 \_\_\_\_\_

2 \_\_\_\_\_

6 \_\_\_\_\_

3 \_\_\_\_\_

7 \_\_\_\_\_

4 \_\_\_\_\_

8 \_\_\_\_\_

# OVERTIME

Date of expected (plan) change / Plan year: \_\_\_\_\_ Eligibility requirements: \_\_\_\_\_

Applicable quotes:  1  2  3  4  5  6  7  8

Premiums and Hours	Daily after ___ hours Premium: _____	Weekly after ___ hours Premium: _____	Holiday Overtime Premium: _____	Weekend Overtime Premium: _____	Other: _____ Premium: _____
Annual Hours Quote 1					
Annual Hours Quote 2					
Annual Hours Quote 3					
Annual Hours Quote 4					
Annual Hours Quote 5					
Annual Hours Quote 6					
Annual Hours Quote 7					
Annual Hours Quote 8					

Payment basis:  Straight-time earnings  Base pay  Flat amount \$ \_\_\_\_\_  
 Other \_\_\_\_\_  Includes shift differential

Additional plan details, usage, and cost information:

Expenditure cost: \$ \_\_\_\_\_ Associated payroll = \$ \_\_\_\_\_  
 Gross earnings  Straight-time earnings

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

Reference period: \_\_\_\_\_ - \_\_\_\_\_ Number of workers: \_\_\_\_\_

*[Note: Print additional copies of benefit collection pages, as needed.]*

# VACATION LEAVE

Date of expected (plan) change / Plan year: \_\_\_\_\_ Eligibility requirements: \_\_\_\_\_

Plan name: \_\_\_\_\_ Applicable quotes:  1  2  3  4  
 5  6  7  8

Part of consolidated leave plan:  Vacation  Holidays  Sick  Personal

Service plan rate and schedule (i.e., paid/unpaid days or weeks and/or accrual amounts and time intervals):

Time Interval	Paid Time or Accrual Amount

Payment basis:  Straight-time earnings  Base pay  Flat amount \$ \_\_\_\_\_  
 Unpaid  Other \_\_\_\_\_  
 Includes shift differential

Union fund contribution \$ \_\_\_\_\_ per \_\_\_\_\_

Quote worker lengths of service or dates of hire:

Annual paid weeks earned/received per quote:

Annual unpaid weeks taken per quote:

Additional plan details, usage, and cost information:

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Expenditure cost: \$ \_\_\_\_\_ Associated payroll = \$ \_\_\_\_\_  
 Gross earnings  Straight-time earnings

Reference period: \_\_\_\_\_ - \_\_\_\_\_ Number of workers: \_\_\_\_\_

## HOLIDAY LEAVE

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Date of expected (plan) change / Plan year: \_\_\_\_\_ Eligibility requirements: \_\_\_\_\_

Plan name: \_\_\_\_\_ Applicable quotes:  1  2  3  4  
 5  6  7  8

Part of consolidated leave plan:  Yes  No

Annual paid holidays:

Annual unpaid holidays:

Floating days (employer discretion):

Payment basis:  Straight-time earnings  Base pay  Flat amount \$ \_\_\_\_\_  
 Other \_\_\_\_\_  Includes shift differential

Union fund contribution \$ \_\_\_\_\_ per \_\_\_\_\_

Additional plan details, usage, and cost information:

Holiday staffing and holidays worked:

- Open & Closed Holidays
- Premium Pay for Holidays Worked
- Substitute Time Off
- Staffing for Holidays Worked

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Expenditure cost: \$ \_\_\_\_\_ Associated payroll = \$ \_\_\_\_\_  
 Gross earnings  Straight-time earnings

Reference period: \_\_\_\_\_ - \_\_\_\_\_ Number of workers: \_\_\_\_\_

# SICK LEAVE

Date of expected (plan) change / Plan year: \_\_\_\_\_ Eligibility requirements: \_\_\_\_\_

Plan name: \_\_\_\_\_ Applicable quotes:  1  2  3  4  
 5  6  7  8

Part of consolidated leave plan:  Yes  No

Plan type:  Days Paid as Needed  Maximum Number of Days per Year

Service plan rate and schedule (i.e., paid/unpaid days or weeks and/or accrual amounts and time intervals):

Time Interval	Paid Time or Accrual Amount

Payment basis:  Straight-time earnings  Base pay  Flat amount \$ \_\_\_\_\_  
 Unpaid  Other \_\_\_\_\_  
 Includes shift differential

