

BENEFITS+ SURVEY | 2022

* Required Information

Welcome to the 2022 Benefits Plus Survey!

The goal of this survey is to provide employers in the Pacific Northwest with helpful and timely data that will assist them in making benefit and policy decisions and build awareness of trends in these areas. Your participation is important to help provide useful and actionable data back to your organization.

This survey will take approximately 40-60 minutes to complete. Many of the answers to the questions in this survey will often be found in your employee handbook and benefits documents. We encourage you to have these documents available when completing this survey as it will save you time.

If you use the "Save & Continue Later" feature, you will be emailed a link to resume the survey. If you do not see the email in your Inbox, please check your Junk Email folder.

Please note that you must complete all nine (9) sections of this survey in order to qualify as a participant. If you would like a PDF file of this survey, please click the Print Blank Survey icon, located toward the top-right of the window. A PDF with your survey responses will be available for download upon clicking "Save & Continue Later" or upon final submission.

Important Dates:

Survey Launch:	Tuesday, May 24, 2022
Input Deadline:	Friday, July 8, 2022
Survey Report Publication:	Early September
Effective Date of Information:	April 30, 2022

Please enter your organization's most recent information as of April 2022

Survey Sections:

Section One:	Information About Your Organization
Section Two:	Time-off Practices
Section Three:	Compensation Benefits Practices
Section Four:	Health & Welfare Benefits Practices
Section Five:	Life Insurance, Disability, & Retirement Benefits Practices
Section Six:	Pandemic and COVID-19
Section Seven:	Diversity, Equity, & Inclusion
Section Eight:	Other Policies & Practices
Section Nine:	Your Contact Information

By filling out this survey form, you agree that we will process your data in line with our [Privacy Policy](#).

Your responses provide a holistic view of the benefits landscape in the Pacific Northwest and will be kept confidential. The survey responses will be anonymous to all others except for the survey team, who compiles and scrub the data for any identifying information and subsequently removes it. You will not be contacted for sales purposes based on your responses.

Section One: Information About Your Organization

*** 2. Industry Category**

Category descriptions are not all-inclusive, you may need to select the closest option even if your specific product or service is not listed. (Select one option)

- Construction
- Durable Goods Manufacturing
- Education Services
- Financial (Banking, Insurance, Real Estate)
- Health Services
- Information (Communication, Broadcasting)
- Leisure / Hospitality Services
- Natural Resources / Mining
- Non-Durable Goods Manufacturing
- Professional / Business Services
- Public Administration
- Retail Trade
- Services, not elsewhere classified
- Social Services
- Transportation / Warehousing
- Utilities
- Wholesale Trade
- Other Industry

NOTE : Answer the below question only if answer to Q#2 is Other Industry

*** 3. If you selected 'Other Industry,' please describe your organization's industry.**

*** 4. Region**

Please select the state where the majority of your employees work. (Select one option)

- Oregon
- Washington
- Other state in the Pacific Northwest

*** 5. Annual Gross Revenue for your Organization in 2021**

Please select the best revenue category for your organization. (Select one option)

- Less than \$1 million
- \$1 million to \$2.9 million
- \$3 million to \$4.9 million
- \$5 million to \$9.9 million
- \$10 million to \$14.9 million
- \$15 million to \$24.9 million
- \$25 million to \$49.9 million
- \$50 million to \$249.9 million
- \$250 million or more

*** 6. Number of Employees**

Please select the category corresponding to the total number of employees employed by your organization. (This should include full-time, part-time, and variable schedule employees. This should not include any independent contractors or employees provided by and paid through a temporary agency.) (Select one option)

- 1 to 24 employees
- 25 to 49 employees
- 50 to 99 employees
- 100 to 149 employees
- 150 to 249 employees
- 250 to 499 employees
- 500 or more employees

*** 7. Ownership Structure**

For the purposes of this survey, any reference to "Not for Profit" or "Nonprofit" is used interchangeably. Please select your organization's ownership structure from the following options. (Select one option)

- For Profit
- Nonprofit
- Public Sector

*** 8. Union Status**

Please select the union status that reflects the majority of your employee population. (Select one option)

- Union
- Non-Union

Section Two: Paid Time Off Practices

*** 9. Which of the following paid time off benefits do you provide your employees?
Please select the one that applies to the majority of your employees. (Select one option)**

- Paid traditional leave for vacation and sickness (separate/non-pooled)
- Paid Time Off/PTO (pooled vacation and sick) leave
- Catastrophic leave
- Unlimited PTO
- Only legally mandated leave
- None

**10. Do you cap the maximum accrual an employee may accumulate?
(If a cap on an accrual plan is reached, the employee will no longer accrue time off in this bank until time off is utilized and the number reduced.)**

	Yes	No	N/A
(a) Paid vacation leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Paid sick leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) PTO (pooled) leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Catastrophic leave bank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 11. When is PTO/Vacation/Time Off awarded?
Please select all that apply.**

- All leave hours/days are front-loaded at the beginning of the year
- Partial leave hours/days are front-loaded at the beginning of the year, and the remainder accrues
- Leave accrues per pay period based on hours worked
- Leave accrues per pay period based on days worked
- Leave accrues per pay period based on weeks worked
- Leave accrues per pay period based on months worked
- Leave accrues quarterly
- Leave accrues yearly
- Leave accrues on some other basis
- Leave is unlimited and not tracked in above-listed ways
- Leave is awarded on some other basis

12. Do you allow employees to rollover time from one plan year to the next?

	Yes	No	N/A
* (a) Paid vacation leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* (b) Paid sick leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* (c) PTO (pooled) leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* (d) Catastrophic leave bank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Which of the following time off benefits do you provide?

Please select the option that applies to the majority of your employees per line.

	Full-time only	Full-time and Part-time	Not applicable
*(a) Paid vacation leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(b) Paid sick leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(c) Catastrophic leave bank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(d) Paid jury duty leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(e) Paid personal day(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(f) Paid holiday(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(g) Paid bereavement leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(h) Paid floating holiday(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(i) Paid maternity leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(j) Paid paternity leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(k) Paid parental leave (non-specific)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(l) Paid new pet leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(m) Paid volunteering/community service leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(n) Paid birthday leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(o) Paid sabbatical leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(p) Unpaid sabbatical leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(q) Unlimited PTO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(r) Other leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NOTE : Answer the below question only if answer to Q#15(r) is Full-time only OR Full-time and Part-time

*** 16. What other leave options do you provide?**

17. If your organization provides the following time off benefits, please indicate the average number of days annually per employee.

