

Questionnaire for the Annual Survey of Employer Benefits

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Benefits for Full Time Workers

III. Other Benefits

A. Life Insurance

Do you offer a life insurance benefit?
If no, please proceed to Section B.

Hourly

 Yes No

Salary

 Yes No

When are employees eligible for coverage?

Immediately to 30 days

Hourly

Salary

One month to six months

Three months to six months

After six months

Flat amount of insurance coverage

Hourly

 Yes No

Salary

 Yes No

Salary percentage

 Yes No

 Yes No

B. Retirement Benefits

Pension Plan

Does your organization offer a traditional,
company financed pension plan?

Hourly

 Yes No

Salary

 Yes No

Does the employee also contribute?

 Yes No

 Yes No

At what age does an employee become
eligible to receive benefits?

401(k)/403(b) plans

	Hourly	Salary
Does your organization offer a 401K or 403B or similar retirement plan?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

When may an employee begin to contribute?	Hourly	Salary
Immediately to 30 days	<input type="radio"/>	<input type="radio"/>
One month to six months	<input type="radio"/>	<input type="radio"/>
Three months to six months	<input type="radio"/>	<input type="radio"/>
After six months	<input type="radio"/>	<input type="radio"/>

	Hourly	Salary
What percentage of earnings may an employee pay into the fund?	<input type="text"/> %	<input type="text"/> %

Does your organization make a matching contribution to the fund?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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What percentage of the employee's contribution do you match?	<input type="text"/> %	<input type="text"/> %
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The employer matches % of the first % of wages contributed by the employee.

Is the match guaranteed? Yes No

or intended? Yes No

C. Training/Education Opportunities

	Hourly	Salary
Do you offer training/education benefits? <small>If no, please proceed to Section D.</small>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

When are employees eligible for coverage?	Hourly	Salary
Immediately to 30 days	<input type="radio"/>	<input type="radio"/>
One month to six months	<input type="radio"/>	<input type="radio"/>
Three months to six months	<input type="radio"/>	<input type="radio"/>
After six months	<input type="radio"/>	<input type="radio"/>

	Hourly	Salary
Tuition Assistance	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Must the classes be job related?

Yes No

Yes No

What is the employer's percentage contribution toward tuition/fees?

%

%

Job Skills and Career Development (e.g., certifications)

In-house training

Yes No

Yes No

Off-site training

Yes No

Yes No

Mentoring programs

Yes No

Yes No

Orientation

New hire

Yes No

Yes No

D. Financial Incentives

Shift Pay Differential

Do you have more than one shift?

Yes No

If so, do you pay a shift differential?

Yes No

What is the hourly differential for 2nd Shift?

cents

What is the hourly differential for 3rd Shift?

cents

Commissions and Incentives

Does your organization pay commissions on sales, contracts, or transactions?

Yes No

Yes No

If yes, what is the average percentage of compensation that comes from commissions?

%

Do you offer profit sharing or performance incentives?

Yes No

Yes No

When does employee become eligible?

Hourly

Salary

Immediately to 30 days

One month to six months

Three months to six months

After six months

Are incentives team-based? Yes No

Yes No

Are incentives individual-based? Yes No

Yes No

Do you have a production bonus pool? Yes No

Yes No

If yes, what is the average annual amount for:

Hourly workers? \$

Salaried workers? \$

Does your organization pay a referral bonus? Yes No

Yes No

Does your organization pay retention bonuses? Yes No

Yes No

If yes, when? After six months After one year

COVID 19 vaccinations

Does or will your organization require employees to receive a COVID 19 vaccination as it is available? Yes No

Yes No

Does or will your organization offer financial or other incentive to encourage employees to receive the vaccine? Yes No

Yes No

E. Additional Incentives (Please check all that apply)

Hourly

Salary

Casual dress day (once per week)

Casual dress (every day)

Cell Phone/Technology subsidy

Child day care services

Child care subsidy

Compressed work weeks

Direct transportation services	<input type="checkbox"/>	<input type="checkbox"/>
Discounted product purchases	<input type="checkbox"/>	<input type="checkbox"/>
Employee Assistance Programs (EAP)	<input type="checkbox"/>	<input type="checkbox"/>
English as second language assistance	<input type="checkbox"/>	<input type="checkbox"/>
Emergency/sick child care	<input type="checkbox"/>	<input type="checkbox"/>
Fitness center membership subsidy	<input type="checkbox"/>	<input type="checkbox"/>
Fitness center, on-site	<input type="checkbox"/>	<input type="checkbox"/>
Flex time	<input type="checkbox"/>	<input type="checkbox"/>
Flexible spending account	<input type="checkbox"/>	<input type="checkbox"/>
Informal recognition program	<input type="checkbox"/>	<input type="checkbox"/>
Job sharing	<input type="checkbox"/>	<input type="checkbox"/>
Open communication policy	<input type="checkbox"/>	<input type="checkbox"/>
Parking subsidy	<input type="checkbox"/>	<input type="checkbox"/>
Relocation assistance	<input type="checkbox"/>	<input type="checkbox"/>
Scholarships for employees, spouses and children	<input type="checkbox"/>	<input type="checkbox"/>
Smoking cessation programs	<input type="checkbox"/>	<input type="checkbox"/>
Smoke-free work environment	<input type="checkbox"/>	<input type="checkbox"/>
Telecommuting	<input type="checkbox"/>	<input type="checkbox"/>
Transit subsidy	<input type="checkbox"/>	<input type="checkbox"/>
Tutoring for employees, spouses and children	<input type="checkbox"/>	<input type="checkbox"/>
Uniform/Clothing allowance	<input type="checkbox"/>	<input type="checkbox"/>
Wellness program, resources and information	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	Other	<input type="checkbox"/>

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Questionnaire for the Annual Survey of Wages and Benefits

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