

Company Name:

Contact Name:

HEALTH INSURANCE

Does your company offer medical insurance to your employees?	Yes	No

Is your medical plan:	Fully Insured	Self-Insured

When is the medical insurance effective for new employees?	Immediately	First of the month following hire date	X number of Months

Please complete the following employee and employer monthly benefit premium costs. Employee Employee + Spouse Employee + Child(ren) Employee + Family	Total Monthly Premium Amount	% Employee Pays	% Employer Pays

What is the amount of your Deductible?	Single	Family

Is your health insurance plan considered a Qualified High Deductible Health Plan?	Yes	No

Do you offer a Health Savings Account or Health Reimbursement Account?	Yes	No

Does your company contribute money into the employee's HSA or HRA?	Yes	No	% or \$ Amount

Do you intend to make significant health insurance plan changes in 2007?	Yes	No

RETIREMENT BENEFITS

Does your company offer the following retirement benefits? 401(k) 403(b) Profit Sharing Employee Stock Ownership Plan (ESOP) Stock Options Other	Yes	No	Amount or % of Company Match (if any)

When are the retirement benefits effective for new employees?	30 Days	90 Days	X number of Months

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PREMIUM PAY

Does your company offer any of the following premium pay incentives?	Yes	No	Amount
Sign on Bonus			
Employee Referral Program			
2nd Shift Pay Differential			
3rd Shift Pay Differential			

WAGE INCREASES

Did your company grant pay increases to employees in 2006?	Yes	No	Average % Pay Increase Granted

Does your company plan to grant pay increases to employees in 2007?	Yes	No	Projected Average % Pay Increase

Are annual company bonuses part of your pay program?	Yes	No

ADDITIONAL BENEFITS

Does your company offer any of the additional benefits listed?	Yes	No
Bereavement Program		
Casual Dress		
Christmas Party		
Company provided Cell phones or Computers		
Employee Assistance Program		
Employee Vehicles		
Exercise or Fitness Facility		
Flex (section 125) plan		
Flexible Schedules		
Health/Wellness Program		
Job Sharing		
Leadership Training		
Legal Assistance Program		
On-site Child Care		
Telecommuting		
Time off for Civic Activities		
Tuition Reimbursement		