Please indicate the average of days or N/A for not applicable.

	0 Days	1-10 Days	11-20 Days	21-30 Days	31-40 Days	41-50 Days	51-60 Days	+61 Days	N/A
* (a) Paid vacation leave	<input type="radio"/>								
* (b) Paid sick leave	<input type="radio"/>								
* (c) Catastrophic leave bank	<input type="radio"/>								
* (d) Paid jury duty leave	<input type="radio"/>								
* (e) Paid personal day(s)	<input type="radio"/>								
* (f) Paid holidays	<input type="radio"/>								
* (g) Paid bereavement leave	<input type="radio"/>								
* (h) Paid floating holiday	<input type="radio"/>								
* (i) Paid maternity leave	<input type="radio"/>								
* (j) Paid paternity leave	<input type="radio"/>								
* (k) Paid parental (non-specific) leave	<input type="radio"/>								
* (l) Paid family leave	<input type="radio"/>								
* (m) Paid new pet leave	<input type="radio"/>								
* (n) Paid volunteering/community service leave	<input type="radio"/>								
* (o) Paid birthday leave	<input type="radio"/>								
* (p) Paid sabbatical leave	<input type="radio"/>								
* (q) Unpaid sabbatical leave	<input type="radio"/>								

Section Two: Paid Time Off Practices Continued

**18. Please select all that apply for the majority of your employees for 2021.
Please indicate the option that applies to the majority of your employees per line.**

	Normal Work Day	Day Off - UNPAID	Day Off or Partial-Day Off - PAID
*(a) New Year's Eve Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(b) New Year's Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(c) Day After New Year's Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(d) Martin Luther King Jr. Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(e) Presidents' Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(f) Cesar Chavez Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(g) Good Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(h) Easter Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(i) School Spring Break	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(j) Earth Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(k) Memorial Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(l) Juneteenth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(m) Independence Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(n) Day After Independence Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(o) Labor Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(p) Rosh Hashanah	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(q) Yom Kipper	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(r) Indigenous Peoples' Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(s) Columbus Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(t) Veterans Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(u) Thanksgiving Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(v) Day After Thanksgiving Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(w) Christmas Eve Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(x) Christmas Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(y) Day After Christmas Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(z) Birthdays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(aa) Personal Holidays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*(ab) Other holiday(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NOTE : Answer the below question only if answer to Q#18(ab) is Day Off - UNPAID OR Day Off or Partial-Day Off - PAID

* **19. What other holidays do you provide to your employees that are not listed above?**

* **20. Do you offer employees the option to choose between more than one holiday schedule? (Select one option)**

- We only offer 1 holiday schedule, employees do not have a choice
- We offer 2 or more holiday schedule choices to employees
- Employees may define their own holiday schedule

* **21. Must your non-exempt employees be employed a minimum number of days before being eligible for holiday pay? Please select one that represents your policy for the majority of your employees. (Select one option)**

- No, employees are eligible immediately upon hire
- Yes, employees must wait a specified period of time
- N/A—we do not offer paid holidays to our employees

NOTE : Answer the below question only if answer to Q#21 is Yes, employees must wait a specified period of time

* **22. If you require a waiting period for your non-exempt employees to receive holiday pay, please select the waiting period that applies: (Select one option)**

- 1st of the month following date of hire, or less than 30 days
- 1st of the month following 30 days of employment, or greater than 30 days but fewer than 60 days
- 1st of the month following 60 days of employment, or greater than 60 days but fewer than 90 days
- 1st of the month following 90 days of employment, or greater than 90 days but fewer than 180 days
- 1st of the month following 180 days of employment, or greater than 180 days but fewer than 365 days
- 1st of the month following 365 days of employment, or greater than 1 year
- Other wait periods

NOTE : Answer the below question only if answer to Q#22 is Other wait periods

* **23. What other wait periods do you provide that are not found in the list above?**

* **24. Do you have work requirements for employees to receive holiday pay? Please select the option that applies for the majority of your employees. (Select one option)**

- Employees must work the day before and/or the day after the holiday
- Employees must either work the day before and/or after the holiday, or be an approved absence
- No requirements
- Other work requirements

NOTE : Answer the below question only if answer to Q#24 is Other work requirements

* **25. What other work requirements does your organization stipulate that are not found in the list above?**

*** 26. What type of incentive do you offer employees for working on a holiday?**
Please select the option that is most applicable for a majority of your employees. (Select one option)

- Regular pay only
- Regular pay + alternate day off
- 1.5X regular pay
- 1.5X regular pay + alternate day off
- 2X regular pay
- 2X regular pay + alternate day off
- Employee receives an alternate day off without additional pay
- Some other type of compensation premium
- N/A—we are closed on holidays, employees do not work, this does not apply to our organization

Section Three: Compensation Practices

*** 27. How many hours per week must an employee work to be considered full-time?**

Please select the minimum hours for the majority of your employees. (Select one option)

- 24 or fewer hours
- 25-29 hours
- 30-34 hours
- 35-39 hours
- 40 hours
- greater than 40 hours

*** 28. How often do you pay your exempt employees?**

Please select the one that applies to the majority of your exempt employees. (Select one option)

- Weekly
- Every 2 weeks or 2 times monthly
- Monthly
- Some other schedule

*** 29. How often do you pay your non-exempt employees?**

Please select the one that applies to the majority of your non-exempt employees. (Select one option)

- Weekly
- Every 2 weeks or 2 times monthly
- Monthly
- Some other schedule

*** 30. If your organization experiences a temporary closure or implements temporary layoffs, how do/would you pay employees?**

Please select the one that applies to the majority of your employees. (Select one option)

- Time off will be unpaid, and employees will be required to use vacation/PTO
- Time off will be unpaid, and employees will NOT be required to use vacation/PTO
- Employees will be paid their regular pay for up to 2 weeks
- Employees will be paid their regular pay for up to 4 weeks
- Employees will be paid their regular pay for more than 4 weeks
- Employees will be paid a portion of their regular pay
- We are discussing providing employees a portion of their regular pay, although not yet decided
- Unknown currently
- We have no plans to temporarily shut down operations or implement temporary layoffs
- Other pay methods

