

Company Name: _____

2008 NMIA Benefits Survey

Health Insurance

1. Do you have a Health Insurance Plan for your employees?

Personnel

Salary	_____	Yes	_____	No
Office-Hourly	_____	Yes	_____	No
Plant-Hourly	_____	Yes	_____	No
Part-time	_____	Yes	_____	No
Other _____	_____	Yes	_____	No

If yes, are the benefits different for any groups specified above?

_____ Yes _____ No

If they are different for any of the benefits in this survey, please specify.

2. a. What types of benefits are covered? Please check all that apply.

	Salary	Office- Hourly	Plant Hourly	Part-time	Same for Everyone
Medical	_____	_____	_____	_____	_____
Dental	_____	_____	_____	_____	_____
Vision	_____	_____	_____	_____	_____
Prescription	_____	_____	_____	_____	_____
Employee Assistance Program	_____	_____	_____	_____	_____
Wellness Program	_____	_____	_____	_____	_____
Flex Spending Account	_____	_____	_____	_____	_____

Company Name: _____

Other _____

2. b What type of Plan do you offer?

PPO ____ HMO ____ Self Funded ____

____ Yes ____ No

If yes, what type of coverage is provided? _____

Is this different for salary, office, plant, part-time? _____

If yes, how? _____

If you checked any of the benefits above, please briefly explain them below:

Dental: _____

Vision: _____

Prescription: _____

EAP: _____

Wellness Plan: _____

Flex Spending: _____

Other: _____

3. For the benefits that apply, please answer the following questions:

Company Name: _____

Medical:

a. Who is your provider? _____

b. Does your plan require an employee contribution or premium
i.e. via payroll deduction?

_____ Yes _____ No

If yes, please specify amount:

	Medical	Dental	Rx	Vision	Other
Single	_____	_____	_____	_____	_____
One Dependent	_____	_____	_____	_____	_____
Family	_____	_____	_____	_____	_____

If yes, are these amounts deducted pre-tax or post-tax? _____

If pre-tax, is this a Qualified Section 125 Cafeteria Plan? _____

c. Are there any co-pays, i.e. Drs. visits, prescriptions?

_____ Yes _____ No

If yes, please specify your coverage plan: _____

Medical \$ _____ Prescriptions \$ _____ Other \$ _____

Is this different for salary, office, plant, part-time? _____

If yes, how? _____

d. Do you have a maximum out-of-pocket expense?

_____ Yes _____ No

If yes, how much?

Single _____

One Dependent _____

Family _____

If yes, what time frame does this cover, i.e. per year? _____

Is this different for salary, office, plant, part-time? _____

If yes, how? _____

e. What is the Plan deductible? i.e. \$100 Individual / \$200 Family, etc.

Company Name: _____

f. Do you have any Co-Insurance ie: 90/10 Plan 80/20 Plan (after deductible)

_____ Yes _____ No

If yes, what is your plan? _____

Disability Insurance

1. Do you provide short-term disability insurance?

_____ Yes _____ No

If yes, what is the maximum weekly benefit paid? _____

For what particular length of time? _____

What are the employee qualifications? _____

2. Do you provide long-term disability insurance?

_____ Yes _____ No

If yes, what is the maximum weekly benefit paid? _____

For what particular length of time? _____

What are the employee qualifications? _____

Life Insurance

1. Do you offer life insurance to your employees?

_____ Yes _____ No

If yes, what is your coverage? _____

Is it different for salary, office, plant, part-time personnel? _____

If yes, how? _____

What are the employee qualifications? _____

2. Do you provide supplemental life insurance (including dependent life) as an option to your employees?

_____ Yes _____ No

If yes, what is the maximum coverage allowed? _____

What are the employee qualifications? _____

Company Name: _____

Vacation Days

1. How much paid vacation time do you offer your employees? Please specify below if it is different for salary, office, plant, part-time personnel.

