



Wyoming Department of Employment
 Research & Planning
 PO Box 2760
 Casper, WY 82602
 Phone: (866) 404-8147 (toll-free)
 Casper: 473-3804

PLEASE RESPOND BY MAR. 15

EMPLOYEE BENEFITS SURVEY



If your mailing address, on the label above, is in error, please make the appropriate corrections on the above address.

Which of the following options describes the status of your Wyoming operations during the pay period including **February 12, 2003**?

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

Contact Person: _____ Title: _____ Telephone: (____) _____

Would like to receive a copy of the survey results? yes no

Is your company/organization not-for-profit? yes no

How many people did you employ in Wyoming during the pay period that included **February 12th, 2003**? _____
 (Do not include temporary employees you hire through a staffing agency.)


Of these, how many employees are considered seasonal or temporary workers? _____
 (Do not include those hired through a staffing agency.)


How many hours must your employees work each week to be considered full-time? _____

How many of your employees are: (For explanation, see instruction sheet.)

	Managerial and Professional	Clerical and Technical	Production, Maintenance, and Service	Total Number of Employees
Full-Time				
Part-Time				

Section A: Retirement	Full-Time		Part-Time	
1. Do you offer a retirement plan?	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, what type of plan do you offer? (Please check all that apply.)				
A. Defined Contribution (Plan specifies employer/employee contributions. Ex: 401(k), 403(b), 457 plans.)	<input type="checkbox"/>		<input type="checkbox"/>	
B. Defined Benefit (Retirement benefits are determined by a formula, often based on factors such as years of service, age, average salary.)	<input type="checkbox"/>		<input type="checkbox"/>	
If yes, who pays the contribution?	Defined Contribution	Defined Benefit	Defined Contribution	Defined Benefit
A. Employer paid only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Employee paid only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Employer and employee share payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many years does it take for employees to be fully vested?	_____ years		_____ years	
Of those employees who are eligible for retirement benefits through your company, what percentage choose to enroll?	_____ %		_____ %	

 Section B: Paid Leave	Full-Time	Part-Time
3. Do you offer paid holidays? <i>(New Year's Day, Martin Luther King/Equality Day, President's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Columbus Day, Veterans Day, Thanksgiving, Christmas.)</i> If yes, how many paid holidays does your company offer to employees each year?	<input type="checkbox"/> yes <input type="checkbox"/> no _____ Days	<input type="checkbox"/> yes <input type="checkbox"/> no _____ Days
4. Do you offer paid vacation? If yes, how many days of paid vacation do you offer: After 1 year of employment? After 5 years of employment? After 10 years of employment?	<input type="checkbox"/> yes <input type="checkbox"/> no _____ Days _____ Days _____ Days	<input type="checkbox"/> yes <input type="checkbox"/> no _____ Days _____ Days _____ Days
5. Do you offer paid sick leave? If yes, how many days of paid sick leave do your employees receive annually?	<input type="checkbox"/> yes <input type="checkbox"/> no _____ Days	<input type="checkbox"/> yes <input type="checkbox"/> no _____ Days
6. Do you offer paid personal leave? <i>(Include sick leave and paid vacation if your company does not differentiate between these types of leaves.)</i> If yes, how many days of paid personal leave do you offer: After 1 year of employment? After 5 years of employment? After 10 years of employment?	<input type="checkbox"/> yes <input type="checkbox"/> no _____ Days _____ Days _____ Days	<input type="checkbox"/> yes <input type="checkbox"/> no _____ Days _____ Days _____ Days
7. Do you offer maternity leave beyond what the law requires, such as paid time off? <i>(Do not include if sick or vacation pay has to be taken.)</i> If yes, how many days?	<input type="checkbox"/> yes <input type="checkbox"/> no _____ Days	<input type="checkbox"/> yes <input type="checkbox"/> no _____ Days
8. Do you offer paternity leave beyond what the law requires, such as paid time off? <i>(Do not include if sick or vacation pay has to be taken.)</i> If yes, how many days?	<input type="checkbox"/> yes <input type="checkbox"/> no _____ Days	<input type="checkbox"/> yes <input type="checkbox"/> no _____ Days

 Section C: Insurance	Full-Time	Part-Time
9. Do you offer health insurance to your employees? If yes, what percentage of the insurance cost is paid by the employer ?	<input type="checkbox"/> yes <input type="checkbox"/> no _____ %	<input type="checkbox"/> yes <input type="checkbox"/> no _____ %
10. Do you offer dependent health insurance? If yes, what percentage of the insurance cost is paid by the employer ?	<input type="checkbox"/> yes <input type="checkbox"/> no _____ %	<input type="checkbox"/> yes <input type="checkbox"/> no _____ %
11. Do you offer a dental plan? If yes, what percentage of the insurance cost is paid by the employer ?	<input type="checkbox"/> yes <input type="checkbox"/> no _____ %	<input type="checkbox"/> yes <input type="checkbox"/> no _____ %
12. Do you offer a vision plan? If yes, what percentage of the insurance cost is paid by the employer ?	<input type="checkbox"/> yes <input type="checkbox"/> no _____ %	<input type="checkbox"/> yes <input type="checkbox"/> no _____ %
13. Please give your best estimate of the percentage of Wyoming employers in your industry who offer health insurance to their employees.	_____ %	_____ %
14. Do you offer life insurance?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
15. Do you offer short-term disability insurance? <i>(Do not include workers' compensation. Usually provided for 6 to 12 months.)</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
16. Do you offer long-term disability care insurance? <i>(Usually has a waiting period of 3 to 6 months.)</i>	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