NOTE : Answer the below question only if answer to Q#30 is Other pay methods

*** 31. What other pay methods do you look to employ that are not found from the list above?**

*** 32. Does your organization use shifts? (Select one option)**

- No, our organization has only 1 recognized shift
- Yes, our organization utilizes more than 1 shift

NOTE : Answer the below question only if answer to Q#32 is Yes, our organization utilizes more than 1 shift

*** 33. How many shifts does your organization employ? (Select one option)**

- 2 shifts
- 3 shifts

NOTE : Answer the below question only if answer to Q#33 is 2 shifts OR 3 shifts

*** 34. Does your organization utilize a shift differential? (Select one option)**

- No, our organization does not employ a shift differential
- Yes, our organization does employ a shift differential as a flat dollar amount

NOTE : Answer the below question only if answer to Q#34 is Yes, our organization does employ a shift differential as a flat dollar amount

35. What is the average shift differential dollar amount per hour for the majority of your employee population?

	\$0	\$0.01- \$0.50	\$0.51- \$1.00	\$1.01- \$1.51	\$1.51- \$2.00	\$2.01- \$2.50	\$2.51- \$3.00	\$3.01- \$3.50	\$3.51- \$4.00	+\$4.01	N/A
*(a) 2nd shift differential	<input type="radio"/>										
*(b) 3rd shift differential	<input type="radio"/>										

*** 36. Does your organization have established pay ranges? (Select one option)**

- Yes
- No

*** 37. Please select the statement that best describes your organization's practice in identifying job classifications within your compensation structure. Please select one. (Select one option)**

- Market Pricing (only) – use market pricing to value designated jobs that are used as benchmarks to group other jobs with similar characteristics into grades.
- Ranking Method (only) – compare one job to one or more jobs considered equal to, greater than, or lesser than in value.
- Point Factor Method (only) – job values are determined by total point count for a set of factors common to all jobs in an organization.
- Classification Method (only) – a predetermined number of job groups or job classes are established, and jobs are assigned to these classifications.
- A combination of Market Pricing and one or more of the others.
- No formal structure.

*** 38. How often do you review your organization's pay ranges for market adjustments? (Select one option)**

- We do not have a set schedule for market adjustments, or on an as-needed basis
- Every 6 months
- Yearly
- Every other year
- 3 to 4 years
- 5+ years

*** 39. How transparent is your organization in communicating and distributing your compensation philosophy and policies? Please select one. (Select one option)**

- Little to no transparency - very little to no information is shared with employees or managers
- Somewhat transparent - some basic information such as pay ranges and direct/indirect report pay is shared with managers and/or some employees, and only during specific times such as annual review
- Moderately transparent - Managers know the pay grades and ranges of their direct/indirect employees and employees only know their pay and potentially their grade/range
- Very transparent - information such as pay grades are shared to most/all employees
- Fully transparent - information such as pay grades, pay ranges, and pay practices/policies is available to all employees and fully discussed

*** 40. Below please enter the average percent amount of your annual base salary increase for the given year. Enter the percent amount as a number between 0 and 100. For example, if you increased salaries by 2.2% enter 2.2. Enter 0 if no amount is/was provided in the given year. Increases for base pay include across-the-board, cost of labor adjustments, merit and/or equity adjustments. This does not include promotional or lump sum payments.**

2021 Actual (percentage) : _____

2022 Actual or Projected (percentage) : _____

2023 Projected (percentage) : _____

*** 41. How often are pay increases awarded? Please select the one that applies to the majority of your employees (if budgeting or revenue allows). (Select one option)**

- Annually
- Semiannually
- Upon employee anniversary
- Other interval(s)
- No set interval, or when deemed appropriate

NOTE : Answer the below question only if answer to Q#41 is Other interval(s)

*** 42. What other pay increase intervals do you provide that is not found on the list above?**

*** 43. On what basis are pay increases generally awarded?
Please select one that applies to the majority of your employees. (Select one option)**

- Eligible employees are awarded increases on/by their anniversary date
- All eligible employees are awarded pay increases on the same annual cycle date
- There are multiple pay increase cycles during the year
- Discretionary; no set interval or schedule

*** 44. When are new employees eligible for pay increases?
Please select the one that applies to a majority of your employees. (Select one option)**

- Less than 30 days
- 31-60 days
- 61-90 days
- 91-180 days
- Over 180 days
- No set policy/at discretion
- N/A

*** 45. Which of the following describes your organization's performance appraisal program in 2021?
Please select all that apply for the majority of your employees.**

- Numeric/Alphabetical rating of performance (e.g., 1=Does not meet expectations; 2=Meets expectations; 3=Exceeds expectations, etc.)
- Forced distribution (e.g., All employees are scored but only 10% may receive an excellent and only 10% may receive an immediate improvement needed; all others are forced into mid-range/average scores)
- Ranking (e.g., The department contains 25 employees—the best performer is assigned a 1, the next best performer is assigned 2, and continues until you get to number 25)
- Coaching/Development (e.g., Ratings are not assigned; rather the manager provides a narrative often outlining strengths and/or areas for improvement, with a development plan to address these areas)
- Goal-based (e.g., Goals are assigned at the beginning of a period (quarterly or yearly) and the employee is assessed at end of period based on goal attainment)
- N/A – we do not conduct performance appraisals/reviews

NOTE : Answer the below question only if answer to Q#45 is Numeric/Alphabetical rating of performance (e.g., 1=Does not meet expectations; 2=Meets expectations; 3=Exceeds expectations, etc.) OR Forced distribution (e.g., All employees are scored but only 10% may receive an excellent and only 10% may receive an immediate improvement needed; all others are forced into mid-range/average scores) OR Ranking (e.g., The department contains 25 employees—the best performer is assigned a 1, the next best performer is assigned 2, and continues until you get to number 25) OR Coaching/Development (e.g., Ratings are not assigned; rather the manager provides a narrative often outlining strengths and/or areas for improvement, with a development plan to address these areas) OR Goal-based (e.g., Goals are assigned at the beginning of a period (quarterly or yearly) and the employee is assessed at end of period based on goal attainment)

*** 46. Please check all that apply to your 2021 performance management/appraisal program.**

- Employee completes self-appraisal
- Manager completes appraisal
- HR manages and tracks the performance appraisal process
- Senior management manages and tracks the performance appraisal process
- Reviews are completed on paper
- Reviews are completed using MS Word, MS Excel, or Google Docs
- Reviews are completed using a performance management software/application

47. Please select all types of incentive plans you currently offer to managers (non-executives) in your organization. Please note that information for executives will be captured in our Executive Compensation Survey.