a. 6 months/less than 1 year: _____

b. After 1 year: _____

c. After 5 years: _____

d. After 10 years: _____

e. After 15 years: _____

f. After 20 years: _____

g. Other: _____

2. Does your policy allow for vacation accrual?

_____ Yes _____ No

If yes, briefly explain your accrual: _____

Sick Days

1. Do you offer paid time off for absences due to illness?

_____ Yes _____ No

If yes, how much time do you allow? _____

2. Do you have a different policy for salary, office, plant, part-time employees?

_____ Yes _____ No

Company Name: _____

If yes, please explain: _____

Personal Days

1. Do you offer paid time off for personal reasons?

_____ Yes _____ No

If yes, how much time do you allow? _____

2. Do you have a different policy for salary, office, plant, part-time employees?

_____ Yes _____ No

If yes, please explain: _____

401K/Retirement Plan

1. Do you offer a 401K Plan for your employees?

_____ Yes _____ No

If yes, what qualifications must an employee have to participate? _____

What is the maximum employee contribution % of your plan? _____

Do you offer matching employer contributions?

_____ Yes _____ No

If yes, how much, i.e. what percentage? _____

Is there a particular vesting schedule?

_____ Yes _____ No

If yes, what is it? _____

Company Name: _____

3. Do you offer a Retirement Plan for your employees?

_____ Yes _____ No

If yes, is this in addition to your 401K plan or is it one-in-the-same? _____

3. If this is in addition to your 401K, please briefly explain: _____

Holidays

1. How many paid holidays do you offer your employees annually? _____

2. Do salary, office-hourly and plant personnel have the same holidays?

_____ Yes _____ No

If yes, which holidays? Please check all that apply.

- | | |
|----------------------|------------------------|
| _____ New Year's Day | _____ Thanksgiving Day |
| _____ Good Friday | _____ Christmas Eve |
| _____ Memorial Day | _____ Christmas Day |
| _____ Fourth of July | _____ New Year's Eve |
| _____ Labor Day | _____ Other: _____ |
| | _____ |
| | _____ |

If no, please explain: _____

4. Do you offer paid holidays to part-time employees?

_____ Yes _____ No

If yes, what are the minimum required hours? _____

5. How long must an employee work for the company before he/she receives Holiday Pay?

Tuition Reimbursement

Company Name: _____

1. Do you offer a Tuition Reimbursement Program?

_____ Yes _____ No

If yes, how long must an employee work for the company before he/she becomes eligible for the program? _____

2. What are the eligibility requirements for reimbursement? _____

3. What percent of the tuition cost is reimbursed? _____

4. What is the maximum annual reimbursement per year? _____

5. What is the criteria for a course to be covered? _____

6. Is there a minimum grade requirement for coverage? _____ If yes, what? _____

Incentive Programs

1. Attendance _____

2. Suggestion System _____

3. Other _____

Leaves

1. Jury Duty _____

2. Marriage _____

3. Birth / Adoption _____

4. Funeral _____

5. Military _____

Company Events

1. Picnics _____

Company Name: _____

2. Christmas Party _____

3. Birthdays _____

4. Other _____

Allowances

1. Safety Shoes _____

2. Prescription Safety Glasses _____

3. Employee Purchases _____

4. Tools and Uniforms _____

Overtime Pay

1. What is your Overtime Pay policy for non-exempt employees? _____

2. What is your Overtime Pay policy for exempt employees? _____

3. Are there any differences between office-hourly or plant employees?

_____ Yes _____ No

If yes, please explain: _____

4. Do you offer compensable time off (comp time) for salary or exempt employees?

_____ Yes _____ No

If yes, briefly explain: _____

Flex-time/Alternate Work Schedules

1. Do you offer Flex-time or Alternate Work Schedules for your employees?

_____ Yes _____ No

If yes, briefly explain: _____

Company Name: _____

Other

1. Do you have any special needs which NMIA may be able to address in the future?

_____ Yes _____ No

Please explain: _____

