



**Wyoming Department of  
Employment  
Research & Planning  
PO Box 2760  
Casper, WY 82602  
Phone: (307) 473-3835**

## 2006 Employee Benefits Survey

Company Name \_\_\_\_\_

Phone Number \_\_\_\_\_

### Instructions:

- For accurate results, it is important that you fill out and return this survey even if your organization offers no benefits.
- If possible, please provide information for your **Wyoming** employees only.
- Answer all questions for the pay period that included **August 12, 2006**.
- If you have any questions about the survey, please call Lisa Knapp at (307) 473-3835 or e-mail [lknap@state.wy.us](mailto:lknap@state.wy.us).
- Please mail the completed survey in the postage-paid envelope or fax it to (307) 473-3834.
- Your response to this survey is crucial to ensure the results obtained are accurate and complete. **All information provided will remain strictly confidential.** Results will be presented in aggregate form so that no individual response will be identifiable in any published results.

Which of the following options describes the status of your Wyoming operations during the pay period that included **May 12, 2006**?

- Operating: Continue with the survey.
- Temporarily closed during this period: Please return the form to the address at the top of the page.
- Permanently out of business: Please return the form to the address at the top of the page.

### Contact Information

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(Contact information is needed in case clarification is needed about responses to the survey.)

- Check here if you would like a complimentary printed copy of the results.
- Check here if you would like an electronic copy of the results e-mailed to you.

E-mail address: \_\_\_\_\_

### Employment

1. How many workers does your company currently employ in Wyoming? \_\_\_\_\_

- If zero employees, please check here and return the survey form.

Based on your organization's classification of full-time and part-time:

2. How many employees are considered full-time? \_\_\_\_\_

3. How many employees are considered part-time? \_\_\_\_\_

a. How many hours must your employees work each week to be considered full-time? \_\_\_\_\_

4. Is the information provided in questions 1 through 3:  For Wyoming locations only.  
 For Wyoming and other locations (regional, nationwide, etc.).

**For your responses to be interpreted properly, please answer the remainder of the questions on the survey for the location(s) included in your answers to questions 1 through 3.**

Please answer the following questions for full- and part-time employees separately. Record information for **full-time** employees in **column 1**; if you have no full-time employees, leave column 1 blank. Record information for **part-time** employees in **column 2**; if you have no part-time employees, leave column 2 blank.

Insurance		Column 1	Column 2
		Full-time	Part-time
5.	Does your organization offer medical insurance? (if no, please skip to question #7)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	a. How many employees are <b>offered</b> medical insurance coverage for themselves?	_____ Employees	_____ Employees
	b. How many employees are <b>enrolled</b> in medical coverage for themselves?	_____ Employees	_____ Employees
	c. For the majority of employees, are medical insurance premiums:	<input type="radio"/> 100% Employer Paid <input type="radio"/> 100% Employee Paid <input type="radio"/> Jointly Paid	<input type="radio"/> 100% Employer Paid <input type="radio"/> 100% Employee Paid <input type="radio"/> Jointly Paid
6.	Does your organization offer medical insurance for employees' spouses or dependents? (if no, please skip to question #7)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	a. How many employees are <b>offered</b> medical insurance coverage for their spouses or dependents?	_____ Employees	_____ Employees
	b. How many employees <b>enroll</b> their spouses or dependents in medical insurance coverage?	_____ Employees	_____ Employees
	c. For the majority of employees, are medical insurance premiums for employees' spouses or dependents:	<input type="radio"/> 100% Employer Paid <input type="radio"/> 100% Employee Paid <input type="radio"/> Jointly Paid	<input type="radio"/> 100% Employer Paid <input type="radio"/> 100% Employee Paid <input type="radio"/> Jointly Paid
7.	Does your organization offer dental insurance ? (if no, please skip to question #8)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	a. How many employees are <b>offered</b> dental insurance?	_____ Employees	_____ Employees
	b. How many employees are <b>enrolled</b> in dental insurance?	_____ Employees	_____ Employees
	c. For the majority of employees, are dental insurance premiums:	<input type="radio"/> 100% Employer Paid <input type="radio"/> 100% Employee Paid <input type="radio"/> Jointly Paid	<input type="radio"/> 100% Employer Paid <input type="radio"/> 100% Employee Paid <input type="radio"/> Jointly Paid
8.	Does your organization offer vision insurance ? (if no, please skip to question #9)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	a. How many employees are <b>offered</b> vision insurance?	_____ Employees	_____ Employees
	b. How many employees are <b>enrolled</b> in vision insurance?	_____ Employees	_____ Employees
	c. For the majority of employees, are vision insurance premiums:	<input type="radio"/> 100% Employer Paid <input type="radio"/> 100% Employee Paid <input type="radio"/> Jointly Paid	<input type="radio"/> 100% Employer Paid <input type="radio"/> 100% Employee Paid <input type="radio"/> Jointly Paid
9.	Does your organization offer life insurance ? (if no, please skip to question #10)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	a. How many employees are <b>offered</b> life insurance?	_____ Employees	_____ Employees
	b. How many employees are <b>enrolled</b> in life insurance?	_____ Employees	_____ Employees
	c. For the majority of employees, are life insurance premiums:	<input type="radio"/> 100% Employer Paid <input type="radio"/> 100% Employee Paid <input type="radio"/> Jointly Paid	<input type="radio"/> 100% Employer Paid <input type="radio"/> 100% Employee Paid <input type="radio"/> Jointly Paid