	Offered	Not Offered
* (a) Individual performance bonus	<input type="radio"/>	<input type="radio"/>
* (b) Team-based performance bonus	<input type="radio"/>	<input type="radio"/>
* (c) Employee sign-on bonus	<input type="radio"/>	<input type="radio"/>
* (d) Employee referral bonus	<input type="radio"/>	<input type="radio"/>
* (e) Employee retention bonus	<input type="radio"/>	<input type="radio"/>
* (f) Profit or gain sharing	<input type="radio"/>	<input type="radio"/>
* (g) Stock incentives or employee ownership	<input type="radio"/>	<input type="radio"/>
* (h) Safety bonus	<input type="radio"/>	<input type="radio"/>
* (i) Quality bonus	<input type="radio"/>	<input type="radio"/>
* (j) Production bonus	<input type="radio"/>	<input type="radio"/>
* (k) Other bonus	<input type="radio"/>	<input type="radio"/>

NOTE : Answer the below question only if answer to Q#47(k) is Offered

*** 48. What other bonuses do you currently offer to managers (non-executives) in your organization that was not listed above?**

49. Please select all types of incentive plans you currently offer to individual contributors (non-managers) in your organization. Please select all that apply.

	Offered	Not Offered
* (a) Individual performance bonus	<input type="radio"/>	<input type="radio"/>
* (b) Team-based performance bonus	<input type="radio"/>	<input type="radio"/>
* (c) Employee sign-on bonus	<input type="radio"/>	<input type="radio"/>
* (d) Employee referral bonus	<input type="radio"/>	<input type="radio"/>
* (e) Employee retention bonus	<input type="radio"/>	<input type="radio"/>
* (f) Profit or gain sharing	<input type="radio"/>	<input type="radio"/>
* (g) Stock incentives or employee ownership	<input type="radio"/>	<input type="radio"/>
* (h) Safety bonus	<input type="radio"/>	<input type="radio"/>
* (i) Quality bonus	<input type="radio"/>	<input type="radio"/>
* (j) Production bonus	<input type="radio"/>	<input type="radio"/>
* (k) Other bonus	<input type="radio"/>	<input type="radio"/>

NOTE : Answer the below question only if answer to Q#49(k) is Offered

*** 50. What other bonuses do you currently offer to individual contributors (non-managers) in your organization that was not listed above?**

*** 51. Is your organization intending to give non-cash gifts at the end of this year? If so, at what value? Please select the one that applies to the majority of your employees. (Select one option)**

- None will be given
- Tangible Gift(s) less than \$75 in value
- Gift(s) with a value of \$75 or greater
- Undecided

Section Four: Health & Welfare Benefits Practices

*** 52. How many hours per week are your employees required to work in order to receive full benefits?
Please select the one that applies to a majority of your employees. (Select one option)**

- Fewer than 20 hours
- 20-24 hours
- 25-29 hours
- 30-34 hours
- 35-39 hours
- 40 hours
- Greater than 40 hours
- N/A

*** 53. Please select the month in which your organization holds its benefits open enrollment: (Select one option)**

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

*** 54. Are any of your benefits bundled? (Select one option)**

- Yes, our Medical & Dental is all one cost
- Yes, our Medical & Vision is all one cost
- Yes, our Dental & Vision is all one cost
- Yes, our Medical, Dental, & Vision is all one cost
- No, our benefits' costs are separate and not bundled

55. Please select the benefit programs that applied for the majority of your employees for 2021.

	Provided	Not Provided
* (a) Health insurance	<input type="radio"/>	<input type="radio"/>
* (b) Health savings and/or spending accounts (HSA)	<input type="radio"/>	<input type="radio"/>
* (c) Health reimbursement accounts (HRA)	<input type="radio"/>	<input type="radio"/>
* (d) Flexible spending and/or savings accounts (FSA)	<input type="radio"/>	<input type="radio"/>
* (e) Prescription drug coverage included with health insurance	<input type="radio"/>	<input type="radio"/>
* (f) Dental insurance	<input type="radio"/>	<input type="radio"/>
* (g) Vision insurance	<input type="radio"/>	<input type="radio"/>
* (h) Accidental death and dismemberment insurance	<input type="radio"/>	<input type="radio"/>
* (i) Long-term disability insurance	<input type="radio"/>	<input type="radio"/>
* (j) Short-term disability insurance	<input type="radio"/>	<input type="radio"/>
* (k) Supplemental accident insurance	<input type="radio"/>	<input type="radio"/>
* (l) Life insurance	<input type="radio"/>	<input type="radio"/>
* (m) Supplemental life insurance	<input type="radio"/>	<input type="radio"/>
* (n) Employee Assistance Program (EAP)	<input type="radio"/>	<input type="radio"/>
* (o) Wellness program(s)	<input type="radio"/>	<input type="radio"/>
* (p) CPR/first-aid training	<input type="radio"/>	<input type="radio"/>
* (q) Onsite gym and/or supplemental off-site gym membership (full or partially subsidized)	<input type="radio"/>	<input type="radio"/>
* (r) Financial planning and/or financial education	<input type="radio"/>	<input type="radio"/>
* (s) Adoption assistance	<input type="radio"/>	<input type="radio"/>
* (t) Travel stipend	<input type="radio"/>	<input type="radio"/>
* (u) Voluntary pet insurance	<input type="radio"/>	<input type="radio"/>
* (v) Voluntary long-term care insurance	<input type="radio"/>	<input type="radio"/>
* (w) Commuter benefits—full or partial subsidy	<input type="radio"/>	<input type="radio"/>
* (x) Parking—full or partial subsidy	<input type="radio"/>	<input type="radio"/>
* (y) Funding and time towards professional development	<input type="radio"/>	<input type="radio"/>
* (z) Legal assistance	<input type="radio"/>	<input type="radio"/>
* (aa) Smoking cessation program	<input type="radio"/>	<input type="radio"/>
* (ab) Telemedicine/Virtual MD	<input type="radio"/>	<input type="radio"/>
* (ac) Other benefit program(s)	<input type="radio"/>	<input type="radio"/>

NOTE : Answer the below question only if answer to Q#55(ac) is Provided

*** 56. What other benefit program(s) does your organization offer that is not found on the list above?**

NOTE : Answer the below question only if answer to Q#55(b) is Provided

*** 57. Do you offer an employer contribution to your employees for HSAs? (Select one option)**

- Yes, we provide an employer contribution to our employees' HSAs
- No, we do not provide an employer contribution to our employees' HSAs

NOTE : Answer the below question only if answer to Q#57 is Yes, we provide an employer contribution to our employees' HSAs

58. For the employer contribution that you provide for HSAs, what is the annual maximum dollar contribution that you provide?

