

PLEASE COMPLETE THIS FORM IF THIS FIRM/ORGANIZATION DID NOT OFFER HEALTH INSURANCE TO ANY EMPLOYEE ON 10/01/2004.

- YOU MAY SUBMIT YOUR ANSWERS ON-LINE AT WWW.GAEMPLOYERSURVEY.ORG 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 THE GSU RESEARCHERS AT 404-463-9562

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 10/1/2004? _____ (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. HOW LONG HAS YOUR FIRM/ORGANIZATION EXISTED? _____ YEARS.
6. 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
 - VOUCHER OR CASH ASSISTANCE FOR PURCHASE OF INDIVIDUAL HEALTH INSURANCE
7. WOULD YOU CONTRIBUTE SOMETHING TOWARD HEALTH INSURANCE FOR YOUR EMPLOYEES IF A LOW-COST PLAN WERE AVAILABLE?
 - YES HOW MUCH? _____ \$ PER EMPLOYEE PER MONTH
 - NO
8. DO YOU BELIEVE ANY OF YOUR EMPLOYEES WOULD CONTRIBUTE SOMETHING TOWARD HEALTH INSURANCE IF A LOW-COST PLAN WERE OFFERED?
 - YES
 - NO

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY. FOR LARGE FIRMS, IT MAY BE NECESSARY TO PROVIDE ESTIMATES.

9. HOW MANY OF YOUR FULL-TIME PERMANENT EMPLOYEES ARE FEMALE? _____
10. HOW MANY 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
11. HOW MANY 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
12. HOW MANY 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)

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