Union fund contribution \$ \_\_\_\_\_ per \_\_\_\_\_

Additional plan details, usage, and cost information (e.g., sick leave ceilings, leave cash-in):

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Expenditure cost: \$ \_\_\_\_\_ Associated payroll = \$ \_\_\_\_\_  
 Gross earnings  Straight-time earnings

Reference period: \_\_\_\_\_ - \_\_\_\_\_ Number of workers: \_\_\_\_\_



# SHIFT DIFFERENTIAL

Date of expected (plan) change / Plan year: \_\_\_\_\_ Eligibility requirements: \_\_\_\_\_

Plan name: \_\_\_\_\_ Applicable quotes:  1  2  3  4  
 5  6  7  8

Shift employment distribution:

Quote	Total number of workers	1 <sup>st</sup> Shift: Number of workers	2 <sup>nd</sup> Shift: \$____ or ____% Number of workers	3 <sup>rd</sup> Shift: \$____ or ____% Number of workers	Other: _____ \$____ or ____% Number of workers
1					
2					
3					
4					
5					
6					
7					
8					

Details for differential of extra hours paid but not worked:

Additional plan details, usage, and cost information:

Expenditure cost: \$\_\_\_\_\_ Associated payroll = \$ \_\_\_\_\_  
 Gross earnings  Straight-time earnings

Reference period: \_\_\_\_\_ - \_\_\_\_\_ Number of workers: \_\_\_\_\_

# NON-PRODUCTION BONUS

Date of expected (plan) change / Plan year: \_\_\_\_\_ Eligibility requirements: \_\_\_\_\_

Plan name: \_\_\_\_\_ Applicable quotes:  1  2  3  4  
 5  6  7  8

Bonus type:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Attendance           | <input type="checkbox"/> In-lieu of Benefit Payment | <input type="checkbox"/> Contract Signing |
| <input type="checkbox"/> Cash profit sharing  | <input type="checkbox"/> Longevity                  | <input type="checkbox"/> Retention        |
| <input type="checkbox"/> Employee recognition | <input type="checkbox"/> Lump Sum                   | <input type="checkbox"/> Referral         |
| <input type="checkbox"/> End-of-year          | <input type="checkbox"/> Management Incentive       | <input type="checkbox"/> Other            |
| <input type="checkbox"/> Hiring               | <input type="checkbox"/> Safety                     | _____                                     |
| <input type="checkbox"/> Holiday              | <input type="checkbox"/> Suggestion                 |   |

Plan formula:

- Flat amount \$ \_\_\_\_\_ per \_\_\_\_\_
- Percentage of earnings \_\_\_\_\_%  Paid days \_\_\_\_\_

Additional plan details, usage, and cost information:

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Expenditure cost: \$ \_\_\_\_\_ Associated payroll = \$ \_\_\_\_\_  
 Gross earnings  Straight-time earnings

Frequency (i.e., monthly, quarterly): \_\_\_\_\_

Reference period: \_\_\_\_\_ - \_\_\_\_\_ Number of workers: \_\_\_\_\_

## LIFE INSURANCE

Date of expected (plan) change / Plan year: \_\_\_\_\_ Eligibility requirements: \_\_\_\_\_

Plan name: \_\_\_\_\_ Applicable quotes:  1  2  3  4  
 5  6  7  8

Plan type:  Life insurance  Accidental death and dismemberment (AD&D)

Financing:  Commercial carrier \_\_\_\_\_ (carrier name)

Self-insured/funded  Union/Association Fund

Plan formula:  Multiple of earnings \_\_\_\_\_  Flat amount \$ \_\_\_\_\_  Other \_\_\_\_\_

Ceiling (annual maximum): \$ \_\_\_\_\_

Plan participation (by quote or establishment-wide):

Employer/employee cost sharing (e.g., fully employer paid; cost sharing percentages):

Life insurance premium:

Rate: \$ \_\_\_\_\_ per \$1000 of coverage/month  Flat cost \$ \_\_\_\_\_ per \_\_\_\_\_

AD&D premium:

Rate: \$ \_\_\_\_\_ per \$1000 of coverage/month  Flat cost \$ \_\_\_\_\_ per \_\_\_\_\_