	\$0	\$1- \$1000	\$1001- \$2000	\$2001- \$3000	\$3001- \$4000	\$4001- \$5000	\$5001- \$6000	\$6001- \$7000	\$7001- \$8000	\$8001+
* (a) Employee Only	<input type="radio"/>									
* (b) Employee + Dependents	<input type="radio"/>									

59. Please select the coverage for the following healthcare options that you provided to a majority of your employees:

	Provided	Not Provided
* (a) Mental health coverage	<input type="radio"/>	<input type="radio"/>
* (b) Chiropractic coverage	<input type="radio"/>	<input type="radio"/>
* (c) Naturopathic coverage	<input type="radio"/>	<input type="radio"/>
* (d) Contraceptive coverage	<input type="radio"/>	<input type="radio"/>
* (e) Infertility treatment coverage	<input type="radio"/>	<input type="radio"/>
* (f) Gender reassignment surgery coverage	<input type="radio"/>	<input type="radio"/>
* (g) Other	<input type="radio"/>	<input type="radio"/>

NOTE : Answer the below question only if answer to Q#59(g) is Provided

*** 60. What other healthcare options does your organization offer that is not found on the list above?**

**70. For the medical plan with the highest employee participation, what is the In-Network Calendar Year Out-of-Pocket Maximum (OOPM)?
If not applicable, select N/A.**

	\$0- \$2500	\$2501- \$5000	\$5001- \$7500	\$7501- \$10000	\$10001- \$12500	\$12501- \$15000	\$15001- \$17500	\$17501- \$20000	\$20001+	N/A
* (a) Individual Employee	<input type="radio"/>									
* (b) Family	<input type="radio"/>									

*** 71. For the medical plan with the highest employee participation, does this plan have co-insurance (percentage) or a co-pay (amount) for a doctor's office visit? (Select one option)**

- Yes, co-insurance
- Yes, a co-pay
- Yes, both co-insurance and a co-pay
- No

NOTE : Answer the below question only if answer to Q#71 is Yes, co-insurance OR Yes, both co-insurance and a co-pay

72. For the medical plan with the highest employee participation, what is the co-insurance percentage for a doctor visit?

	0%-10%	11%-20%	21%-30%	31%-40%	41%-50%	51%-60%	61%-70%	71%-80%	81%-90%	91%+
* (a) Primary Care (percentage)	<input type="radio"/>									
* (b) Urgent Care (percentage)	<input type="radio"/>									

NOTE : Answer the below question only if answer to Q#71 is Yes, a co-pay OR Yes, both co-insurance and a co-pay

73. For the medical plan with the highest employee participation, what is the co-pay dollar amount for a doctor visit?

	\$0- \$20	\$21- \$40	\$41- \$60	\$61- \$80	\$81- \$100	\$101- \$120	\$121- \$140	\$141+
* (a) Primary Care (dollar)	<input type="radio"/>							
* (b) Urgent Care (dollar)	<input type="radio"/>							

NOTE : Answer the below question only if answer to Q#77 is Yes

*** 83. What type of orthodontia coverage does your dental plan offer? (Select one option)**

- Children only
- Children & adults
- None-we do not offer orthodontia coverage

*** 84. Do you offer eligible employees the ability to participate in a vision plan(s)? (Select one option)**

- Yes
- No

NOTE : Answer the below question only if answer to Q#84 is Yes

85. For the vision plan with the highest employee participation, what is the employee's monthly dollar contributions toward the premiums for this plan?

	\$0-\$5	\$6-\$10	\$11-\$15	\$16-\$20	\$21-\$25	\$26-\$30	\$31-\$35	\$36+
*(a) Employee Only	<input type="radio"/>							
*(b) Employee + Spouse	<input type="radio"/>							
*(c) Employee + Child(ren)	<input type="radio"/>							
*(d) Employee + Family	<input type="radio"/>							

NOTE : Answer the below question only if answer to Q#84 is Yes

86. For the vision plan with the highest employee participation, what percentage does your organization pay toward the premium?

If your organization pays a dollar amount, please calculate it as a percentage.

	0%-10%	11%-20%	21%-30%	31%-40%	41%-50%	51%-60%	61%-70%	71%-80%	81%-90%	91%+
*(a) Employee Only	<input type="radio"/>									
*(b) Employee + Spouse	<input type="radio"/>									
*(c) Employee + Child(ren)	<input type="radio"/>									
*(d) Employee + Family	<input type="radio"/>									

NOTE : Answer the below question only if answer to Q#84 is Yes

*** 87. What type of coverage is in your organization's vision plan? (Select one option)**

- Exam only
- Exam & materials (such as frames, lenses, and contact lenses)
- We give employees the option of Exam only or Exam & materials coverage

NOTE : Answer the below question only if answer to Q#84 is Yes

88. For the vision plan with the highest employee participation, what are the maximum annual allowances?

	\$0- \$50	\$51- \$100	\$101- \$150	\$151- \$200	\$201- \$250	\$250- \$300	\$301- \$350	\$351- \$400	\$401- \$450	\$451- \$500	\$501+
* (a) Lenses	<input type="radio"/>										
* (b) Frames	<input type="radio"/>										
* (c) Contact Lenses	<input type="radio"/>										
* (d) Corrective Surgery	<input type="radio"/>										

89. Some organizations provide the following resources to employees.

Please check the option that applies to the majority of your employees (provided outside of OSHA requirements).