**Section D: Employers Offering Health Insurance****(If you DO NOT currently offer health insurance to your employees, SKIP to Section E.)**

17. What insurance company or companies (not agency) do you use to provide health coverage for your employees?

Company Name(s) (print): _____ OR Employer Self-funded

18. What are the main reasons that you offer health insurance to your employees? (Please check all that apply.)

- | | |
|---|---|
| <input type="checkbox"/> Employees want it | <input type="checkbox"/> Reduces absenteeism |
| <input type="checkbox"/> Should be a company responsibility | <input type="checkbox"/> Increases productivity |
| <input type="checkbox"/> Needed to recruit the best people | <input type="checkbox"/> Improves morale |
| <input type="checkbox"/> Reduces employee turnover | <input type="checkbox"/> Other: _____ |

19. How long must a full-time employee work for your company before becoming eligible for health insurance? (circle either hours (h), days (d), or months (m)).

_____ h d m

20. Are your full-time employees required to be Wyoming residents for health insurance eligibility?

 yes no

21. Of those employees who are eligible for health insurance through your company, what percentage choose to enroll?

_____ %

22. Do you offer ONLY catastrophic health insurance? (For explanation, see instruction sheet.)

 yes no

23. Does the health insurance plan that you offer have "preferred providers" of medical services for the employees to use? (For explanation, see instruction sheet.)

 yes no

24. Is the health insurance plan that you offer set up like a Health Maintenance Organization (HMO), with prepaid medical benefits requiring only a co-payment by the employee?

 yes no

25. Does your company pay any of the cost of health insurance for its retirees?

 yes no**Section E: Employers Not Offering Health Insurance****(If you DO currently offer health insurance, answer Section D; then SKIP to Section F.)**

26. Would you say your company is currently either looking for or considering ways to offer health insurance to your employees?

 yes no


27. What are the main reasons that you do not currently offer health insurance to your employees? (Please check all that apply.)


- | | |
|---|--|
| <input type="checkbox"/> Too expensive | <input type="checkbox"/> Policy offerings are too complicated |
| <input type="checkbox"/> Too much paperwork | <input type="checkbox"/> Not familiar enough with coverage options |
| <input type="checkbox"/> Not required by law | <input type="checkbox"/> Most employees are not interested in coverage |
| <input type="checkbox"/> Not the company's responsibility | <input type="checkbox"/> Most employees are covered elsewhere |
| <input type="checkbox"/> Little value to this kind of company | <input type="checkbox"/> Most employees would not be eligible |
| <input type="checkbox"/> High employee turnover | <input type="checkbox"/> Other: _____ |


28. Which of the following could lead you to begin offering health insurance to your employees?

z (Please check all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> If tax credits were increased | <input type="checkbox"/> If "defined contribution" plans were easier to set up
(For explanation, see instruction sheet.) |
| <input type="checkbox"/> If pooling options were allowed, to get group coverage with other employers | <input type="checkbox"/> Only if mandated by law |
| <input type="checkbox"/> If the state-employee health plan were made available to private employers | <input type="checkbox"/> Other: _____ |

 Section F: Miscellaneous Health Insurance Benefits	Full-Time	Part-Time
29. Do your employees have access to the following miscellaneous benefits? <i>(whether provided by your company or the insurance through your company)</i> A. Medical Savings Account or Healthcare Reimbursement Account <i>(For explanation, see instruction sheet.)</i> B. Preventative health care C. Prescription drug coverage D. Mental health care E. Prenatal care F. Substance abuse treatment <i>(drugs, alcohol etc.)</i> G. Tobacco cessation treatment H. Wellness program <i>(blood screen, weight loss etc.)</i> I. Comprehensive Individual Medical Account, or other "defined contribution" plan <i>(For explanation, see instruction sheet.)</i>	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no

 Section G: Cost of Benefits	All Wyoming Employees
30. What dollar amount did this company spend on wages and salaries for employees in Wyoming in 2002? <i>(This is the total wage amount reported to WY Unemployment Insurance on your quarterly reports for calendar year 2002.)</i> How many months did this company have employees in Wyoming during 2002?	\$ _____ _____ Months
31. What dollar amount did this company spend on Retirement plans for employees in Wyoming (Section A of this survey) in 2002?	\$ _____
32. What dollar amount did this company spend on Insurance plans for employees in Wyoming (Section C of this survey) in 2002?	\$ _____
33. What total dollar amount did this company spend on Health Insurance ONLY (Section C, items 9-12 of this survey) for employees in Wyoming in 2002? For a full-time employee who chose to enroll in your company's most basic health insurance (without dependents or additional coverage), approximately how much was the monthly premium paid by the employer ? And how much was the monthly premium paid by the employee ?	\$ _____ \$ _____ \$ _____
34. What dollar amount did this company spend on legally required benefits for employees in Wyoming in 2002? Only if readily available , include separate costs for workers' compensation, state unemployment insurance (SUTA), federal unemployment insurance (FUTA), and social security and Medicare (FICA).	Total \$ _____ <i>If available:</i> Workers' Comp \$ _____ SUTA \$ _____ FUTA \$ _____ FICA \$ _____

 Section H: Comments
35. Affordable health insurance is currently a topic of much discussion. From your perspective as an employer, do you have any comments you would like to add to the information about health insurance that you have provided on this survey? <i>(Please enclose your comments on a separate sheet of paper.)</i>

Thank you! Please return this questionnaire to the address below in the enclosed postage paid envelope. See our Internet site at <http://LMI.state.wy.us> for information about the labor market, such as average wages, unemployment rates, and benefit results.