



BENEFIT SURVEY
Labor Market Information Center
SFN 54215 (3/05)

Please complete this survey for the worksite listed below:

Dear Employer:

Workers and employers commonly perceive salary and wages as the main determinant of a “quality” job, but a company’s benefit package increasingly plays an important role in attracting a productive, loyal workforce. This year, your community has been selected to participate in a benefit survey conducted by Job Service North Dakota, in cooperation with the Center for Rural Health at the University of North Dakota.

For years, North Dakota, through its Labor Market Information Center, has been one of only a handful of states in the nation to collect and publish information on workplace benefits. Every other year, employers in the state’s largest communities are asked to provide information on benefits offered at their companies. Using feedback from various customer groups, we have revamped our survey to reflect the growing trends in benefits and to simply make it easier to fill out. Your participation is vital in generating accurate, usable benefits information in order to get a clear understanding of an employee’s total compensation.

We are confident that the benefit data we collect will be useful to you in your business decisions; therefore, we will work to ensure each survey contains complete and accurate information. As a part of quality control, we may contact you for clarification on any incomplete information. All information you provide to us will be **completely confidential**, with results aggregated to preserve any individual firm’s identity.

Please return your completed survey in the postage-paid envelope within 30 days. Thank you in advance for your participation. The survey begins on page 2.

Sincerely,

Duane Broschat, Manager
Labor Market Information Center

If you need assistance completing this form, please contact us using one of the following options:

⇒ PHONE

(Local-Bismarck) 328-1279
(Toll Free) 1-800-732-9787
(TTY) 1-800-366-6888

⇒ FAX

(Local-Bismarck) 328-4193
(Toll Free) 1-877-405-8711

⇒ E-MAIL

slkramer@state.nd.us

A Member of the American Statistical Association

Job Service North Dakota is an equal opportunity employer / program provider. Auxiliary aids and services are available upon request to individuals with disabilities.

Name of person filling out survey: _____

Title of person filling out survey: _____

Phone number: _____

EMPLOYMENT

1. Please fill in employment information for **March** of the current year **ONLY** for the worksite addressed on the mailing label.

TOTAL EMPLOYMENT COUNT

- a) # Females _____
b) # Part-Time (works <35 hrs/wk on avg) _____
c) # Female Part-Time _____

WAGE ADJUSTMENTS

2. How often are wages reviewed? (Check one) Semi-Annually Annually Biennially Other _____

3. On average, what was the wage increase given to employees in the last 12 months? _____ %
Type of wage increase(s) given: (Check all that apply) Merit Cost of living Longevity

4. On average, what wage increase do you expect to give to employees in the next 12 months? _____ %

COST OF BENEFITS (Please round all data to the nearest whole number)

5. How much did your organization spend on each of the following components of compensation in the last year?

Wages and salaries \$ _____
Health insurance \$ _____
All other insurance (i.e. dental, vision, life, etc.) \$ _____
All retirement plans \$ _____
Other benefits (please specify) _____ \$ _____

PAID TIME OFF Check if no formal paid time off is offered, and skip to question #12.

↳ If your company does not differentiate between vacation, sick and other types of leave please skip to question #8.

		Full-time	Part-time
6. How many paid vacation days (8 hours = 1 day) per year are provided after the completion of the following years of service? If none, enter zero.	1st year	_____ days	_____ days
	5th year	_____ days	_____ days
	10th year	_____ days	_____ days
	20th year	_____ days	_____ days

7. How many paid sick days (8 hours = 1 day) per year are provided after the completion of the following years of service? If none, enter zero.	1st year	_____ days	_____ days
	5th year	_____ days	_____ days
	10th year	_____ days	_____ days
	20th year	_____ days	_____ days

8. How many general paid days off (8 hours = 1 day) per year are provided after the completion of the following years of service? If none, enter zero. ↳ Only include general paid time off (i.e. PTO, personal leave, time bank, etc.) that is offered in addition to, or in place of, separate vacation and sick leave.	1st year	_____ days	_____ days
	5th year	_____ days	_____ days
	10th year	_____ days	_____ days
	20th year	_____ days	_____ days

9. Can accumulated days be carried over to the next year? Yes No
If YES, which benefits? (Check all that apply) Vacation Sick Paid Time Off

10. Can accumulated days be converted into some other benefit (cash, stock purchase, etc.)? Yes No
 If YES, which benefits? (Check all that apply) Vacation Sick Paid Time Off

11. Which of the following **paid days off** are offered to employees by your company? (Check all that apply)

	Full-time	Part-time
Paid Holidays	<input type="checkbox"/>	<input type="checkbox"/>
Paid Family leave	<input type="checkbox"/>	<input type="checkbox"/>
Paid Funeral leave	<input type="checkbox"/>	<input type="checkbox"/>
Paid Jury Duty	<input type="checkbox"/>	<input type="checkbox"/>
Paid Military leave	<input type="checkbox"/>	<input type="checkbox"/>

INSURANCE Check if **no** insurance plans are offered, and skip to question #13.