	Organization pays all cost	Organization pays part of cost (flat amount or percentage)	Employee pays all cost	N/A to my organization
* (a) Safety shoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* (b) Safety glasses—nonprescription or prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* (c) Company logo items (shirts, mugs, pens, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* (d) Uniforms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* (e) Ergonomic items (chairs, keyboards, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* (f) Home office items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* (g) Cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* (h) Home internet plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* (i) Company Car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* (j) Laptop/Personal Computer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 90. Do you provide on-site childcare or childcare assistance?**

Select all that apply.

- Yes, we provide on-site childcare for free to employees
- Yes, we have on-site childcare for a fee to employees
- Yes, we partner with a local childcare for reduced pricing for our employees
- Yes, we allow flexible employee schedules to match those of their child's school and/or daycare schedule
- Other on-site childcare or childcare assistance
- No, we do not provide any on-site childcare or childcare assistance

NOTE : Answer the below question only if answer to Q#90 is Other on-site childcare or childcare assistance

*** 91. What other on-site childcare or childcare assistance do you offer that is not found in the list above?**

*** 92. What best describes your organization's work environment? (Select one option)**

- 100% in office or activity-based work environment (e.g. field-based employees, classroom setting, manufacturing, etc.)
- 100% remote
- Hybrid

NOTE : Answer the below question only if answer to Q#92 is Hybrid

*** 93. If hybrid, what percent of the week is the majority of your employees required to be in the office or activity-based work environment? (Select one option)**

- 20% (1 day) in the office or activity-based work environment
- 40% (2 days) in the office or activity-based work environment
- 60% (3 days) in the office or activity-based work environment
- 80% (4 days) in the office or activity-based work environment

Section Five: Life Insurance, Disability, & Retirement Benefits Practices

*** 94. Do you offer your employees Group Life and/or Accidental Death and Dismemberment (AD&D) Insurance?**
Please select the one that applies to the majority of your employees. (Select one option)

- Yes
- No

NOTE : Answer the below question only if answer to Q#94 is Yes

*** 95. What percentage of the life insurance premium is paid by the organization? (Select one option)**

- 100%
- 90-99%
- 80-89%
- 70-79%
- 60-69%
- 50-59%
- 40-49%
- 30-39%
- 20-29%
- 10-19%
- 1-9%
- 0%

NOTE : Answer the below question only if answer to Q#94 is Yes

*** 96. What is the amount of the basic life insurance and/or AD&D provided? (Select one option)**

- 1 times annual salary
- 1 ½ times annual salary
- 2 times annual salary
- Other salary formula
- Varies by job classification
- Flat amount for all employees

NOTE : Answer the below question only if answer to Q#94 is Yes

*** 97. Can employees purchase additional life insurance?**
Please select the option that applies to the majority of your employees. (Select one option)

- Yes
- No

*** 98. Does your organization offer dependent life insurance?**
Please select the option that applies to the majority of your employees. (Select one option)

- Yes
- No

*** 104. Does your organization pay the premium for you employee's long-term disability insurance? (Select one option)**

- Yes, the long-term disability insurance is paid for by the organization
- No, the long-term disability insurance is not paid for by the organization

NOTE : Answer the below question only if answer to Q#104 is Yes, the long-term disability insurance is paid for by the organization

105. What is the maximum percentage wage replacement provided by your organization's long-term disability plan?

0%-10% 11%-20% 21%-30% 31%-40% 41%-50% 51%-60% 61%-70% 71%-80% 81%-90% 91%+

- *(a) Max Percentage of Income Replacement
- | | | | | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | <input type="radio"/> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

NOTE : Answer the below question only if answer to Q#104 is Yes, the long-term disability insurance is paid for by the organization

106. What is the maximum monthly benefit amount provided by your organization's long-term disability plan?

\$0- \$2501- \$5001- \$7501- \$10001- \$12501- \$15001- \$17501- \$20001- \$25001+
\$2500 \$5000 \$7500 \$10000 \$12500 \$15000 \$17500 \$20000 \$25000

- *(a) Max Dollar Amount per Month
- | | | | | | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | <input type="radio"/> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

*** 107. Does your organization provide retirement benefits?**

Please select the option that applies to the majority of your employees. (Select one option)

- Yes
- No

NOTE : Answer the below question only if answer to Q#107 is Yes

*** 108. What retirement plan(s) and options does your organization offer?**
Please select all that apply for the majority of your employees.

- 401(k)
- 401(a)
- 403(b)
- 457
- Pension Plan
- SIMPLE IRA
- Roth 401(k)
- SEP
- Other options

NOTE : Answer the below question only if answer to Q#108 is Other options

*** 109. What other retirement plan(s) or options does your organization offer that is not found on the list above?**

NOTE : Answer the below question only if answer to Q#107 is Yes

*** 116. If your organization matches contributions to employees' retirement, is the maximum annual match a percentage or flat dollar amount? (Select one option)**

- Maximum annual match is a percentage
- Maximum annual match is a flat dollar amount
- We do not have an annual match

NOTE : Answer the below question only if answer to Q#116 is Maximum annual match is a percentage

117. What is the maximum annual match as a percentage?

0%-1.9% 2%-3.9% 4%-5.9% 6%-7.9% 8%-9.9% 10%-11.9% 12%-13.9% 14%-15.9% 16%+

- * (a) Maximum Annual Match (percentage)
- | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

NOTE : Answer the below question only if answer to Q#116 is Maximum annual match is a flat dollar amount

118. What is the maximum annual match as a dollar amount?

\$0 \$1-\$500 \$501-\$1000 \$1001-\$1500 \$1501-\$2000 \$2001-\$2500 \$2501-\$3000 \$3001-\$3500 \$3551-\$4000 \$4001-\$4500 \$4501+

- * (a) Maximum Annual Match (flat dollar amount)
- | | | | | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

Section Six: Pandemic and COVID-19

*** 119. Have your PTO policies changed in the past year due to the COVID-19 pandemic?
Please select the option that applies to the majority of your employees. (Select one option)**

- Yes, we have granted an additional 120 or more hours to employees
- Yes, we have granted an additional 80-119 hours to employees
- Yes, we have granted an additional 40-79 hours to employees
- Yes, we have granted an additional 1-39 hours to employees
- No, we have not changed our PTO policies beyond what has been legally mandated