Union fund contribution \$ \_\_\_\_\_ per \_\_\_\_\_

Additional plan details, usage, and cost information (e.g., the benefit is reduced for active worker at age 65):

Expenditure cost: \$ \_\_\_\_\_ Associated payroll = \$ \_\_\_\_\_  
 Gross earnings  Straight-time earnings

Reference period: \_\_\_\_\_ - \_\_\_\_\_ Number of workers: \_\_\_\_\_

## HEALTH INSURANCE

Plan offered to any establishment workers:  Yes  No

Date of expected (plan) change / Plan year: \_\_\_\_\_ Eligibility requirements: \_\_\_\_\_

Plan name: \_\_\_\_\_ Applicable quotes:  1  2  3  4  
 5  6  7  8

Plan document available:  Yes  No EIN/PN: \_\_\_\_\_

Financing:  Commercial carrier \_\_\_\_\_ (carrier name)  
 Self-insured/funded  Union/Association Fund

Type of coverage:  Medical  Dental  Vision  Prescription

Plan type:  
 Preferred provider organization (PPO)\*  Fee-for-service (FFS)  
 Health maintenance organization (HMO)  Point of service (POS) (Open-access/ended HMO)

\*Includes high deductible and consumer-driven plans, exclusive provider organizations (EPO), and POS indemnity plans.

Premiums and plan participation (by quote or establishment-wide):

Coverage level	Total premium / _____	Employer premium / _____	Employee premium / _____	1	2	3	4	5	6	7	8
Single	\$	\$	\$								
+ Spouse	\$	\$	\$								
+ Child	\$	\$	\$								
Family	\$	\$	\$								
+1	\$	\$	\$								
+2	\$	\$	\$								
+3	\$	\$	\$								
+4	\$	\$	\$								
-	-	-	Total count of eligible workers								

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## HEALTH INSURANCE - continued

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Other Costs:  Health Savings Accounts (HSA)  Health Reimbursement Arrangements (HRA)  
 Health Flexible Spending Accounts (FSA)

Union fund contribution \$ \_\_\_\_\_ per \_\_\_\_\_

Cash-in-lieu payments and details:

Additional plan details, usage, and cost information:

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Expenditure cost: \$ \_\_\_\_\_ Associated payroll = \$ \_\_\_\_\_  
 Gross earnings  Straight-time earnings

Reference period: \_\_\_\_\_ - \_\_\_\_\_ Number of workers: \_\_\_\_\_

## SHORT-TERM DISABILITY INSURANCE

Date of expected (plan) change / Plan year: \_\_\_\_\_ Eligibility requirements: \_\_\_\_\_

Plan name: \_\_\_\_\_ Applicable quotes:  1  2  3  4  
 5  6  7  8

Financing:  Commercial carrier \_\_\_\_\_ (carrier name)  
 Self-insured/funded  Union/Association Fund  Salary continuation plan

Plan formula:  Percent of earnings \_\_\_\_\_%  Flat amount \$\_\_\_\_\_ per week  
 Other \_\_\_\_\_

Weekly maximum benefit: \$\_\_\_\_\_ Benefit duration: \_\_\_\_\_ weeks

Plan participation (by quote or establishment-wide):

Employer/employee cost sharing (e.g., fully employer paid; cost sharing percentages):

Premium:  Rate: \$\_\_\_\_\_ per \$10 of weekly benefit/month  Flat cost \$\_\_\_\_\_ per \_\_\_\_\_  
 Union fund contribution \$\_\_\_\_\_ per \_\_\_\_\_

Additional plan details, usage, and cost information (e.g., Salary Continuation Plan - Quote 1: employee #1 took 15 paid days, employee #2 took 0 paid days):

Expenditure cost: \$\_\_\_\_\_ Associated payroll = \$ \_\_\_\_\_  
 Gross earnings  Straight-time earnings

Reference period: \_\_\_\_\_ - \_\_\_\_\_ Number of workers: \_\_\_\_\_

## LONG-TERM DISABILITY INSURANCE

Date of expected (plan) change / Plan year: \_\_\_\_\_ Eligibility requirements: \_\_\_\_\_

Plan name: \_\_\_\_\_ Applicable quotes:  1  2  3  4  
 5  6  7  8

Plan formula:  Percent of earnings \_\_\_\_\_%  Percent varies  
 Flat amount \$ \_\_\_\_\_ per month  Other \_\_\_\_\_