12. Which of the following insurance plans are offered to employees by your company? For each of the insurance plans that you provide, list the percent of the premium paid by the company. (Check all that apply)

Full-time		Part-time	
<input type="checkbox"/>	Single medical _____% paid	<input type="checkbox"/>	Single medical _____% paid
<input type="checkbox"/>	Family medical _____% paid	<input type="checkbox"/>	Family medical _____% paid
<input type="checkbox"/>	Dental _____% paid	<input type="checkbox"/>	Dental _____% paid
<input type="checkbox"/>	Vision _____% paid	<input type="checkbox"/>	Vision _____% paid
<input type="checkbox"/>	Life _____% paid	<input type="checkbox"/>	Life _____% paid
<input type="checkbox"/>	Short-term disability _____% paid	<input type="checkbox"/>	Short-term disability _____% paid
<input type="checkbox"/>	Long-term disability _____% paid	<input type="checkbox"/>	Long-term disability _____% paid

NOTE: For questions 13-21, "health insurance" refers to medical ONLY.

13. If health insurance is **NOT** offered, what is the primary reason? (Check only one and skip to question #22)

- Premiums too high
- Employees are generally covered under another plan (i.e. spouse, parent, etc.)
- Too many low wage or minimum wage workers
- Administrative hassle of providing benefits is too great
- Employee turnover is too high
- Most of my competitors do not offer health insurance
- The firm is newly established and health insurance is not a priority
- My firm can attract good employees without having to offer health insurance

14. If health insurance is offered, how is it set up and administered? (Check one)

- Contract with a health insurer
- Self-funded and administered by my company/organization
- Self-funded and administered by a third party
- Union provided plan

15. How long must an employee work at your company/organization before they become eligible for health benefits?

(Check one box per column)

	Full-time	Part-time
Within the first month of employment	<input type="checkbox"/>	<input type="checkbox"/>
1 to 3 months	<input type="checkbox"/>	<input type="checkbox"/>
4 to 6 months	<input type="checkbox"/>	<input type="checkbox"/>
7 to 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Longer than 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Not eligible for health benefits	<input type="checkbox"/>	<input type="checkbox"/>

16. Is health insurance offered as part of a flexible benefit plan? Yes No

17. Is your organization part of a health insurance purchasing pool? Yes No
18. Compared with the prior year, has your company's health insurance premium increased? Yes No
19. If YES, what is the percentage of the monthly premium increase paid by the employee or company/organization?
- Employee Company/Organization
- Percentage (%) increase paid by: _____
20. Compared with the prior year, have the terms of your health insurance benefits changed? Yes No
21. If YES, how have the terms of your health benefits changed? *(Check all that apply)*
- Increased co-payments
 - Fewer or modified benefits
 - Increased share of total premium paid by employee
 - Higher deductible
 - Less choice in providers (i.e. PPO)
 - Other (please specify) _____

RETIREMENT Check if no retirement plans are offered, and skip to question #24.

22. Does your company offer a defined contribution retirement plan? *(i.e. 401k, savings & thrift, deferred profit sharing, etc.)*
- | | Full-time | | Part-time | |
|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- If YES, does your company match any portion of the employee's contribution?
- | | | | |
|------------------------------|-----------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|------------------------------|-----------------------------|
23. Does your company offer a defined benefit pension retirement plan? *(i.e. uses a pre-determined formula to calculate an employee's future benefit)*
- | | | | |
|------------------------------|-----------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|------------------------------|-----------------------------|
- If YES, for the majority of employees, how much does your company pay towards the defined benefit pension retirement plan?
- | Full-time <i>(Check one)</i> | Part-time <i>(Check one)</i> |
|---|---|
| <input type="checkbox"/> 100% employer paid | <input type="checkbox"/> 100% employer paid |
| <input type="checkbox"/> 100% employee paid | <input type="checkbox"/> 100% employee paid |
| <input type="checkbox"/> Jointly paid (_____ % employer paid) | <input type="checkbox"/> Jointly paid (_____ % employer paid) |

ADDITIONAL BENEFITS Check if no additional benefits are offered.

24. Which of the following benefits are offered to employees? *(Check all that apply)*
- | | |
|--|---|
| <input type="checkbox"/> Flex-time scheduling | <input type="checkbox"/> Employer paid training |
| <input type="checkbox"/> Telecommuting | <input type="checkbox"/> Tuition reimbursement |
| <input type="checkbox"/> Child care (on-site day care, vouchers, reimbursements) | <input type="checkbox"/> Employer provided stocks |
| <input type="checkbox"/> Hiring bonuses | <input type="checkbox"/> Employee stock purchase plan |
| <input type="checkbox"/> Employee assistance program | <input type="checkbox"/> Club membership |
| <input type="checkbox"/> Employer paid liability insurance | <input type="checkbox"/> Employee discount on services or merchandise |
| <input type="checkbox"/> Profit sharing | <input type="checkbox"/> Year-end bonuses |
| <input type="checkbox"/> Employee wellness programs | <input type="checkbox"/> Elder care assistance |
| <input type="checkbox"/> Other (please specify) _____ | |
25. Does your organization operate on shifts? Yes No
- If YES, does your organization offer shift differentials? Yes No