PLEASE COMPLETE THIS FORM IF THIS FIRM/ORGANIZATION OFFERED 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. OF THE PERMANENT FULL-TIME EMPLOYEES WORKING FOR YOUR FIRM / ORGANIZATION ON 10/1/2002:

   WHAT PERCENTAGE WERE ELIGIBLE UNDER ANY OF YOUR FIRM / ORGANIZATION'S HEALTH BENEFIT PLANS? _____%

   WHAT PERCENTAGE WERE ENROLLED ON 10/1/2002 UNDER ANY OF YOUR FIRM / ORGANIZATION'S HEALTH BENEFIT PLANS? _____%

5. IN YOUR FIRM / ORGANIZATION, ARE THE FOLLOWING KINDS OF WORKERS ALSO ELIGIBLE TO PARTICIPATE IN THE HEALTH BENEFIT PLAN?

	YES	NO	NO SUCH EMPLOYEES
PART-TIME PERMANENT EMPLOYEES	☐	☐	☐
TEMPORARY EMPLOYEES	☐	☐	☐
HOURLY EMPLOYEES	☐	☐	☐
SEASONAL EMPLOYEES	☐	☐	☐
EMPLOYEES WHO ARE UNION MEMBERS	☐	☐	☐

6. HOW MANY DAYS AFTER HIRE MUST AN EMPLOYEE WORK FOR YOUR FIRM/ORGANIZATION TO BE ELIGIBLE FOR HEALTH BENEFITS? (PLEASE PUT ZERO IF NONE)_____(DAYS)

7. WHAT TYPES OF HEALTH BENEFIT PLANS DOES YOUR FIRM/ORGANIZATION OFFER? (CHECK ALL THAT APPLY)

- ☐ HEALTH MAINTENANCE ORGANIZATION (HMO)
- ☐ PREFERRED PROVIDER ORGANIZATION (PPO)
- ☐ TRADITIONAL INDEMNITY PLAN
- ☐ HIGH DEDUCTIBLE PLAN (INDIVIDUAL ANNUAL DEDUCTIBLE OF $2,000 OR HIGHER)
- ☐ MEDICAL SAVINGS ACCOUNT
- ☐ VOUCHER/ALLOWANCE FOR PURCHASE OF INDIVIDUAL PLAN
- ☐ SPECIFIC DISEASE POLICIES (FOR EXAMPLE: CANCER CARE PLAN)
- ☐ DISCOUNT PLANS (FOR EXAMPLE: DISCOUNT ON PRESCRIPTIONS)
- ☐ OTHER (SPECIFY _____)

8. WHAT IS THE FUNDING ARRANGEMENT FOR YOUR PLAN? (IF MULTIPLE PLANS, CONSIDER THE PLAN ELECTED BY THE LARGEST % OF EMPLOYEES.)
   - ☐ FULLY INSURED PLAN WITH A LICENSED INSURANCE COMPANY
   - ☐ SELF- INSURED PLAN (INSURANCE COMPANY MAY ADMINISTER)
   - ☐ EMPLOYEES COVERED THROUGH EMPLOYEE ASSOCIATION OR UNION PLAN

9. DO EMPLOYEES HAVE A CHOICE OF MORE THAN ONE HEALTH PLAN? ☐ YES ☐ NO

10. WHAT TYPES OF BENEFITS ARE COVERED UNDER ANY OF YOUR HEALTH BENEFIT PLANS?

	OFFERED TO FULL-TIME PERMANENT EMPLOYEES		OFFERED TO DEPENDENTS	
	YES	NO	YES	NO
HOSPITAL STAYS	☐	☐	☐	☐
EMERGENCY CARE	☐	☐	☐	☐
PREVENTIVE CARE VISITS OR SCREENINGS	☐	☐	☐	☐
PRESCRIPTION DRUGS	☐	☐	☐	☐
MENTAL HEALTH CARE	☐	☐	☐	☐
DENTAL CARE	☐	☐	☐	☐
EYE CARE	☐	☐	☐	☐

11. PLEASE COMPLETE THE FOLLOWING TABLE FOR YOUR HEALTH PLAN: (IF MULTIPLE PLANS, CONSIDER THE PLAN ELECTED BY THE LARGEST % OF EMPLOYEES.)