Monthly maximum benefit: \$ \_\_\_\_\_

Plan participation (by quote or establishment-wide):

Employer/employee cost sharing (e.g., fully employer paid; cost sharing percentages):

Premium:  Rate: \$ \_\_\_\_\_ per \$100 of payroll  Flat cost \$ \_\_\_\_\_ per \_\_\_\_\_

Union fund contribution \$ \_\_\_\_\_ per \_\_\_\_\_

Additional plan details, usage, and cost information:

Expenditure cost: \$ \_\_\_\_\_ Associated payroll = \$ \_\_\_\_\_  
 Gross earnings  Straight-time earnings

Reference period: \_\_\_\_\_ - \_\_\_\_\_ Number of workers: \_\_\_\_\_

## DEFINED BENEFIT RETIREMENT PLAN

Plan offered to any establishment workers:  Yes  No

Date of expected (plan) change / Plan year: \_\_\_\_\_ Eligibility requirements: \_\_\_\_\_

Plan name: \_\_\_\_\_ Applicable quotes:  1  2  3  4  
 5  6  7  8

Plan document available:  Yes  No EIN/PN: \_\_\_\_\_

Employee contribution percentage: \_\_\_\_\_ %

Frozen plan (e.g., yes – new employees are unable to participate since 2013)  Yes  No

Plan participation (by quote or establishment-wide):

Employer contribution cost and cost basis (e.g., percent contribution, cents per hour worked):

Percent contribution \_\_\_\_\_ % per \_\_\_\_\_ (e.g., employer percent of salary contribution)

Union fund contribution \$ \_\_\_\_\_ per \_\_\_\_\_

Additional plan details, usage, and cost information [e.g., annual Pension Benefit Guaranty Corporation (PBGC) premiums and administrative fees, total covered employees]:

Expenditure cost: \$ \_\_\_\_\_ Associated payroll = \$ \_\_\_\_\_  
 Gross earnings  Straight-time earnings

PBGC cost: \$ \_\_\_\_\_

Number of employees: \_\_\_\_\_

Administrative cost: \$ \_\_\_\_\_

Reference period: \_\_\_\_\_ - \_\_\_\_\_

## DEFINED CONTRIBUTION RETIREMENT PLAN

Plan offered to any establishment workers:  Yes  No

Date of expected (plan) change / Plan year: \_\_\_\_\_ Eligibility requirements: \_\_\_\_\_

Plan name: \_\_\_\_\_ Applicable quotes:  1  2  3  4  
 5  6  7  8

Plan document available:  Yes  No EIN/PN: \_\_\_\_\_

### Plan type:

- |  |  |
|--|--|
| <input type="checkbox"/> Deferred Profit Sharing           | <input type="checkbox"/> Employee Stock Ownership (ESOP)                     |
| <input type="checkbox"/> Money Purchase Plan               | <input type="checkbox"/> Savings and Thrift                                  |
| <input type="checkbox"/> Simplified Employee Pension (SEP) | <input type="checkbox"/> Savings Incentive Match Plan for Employees (SIMPLE) |
| <input type="checkbox"/> Other _____                       |  |

Must employees contribute to receive employer contribution?  Yes  No  Not determinable

Are employee contributions tax deferred?  Yes  No  Not determinable

Plan participation (by quote or establishment-wide):

Plan matching formula and ceiling:

Employer matches \_\_\_\_\_% up to \_\_\_\_\_% of employee contributions up to \_\_\_\_\_(% or \$).

Employee contributions and usage:

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## DEFINED CONTRIBUTION RETIREMENT PLAN - continued

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Employer contribution cost and cost basis (e.g., percent contribution, cents per hour worked):

- Percent contribution \_\_\_\_\_% per \_\_\_\_\_ (e.g., employer plan year contribution)
- Union fund contribution \$\_\_\_\_\_ per \_\_\_\_\_
- True-up contribution \$\_\_\_\_\_ per \_\_\_\_\_
- Student loan employer match \_\_\_\_\_ % or \$\_\_\_\_\_

Additional plan details, usage, and cost information (e.g., average employer contribution for participants = 3%, 10% of workforce do not participate):

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Expenditure cost: \$\_\_\_\_\_ Associated payroll = \$ \_\_\_\_\_  
 Gross earnings  Straight-time earnings

Reference period: \_\_\_\_\_ - \_\_\_\_\_ Number of workers: \_\_\_\_\_