*** 120. Is your organization considering, or has already implemented, additional pay for employees continuing to work in known COVID-19 exposed/hazard areas, in essential functions, or in roles where travel may be increased to support business operations?
Please select the option that applies to the majority of your employees. (Select one option)**

- Yes, we will be providing a bonus
- Yes, we will be providing an hourly differential
- Yes, we are considering but have not yet made a decision
- No
- N/A - does not apply to my organization

*** 121. Has your time requirements policy changed with the COVID-19 pandemic?
Please select the option that applies to the majority of your employees. (Select one option)**

- Yes, employees are eligible for full benefits upon hire
- Yes, all existing employees became eligible for full benefits
- Yes, we reduced the time needed to become eligible for full benefits
- Yes, we increased the time needed to become eligible for full benefits
- No, we have made no changes to the time requirements for full benefits

*** 122. Which of the following hiring practices have you implemented as a result of COVID-19?
Select all that apply.**

- We have hired for remote work as our employees can work from anywhere
- We have hired further outside our geographic area
- We have hired outside our state
- We have hired hiring outside our time-zone, but want our employees to work the same shifts
- We have returned to our previous hiring practices as before COVID-19
- Other hiring practices
- Not applicable - no changes to hiring practices due to COVID-19

NOTE : Answer the below question only if answer to Q#122 is Other hiring practices

*** 123. What other hiring practices have you implemented due to COVID-19 that is not found on the list above?**

*** 124. Which, if any, of the following hiring practices have you implemented during COVID-19 due to the increase of remote work?
Select all that apply.**

- Hiring beyond our usual recruitment area
- Hiring out-of-state
- Hiring out of same time zone with different shift(s) from typical employee population
- Hiring out of same time zone with the same shift(s) our current employee population
- Other hiring practices in regards to remote work
- Continued our previous hiring practices without the effect of remote work
- None of the above

NOTE : Answer the below question only if answer to Q#124 is Other hiring practices in regards to remote work

*** 125. What other hiring practices in regards to remote work have you implemented due to COVID-19 that is not found on the list above?**

*** 126. What percent of your employees are working from home on a regular basis (more than 3 days per week)?
Please select the option that applies to the majority of your employees. (Select one option)**

- 100%
- 76-99%
- 51-75%
- 26-50%
- 25% or less
- No employees work remotely on a regular basis

*** 127. How are you communicating and engaging with employees given the increase in telecommuting and virtual work?
Select all that apply**

- Requiring daily contact between managers and employees
- Requiring weekly contact between managers and employees
- Conducting training/meetings virtually or in-person for managers
- Conducting training/meetings virtually or in-person for employees
- Seeking virtual training for managers and employees
- Creating virtual training for managers and employees
- Offering EAP virtual sessions or increasing 1:1 appointment availability
- Providing daily/weekly updates from our executive team
- Providing daily/weekly updates from our HR team
- Other means of contact and engagement
- None of the above, our workforce is still interacting primarily in person

NOTE : Answer the below question only if answer to Q#127 is Other means of contact and engagement

*** 128. What other means of contact and engagement with employees have you employed that is not indicated in the list above?**

*** 129. As a result of COVID-19, have you added any mental health benefits or resources to help employees during the pandemic?
Select all that apply**

- Crisis line information and/or health support line access
- Telemedicine counseling support national or regional
- Telemedicine counseling support local
- Pandemic preparedness resources
- Increased EAP benefits or resources
- Stress/Anxiety/Depression resources geared toward support during COVID-19
- Other resources
- None of the above

NOTE : Answer the below question only if answer to Q#129 is Other resources

*** 130. What other mental health resources do you provide to your employees, as a result of the pandemic, that are not found in the list above?**

Section Seven: Diversity, Equity, & Inclusion

*** 131. How important is DEI (Diversity, Equity, and Inclusion) to your organization? (Select one option)**

- Very important
- Important
- Neutral
- Less important
- Not at all important

*** 132. Does your organization have a DEI strategy? (Select one option)**

- Yes, our organization has a DEI strategy that is fully implemented
- Yes, our organization has a DEI strategy with plans to implement
- No, our organization has plans to discuss a DEI strategy in the near future
- No, our organization has no plans in regards to DEI strategy

*** 133. Has your organization performed a pay equity analysis in regards to race? (Select one option)**

- Yes, we have performed a pay equity analysis and have instituted changes to address any issues
- Yes, we have performed a pay equity analysis and are planning next steps
- No, we have not performed a pay equity analysis but are looking to perform one within the next 6-12 months
- No, we have not performed a pay equity analysis with no plans to do so in the future

*** 134. Has your organization performed a pay equity analysis in regards to gender? (Select one option)**

- Yes, we have performed a pay equity analysis and have instituted changes to address any issues
- Yes, we have performed a pay equity analysis and are planning next steps
- No, we have not performed a pay equity analysis but are looking to perform one within the next 6-12 months
- No, we have not performed a pay equity analysis with no plans to do so in the future

*** 135. Do you provide mandatory training where DEI sensitivity and awareness are the primary focus? (Select one option)**

- Yes, DEI training is mandatory for all employees
- Yes, DEI training is voluntary and encouraged for employees
- No, we do not offer DEI training currently, but would like to in the next 6-12 months
- No, we do not offer DEI training with no plans to do so in the future

NOTE : Answer the below question only if answer to Q#135 is Yes, DEI training is voluntary and encouraged for employees OR No, we do not offer DEI training currently, but would like to in the next 6-12 months OR No, we do not offer DEI training with no plans to do so in the future

*** 136. Within the next year, how likely are you to provide mandatory DEI Training to your employees? (Select one option)**

- Very unlikely
- Unlikely
- Not sure yet
- Likely
- Very likely

NOTE : Answer the below question only if answer to Q#135 is No, we do not offer DEI training currently, but would like to in the next 6-12 months OR No, we do not offer DEI training with no plans to do so in the future

*** 137. Within the next year, how likely are you to provide voluntary DEI Training to your employees? (Select one option)**

- Very unlikely
- Unlikely
- Not sure yet
- Likely
- Very likely

*** 138. Do you review participation in employee benefits by racial or ethnic groups to ensure you are reaching your staff adequately? (Select one option)**