	EMPLOYEE CONTRIBUTION	TOTAL MONTHLY COST PER EMPLOYEE
INDIVIDUAL EMPLOYEE COVERAGE	$	$
EMPLOYEE PLUS SPOUSE COVERAGE	$	$
FAMILY COVERAGE	$	$

12. CONSIDERING ALL EMPLOYER AND EMPLOYEE PREMIUM CONTRIBUTIONS, HOW MUCH DID YOUR FIRM / ORGANIZATION SPEND IN TOTAL ON HEALTH INSURANCE FOR ALL EMPLOYEES AND DEPENDENTS FOR THE MOST RECENT FULL PLAN YEAR? _____

13. COMPARED TO THE MOST RECENT FULL PLAN YEAR, HOW WOULD YOU DESCRIBE YOUR FIRM/ORGANIZATION'S HEALTH INSURANCE PREMIUMS FOR THE CURRENT PLAN YEAR?

☐ COSTS DECREASED ☐ COSTS INCREASED ☐ UNCHANGED ☐ NOT APPLICABLE

14. COMPARED WITH THE LAST COMPLETED PLAN YEAR, HOW HAVE YOUR FIRM / ORGANIZATION'S HEALTH BENEFITS CHANGED IN THE CURRENT YEAR? (IF MULTIPLE PLANS, CONSIDER THE PLAN ELECTED BY THE LARGEST % OF EMPLOYEES.)

	INCREASED	DECREASED	NO CHANGE	NO INSURANCE IN PREVIOUS PLAN YEAR
CO-PAYMENTS OR COINSURANCE	☐	☐	☐	☐
DEDUCTIBLES	☐	☐	☐	☐
COVERED SERVICES	☐	☐	☐	☐
CHOICE OF PROVIDERS	☐	☐	☐	☐
SHARE OF PREMIUM PAID BY EMPLOYEE FOR EMPLOYEE –ONLY COVERAGE	☐	☐	☐	☐
SHARE OF PREMIUM PAID BY EMPLOYEE FOR DEPENDENT COVERAGE	☐	☐	☐	☐

15. HOW MANY TIMES HAS YOUR FIRM / ORGANIZATION CHANGED HEALTH INSURANCE CARRIER OR THIRD PARTY ADMINISTRATOR DURING THE LAST FIVE YEARS? (IF MULTIPLE PLANS, CONSIDER THE PLAN ELECTED BY THE LARGEST % OF EMPLOYEES.) _____ (0 IF NEVER OR IF FIRST PLAN YEAR)

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

17. HOW MANY YEARS OUT OF THE LAST 10 YEARS HAS YOUR FIRM/ORGANIZATION OFFERED HEALTH INSURANCE TO ANY EMPLOYEE(S)? _____ YEARS.

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

- ☐ RETIREMENT PLAN
- ☐ RETIREE HEALTH INSURANCE
- ☐ TAX DEFERRED SAVINGS PLANS
- ☐ EDUCATIONAL/ TUITION ASSISTANCE
- ☐ LONG TERM DISABILITY INSURANCE
- ☐ SHORT TERM DISABILITY INSURANCE
- ☐ LONG TERM CARE INSURANCE
- ☐ LIFE INSURANCE
- ☐ CHILD CARE ASSISTANCE
- ☐ FLEXIBLE WORK SCHEDULE
- ☐ EMPLOYEE ASSISTANCE PROGRAM
- ☐ PAID VACATION
- ☐ PAID HOLIDAYS
- ☐ PAID SICK LEAVE

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

20. 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

21. WHAT PERCENTAGE OF YOUR FULL-T IME PERMANENT EMPLOYEES ARE:

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

22. 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)

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

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

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