Insurance cont.	Column 1	Column 2
	Full-time	Part-time
10. Does your organization offer short-term disability insurance? (if no, please skip to question #11) ( <i>Excluding Worker's Compensation</i> )	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
a. How many employees are <b>offered</b> short-term disability insurance coverage for themselves?	_____ Employees	_____ Employees
b. How many employees are <b>enrolled</b> in short-term disability coverage for themselves?	_____ Employees	_____ Employees
c. For the majority of employees, are short-term disability insurance premiums:	<input type="radio"/> 100% Employer Paid <input type="radio"/> 100% Employee Paid <input type="radio"/> Jointly Paid	<input type="radio"/> 100% Employer Paid <input type="radio"/> 100% Employee Paid <input type="radio"/> Jointly Paid
11. Does your organization offer long-term disability insurance? (if no, please skip to question #12) ( <i>Excluding Worker's Compensation</i> )	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
a. How many employees are <b>offered</b> long-term disability insurance coverage for themselves?	_____ Employees	_____ Employees
b. How many employees are <b>enrolled</b> in long-term disability coverage for themselves?	_____ Employees	_____ Employees
c. For the majority of employees, are long-term disability insurance premiums:	<input type="radio"/> 100% Employer Paid <input type="radio"/> 100% Employee Paid <input type="radio"/> Jointly Paid	<input type="radio"/> 100% Employer Paid <input type="radio"/> 100% Employee Paid <input type="radio"/> Jointly Paid
Paid Leave		
12. Does your organization offer paid <b>personal leave</b> ? (Includes sick leave and paid vacation if your company does not differentiate between these types of leave.) (if no, please skip to question #13) If yes, how many days of paid personal leave are offered:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
a. At 1 year of employment?	_____ Days	_____ Days
b. At 5 years of employment?	_____ Days	_____ Days
c. At 10 years of employment?	_____ Days	_____ Days
13. Does your organization offer paid vacation leave? (if no, please skip to question #14) If yes, how many days of paid vacation leave are offered:	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
a. At 1 year of employment?	_____ Days	_____ Days
b. At 5 years of employment?	_____ Days	_____ Days
c. At 10 years of employment?	_____ Days	_____ Days
14. Does your organization offer paid sick leave? (if no, please skip to question #15) a. If yes, how many days of paid sick leave are offered per year?	<input type="radio"/> Yes <input type="radio"/> No _____ Days	<input type="radio"/> Yes <input type="radio"/> No _____ Days
15. Does your organization offer paid holidays? (For example: New Year's Day, Martin Luther King Jr./Equality Day, Presidents' Day, Good Friday, Easter, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving, Christmas, etc.) (if no, please skip to question #16) a. If yes, how many paid holidays are offered to employees per year?	<input type="radio"/> Yes <input type="radio"/> No _____ Days	<input type="radio"/> Yes <input type="radio"/> No _____ Days

Retirement		Column 1	Column 2
		Full-time	Part-time
16.	Does your organization offer a retirement plan to employees? (if no, please skip to question #19)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
17.	Does your organization offer a <b>defined contribution retirement</b> plan? (401k, IRA, savings & thrift, deferred profit sharing, etc.)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	a. How many employees are <b>offered</b> a defined contribution retirement plan?	_____ Employees	_____ Employees
	b. How many employees are <b>enrolled</b> in a defined contribution retirement plan?	_____ Employees	_____ Employees
	c. Is the defined contribution retirement plan:	<input type="radio"/> 100% Employer Paid <input type="radio"/> 100% Employee Paid <input type="radio"/> Jointly Paid	<input type="radio"/> 100% Employer Paid <input type="radio"/> 100% Employee Paid <input type="radio"/> Jointly Paid
	How many years does it take for employees to be fully <b>vested</b> in the defined contribution retirement plan?	_____ Years	_____ Years
18.	Does your organization offer a <b>defined benefit pension retirement</b> plan?(uses a specific, pre-determined formula to calculate an employee's future benefit)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
	a. How many employees are <b>offered</b> a defined benefit pension retirement plan?	_____ Employees	_____ Employees
	b. How many employees are <b>enrolled</b> in a defined benefit pension retirement plan?	_____ Employees	_____ Employees
	c. Is the defined benefit pension retirement plan:	<input type="radio"/> 100% Employer Paid <input type="radio"/> 100% Employee Paid <input type="radio"/> Jointly Paid	<input type="radio"/> 100% Employer Paid <input type="radio"/> 100% Employee Paid <input type="radio"/> Jointly Paid
	How many years does it take for employees to be fully <b>vested</b> in the defined benefit pension retirement plan?	_____ Years	_____ Years
Miscellaneous Benefits			
19.	Does your organization offer child care benefits? (including on-site child care, reimbursements, vouchers, etc.)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
20.	Does your organization offer child tuition/educational assistance or reimbursement?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
21.	Does your organization offer hiring bonuses?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
22.	Does your organization offer flexible spending accounts? (accounts allowing employees to set aside money out of their paycheck pre-tax to pay insurance or medical premiums?)	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
23.	Does your organization operate on shifts? a. if yes, does your organization offer shift differentials?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> No
Cost of Benefits (ANNUAL EXPENDITURES FOR 2005)			
How much did your organization spend on each of the following components of compensation in 2005?		<b>Annual Expenditures for 2005</b>	
	a. Wages & salaries	\$ _____	
	b. Insurance (Employer contributions for medical, dental, & vision)	\$ _____	
	c. Retirement plans (employer contributions only)	\$ _____	

**Thank you for taking the time to complete this survey! Please make any comments or clarifications to specific survey questions in the space below.**