- Yes, we review employee benefits participation by racial or ethnic groups on a set schedule
- Yes, we review employee benefits participation by racial or ethnic groups on an as-needed basis
- No, we have yet to review employee benefits participation by racial or ethnic groups, but have plans to do so in the near future
- No, we have not reviewed employee benefits participation by racial or ethnic groups, and have no plans to do so in the future

*** 139. Does your organization collect employee EEO information for Equal Employment Opportunity or Affirmative Action record-keeping and reporting purposes? (Select one option)**

- Yes, our organization regularly collects data on a set schedule
- Yes, our organization collects data on an as-needed basis
- No, our organization does not collect data, yet, but have plans to do so in the near future
- No, our organization does not collect data, and have no plans to do so in the future

*** 140. Please select the answer that best applies to your organization regarding your policy/implementation of gender-inclusive restrooms. (Select one option)**

- We currently do not provide and do not plan to provide in the next 12 months
- We currently do not provide but plan to provide in the next 12 months
- We currently provide and plan to continue to provide
- We currently provide but plan to discontinue in the next 12 months
- We provide other accommodations

NOTE : Answer the below question only if answer to Q#140 is We provide other accommodations

* **141. What other accommodations do you offer and that are not found in the list above?**

Section Eight: Other Policies & Practices

*** 142. Which working arrangements do you normally provide, allow, or utilize (when not under COVID-19 conditions)? Please check all that apply.**

- Compressed work schedules (e.g., 10-hour days 4 days a week, 12-hour days 3 days a week, etc.)
- Flextime work schedules
- Job sharing
- Telecommuting/working remotely
- Fixed part-time employees
- Seasonal or variable schedules
- Contingent/Contract workers
- Other working arrangements
- None of the above

NOTE : Answer the below question only if answer to Q#142 is Other working arrangements

*** 143. What other working arrangements do you normally provide, allow, or utilize (when not under COVID-19 conditions) that was not indicated above?**

*** 144. How are flexible work schedule arrangements granted? Please check all that apply.**

- Position based
- Department or function based
- Type of work based
- Other criteria for granting flexible work schedule
- None are granted

NOTE : Answer the below question only if answer to Q#144 is Other criteria for granting flexible work schedule

*** 145. What criteria for granting flexible work schedules do you use that were not indicated above?**

*** 146. Please select the statement that best describes your organization's policy regarding casual dress. (Select one option)**

- Not permitted
- Permitted on designated day(s)
- Permitted based on set criteria (i.e. work position, department, responsibilities)
- Always permitted
- N/A-we do not have a policy on casual dress

*** 147. How often are pets permitted in the workplace?**
Please note that pets are not referring to service animals. (Select one option)

- Pets are not permitted
- Pets are permitted anytime
- Pets are permitted only on special occasions
- Pets are permitted only on certain days of the week
- Other permitted policies
- N/A-we do not have a policy on pets in the workplace

NOTE : Answer the below question only if answer to Q#147 is Other permitted policies

*** 148. What other pets in workplace policies do you offer that are not found in the list above?**

*** 149. Which company-wide event(s) does your organization sponsor?**
Please select all that apply. Do not include events for which your organization makes no financial contribution.

- End of year/holiday event
- Sports event(s)
- Summer BBQ/Picnic
- Periodically provide lunch
- Employee appreciation event(s)
- Other events
- No, we do not offer any company-wide events

NOTE : Answer the below question only if answer to Q#149 is Other events

*** 150. What other company-wide event(s) do you offer that are not found in the list above?**

*** 151. Please select the answer that best describes your organization's policy on smoking/vaping in the workplace. (Select one option)**

- It is permitted in designated areas
- It is not permitted during working hours in any workplace location(s)
- We do not have a policy on smoking/vaping

*** 152. Does your organization measure employee satisfaction and/or employee engagement?**
Please select the response that applies to the majority of your employees. (Select one option)

- Yes, satisfaction and engagement
- Yes, satisfaction only
- Yes, engagement only
- No, we do not measure either satisfaction or engagement

*** 158. Which other areas of your business are most likely to keep you up at night?**

The responses below help determine future survey content only. You will not be contacted for sales purposes based on your responses. Please check all that apply.

- Employee Recruitment
- Employee Turnover
- Employee Development
- Employee Satisfaction and/or Engagement
- Employee Performance Management/Performance Assessment
- Employee or Labor Relations
- Compensation & Staying Competitive
- Pay Equity
- Payroll Administration
- Benefit Costs
- HR Technology
- HR Compliance
- Safety & Wellness
- Organizational Culture
- Strategic Planning & Execution
- Financial Performance of the Organization
- Strategy of the Organization
- Pandemic Impact on Business Continuity (i.e. supply chain, financial implications, temporary shutdown)
- Other areas of concern

NOTE : Answer the below question only if answer to Q#158 is Other areas of concern

*** 159. What other areas of concern do you have that are not found in the list above?**

*** 160. Does your organization utilize one or more HR technology systems/applications (i.e., some form of HRIS/HRMS/HCMS, Applicant Tracking System, Learning Management System, Performance Management System, Payroll System, Time Tracking System, etc.)? (Select one option)**

- Yes
- No

NOTE : Answer the below question only if answer to Q#160 is Yes

*** 161. If you use a comprehensive HRIS/HRCM application, please tell us which one and any thoughts (e.g., likes and dislikes) you have about it:**

*** 162. How comprehensive was this survey about benefits policies and practices? (Select one option)**

- | | | |
|--------------------------------|-----------------------|-----------------------|
| 1 | 2 | 3 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not
comprehensive
enough | About right | Too
comprehensive |

163. Comments/Suggestions:

164. What aspects, or areas, of organizational benefits, policies, and practices, should we have asked about but did not do so?

Section Nine: Your Contact Information

Please note that you must complete this section in order for us to confirm your participation in this survey.

* 165. Your Organization's Name

* 166. Can we publish your organization's name as a participant in this survey? (Select one option)

Yes

No

* 167. Your Full Name

Example: Jane Smith

* 168. Your Email Address

Example: janesmith@comcast.net

169. Please enter the contact information for the person at your organization who should receive instructions on how to obtain the 2022 Benefits Plus Survey Report. We will contact this individual when the report is published.

*(a) Organization Name : _____

*(b) Full Name : _____

*(c) Telephone : _____

*(d) Email Address : _____