

PLEASE COMPLETE THIS FORM IF THIS FIRM/ORGANIZATION **DID NOT OFFER HEALTH INSURANCE** TO ANY EMPLOYEE ON 10/01/2002.

- YOU MAY SUBMIT YOUR ANSWERS ON-LINE AT WWW.GAEMPLOYERSURVEY.ORG, FAX THE COMPLETED FORM TO (404) 463-9677 OR RETURN IT IN THE ENCLOSED POSTAGE PAID ENVELOPE.
- IN ALL YOUR RESPONSES, PLEASE PROVIDE THE BEST INFORMATION YOU HAVE AVAILABLE. IF YOU DO NOT KNOW THE ANSWER TO A PARTICULAR QUESTION, PLEASE PROVIDE YOUR BEST ESTIMATE. IF YOU NEED ASSISTANCE, PLEASE CONTACT JEAN O'CONNOR AT (404) 656-7504.

1. HOW MANY EMPLOYEES, INCLUDING FULL-TIME, PART-TIME, CONTRACT, TEMPORARY AND SEASONAL WORKERS, WORKED FOR YOUR FIRM OR ORGANIZATION DURING THE PAY PERIOD THAT INCLUDED 10/1/2002? _____ (INCLUDE ALL EMPLOYEES IN ALL GEORGIA ESTABLISHMENTS OR LOCATIONS FOR WHICH THIS OFFICE ADMINISTERS BENEFITS AND PAYROLL.)

2. HOW MANY OF THESE EMPLOYEES ARE: PERMANENT FULL-TIME? _____ PERMANENT PART-TIME? _____

3. HOW MANY HOURS PER WEEK MUST AN EMPLOYEE WORK TO BE CONSIDERED FULL-TIME? _____ / HOURS PER WEEK

4. HAVE YOU EVER OFFERED HEALTH BENEFITS TO YOUR EMPLOYEES?

YES, THE CALENDAR YEAR WHICH INCLUDED THE LAST DAY HEALTH BENEFITS WERE OFFERED WAS _____. NO

5. WHAT ARE THE MAIN REASONS FOR NOT OFFERING HEALTH INSURANCE? (CHECK UP TO THREE)

- | | |
|--|---|
| <input type="checkbox"/> PREMIUMS TOO HIGH | <input type="checkbox"/> ADMINISTRATIVE HASSELS TOO GREAT |
| <input type="checkbox"/> EMPLOYEES COVERED ELSEWHERE | <input type="checkbox"/> TOO MANY LOW WAGE OR MINIMUM WAGE WORKERS |
| <input type="checkbox"/> COMPETITORS DON'T OFFER INSURANCE | <input type="checkbox"/> FIRM CAN ATTRACT GOOD EMPLOYEES WITHOUT IT |
| <input type="checkbox"/> EMPLOYEE TURNOVER TOO GREAT | <input type="checkbox"/> EMPLOYEES DON'T WANT INSURANCE |
| <input type="checkbox"/> FIRM NEWLY ESTABLISHED | <input type="checkbox"/> OTHER (SPECIFY _____) |

6. HOW LONG HAS YOUR FIRM/ORGANIZATION EXISTED? _____ YEARS.

7. DOES YOUR FIRM/ORGANIZATION OFFER ANY OF THE FOLLOWING BENEFITS TO FULL-TIME PERMANENT EMPLOYEES? (CHECK ALL THAT APPLY)

- | | | |
|--|--|---|
| <input type="checkbox"/> RETIREMENT PLAN | <input type="checkbox"/> SHORT TERM DISABILITY INSURANCE | <input type="checkbox"/> PAID HOLIDAYS |
| <input type="checkbox"/> RETIREE HEALTH INSURANCE | <input type="checkbox"/> LONG TERM CARE INSURANCE | <input type="checkbox"/> PAID SICK LEAVE |
| <input type="checkbox"/> TAX DEFERRED SAVINGS PLANS | <input type="checkbox"/> LIFE INSURANCE | <input type="checkbox"/> VOUCHER OR CASH ASSISTANCE FOR PURCHASE OF INDIVIDUAL HEALTH INSURANCE |
| <input type="checkbox"/> EDUCATIONAL/ TUITION ASSISTANCE | <input type="checkbox"/> CHILD CARE ASSISTANCE | |
| <input type="checkbox"/> LONG TERM DISABILITY INSURANCE | <input type="checkbox"/> FLEXIBLE WORK SCHEDULE | |
| | <input type="checkbox"/> EMPLOYEE ASSISTANCE PROGRAM | |
| | <input type="checkbox"/> PAID VACATION | |

8. WHAT PERCENTAGE OF YOUR FULL-TIME PERMANENT EMPLOYEES ARE FEMALE? _____%

9. WHAT PERCENTAGE OF YOUR FULL-TIME PERMANENT EMPLOYEES HAVE BEEN EMPLOYED AT YOUR FIRM/ORGANIZATION FOR:

_____ % LESS THAN 1 YEAR _____ % FROM 1 TO 5 YEARS _____ % MORE THAN 5 YEARS

10. WHAT PERCENTAGE OF YOUR FULL-TIME PERMANENT EMPLOYEES ARE:

_____ % AGE 24 OR UNDER _____ % 25-54 YEARS OF AGE _____ % 55-64 YEARS OF AGE _____ % AGE 65 OR OVER

11. WHAT PERCENTAGE OF YOUR FULL-TIME PERMANENT EMPLOYEES EARN:

_____ % LESS THAN \$9 PER HOUR (OR ABOUT \$18,000 PER YEAR)
_____ % BETWEEN \$9 AND \$21 PER HOUR (OR BETWEEN \$18,000 AND \$42,000)
_____ % MORE THAN \$21 PER HOUR (OR MORE THAN \$42,000 PER YEAR)

12. WHAT PERCENTAGE OF YOUR FULL-TIME PERMANENT EMPLOYEES ARE:

_____ % CAUCASIAN _____ % LATINO OR HISPANIC _____ % NATIVE AMERICAN
_____ % AFRICAN AMERICAN _____ % ASIAN _____ % OTHER

THANK YOU VERY MUCH FOR COMPLETING THIS IMPORTANT SURVEY. THE INFORMATION YOU HAVE PROVIDED WILL BE KEPT CONFIDENTIAL.