

Bureau of Labor Statistics

U.S. Department of Labor

Month Year Update

OMB No. 1220-0164 Expiration Date: X/XX/XXXX

We estimate that it will take an average of 20 minutes to complete this form, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding this estimate or any other aspect of this survey; including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Office of Compensation and Working Conditions (1220-0164), 2 Massachusetts Avenue N.E., Washington, D.C. 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB control number.

The Bureau of Labor Statistics, its employees, agents, and partner statistical agencies, will use the information you provide for statistical purposes only and will hold the information in confidence to the full extent permitted by law. In accordance with the Confidential Information Protection and Statistical Efficiency Act (44 U.S.C. Section 3572) and other applicable Federal laws, your responses will not be disclosed in identifiable form without your informed consent

information provided by stat	nd local governments. The BLS publishes statistical tabulat e and local governments on this report in confidence. Per a. This report is authorized by law, 29 U.S.C. 2. Your volun	the Federal Cybersecurity Enhance	ement Act of 2015, Feder	al information systems are protect	ed from malicious a		
Benefits for:	Company Name and Phys	ical Address					
Links to Benefit	Information Used:			Please update	links when	updates od	ccur.
Link	to Respondent-Provided Benefit	Information Webs	ite				
Link	to Respondent-Provided Benefit	Information Webs	ite				
Link	to Respondent-Provided Benefit	Information Webs	ite				
Link	to Respondent-Provided Benefit	Information Webs	ite				
If you have any	ne data below and update benef questions, please contact me at: ng benefit information on the fo	[BLS Field Econ	,	ar] Email Address, and	Telephone	e Number]	
Selected Job	FT/PT	Wage Type	FLSA	Union Status	Hrs/Dy	Hrs/Wk	Wks/Yr

Benefits Reported:

NCS: SO100BF-1GP

OVERTIN	ME PREMIL	JM PAY			Last	Date Reported:	Fill in	Date
					Date to Rev	iew Provisions: _	Fill in	Date
	(Y/N) Have 1	there been any change	es to this poli	cy since data	was previou	isly reported?		
Please prov	vide estimate	<u>Jpdate</u> fields below to d overtime usage for tl a to report, please indi	he OT eligible	e occupations	below.		data.	
Previously	Reported Da	ta			Current Up	date		
Premium:	Need Data Need Data	·	.5x weekly after 40 Need Data Need Data	Hours	Reporting Example	ole: (Premium Paid per O Daily After: Weekly After: Weekends: Holidays: Other:	ot Event)	Hours Hours
Estimated	Annual Overt	time Usage per Occupa	ation (Hours)		Est. Annual	Usage per Occu	pation for 2	020
Full-Time	Occupation	Number 1		Need Data				
Full-Time	Occupation	Number 2		Need Data				
Full-Time	Occupation	Number 3		Need Data				
Full-Time	Occupation	Number 4		Need Data				
Full-Time	Occupation	Number 5		Need Data				
Full-Time	Occupation	Number 6		Need Data				
Full-Time	Occupation	Number 7		Need Data				
Full-Time	Occupation	Number 8		Need Data				
Additional	Comments:							

LEAVE BENEFITS: VACATION	Last Date Reported:	Fill in Date
	Date to Review Provisions:	Fill in Date
(Y/N) Have there been any changes to this	policy since data was previously reported?	
Please use the <u>Current Update</u> fields below to refresh If there is additional data to report, please indicate in t		ing data.
Vacation Plan for Full-Time		
Previously Reported Data	Current Update	
Employees Eligible for Paid Vacation Leave:	Need Data	
Days Until Eligible for Paid Vacation Leave:	Need Data	
Is this a Consolidated Leave Plan?	Need Data	
If yes, what leave is included?		
Accrual Per Pay Period: Reporting Example: (Hrs. Earned per Required Vacation Hours Earned Required	ired Time Employed) Reporting Example: (Hrs. Earned p	er Required Time Employed)
Need Data	Need Data Hours	Year(s)
Need Data	Need Data Hours	Year(s)
Need Data	Need Data Hours	Year(s)
Pay Is Based On: (Base Pay, Avg Hrly Rate, Avg Hrly Rate+Shift):	Need Data	
Additional Comments:		

LEAVE BENEFITS:	HOLIDAYS	Last Date Reported:	Fill in Date
		Date Expected to Change:	Fill in Date
(Y/N) Have t	here been any changes to this p	olicy since data was previously reported?	?
	<u>Ipdate</u> fields below to refresh pro a to report, please indicate in the	eviously reported data or to provide miss Additional Comments field.	ing data.
Previously Reported Date	ta	Current Update	
Employees Eligible for Pa	aid Holiday Leave	Need Data	
Days Until Eligible for Ho	oliday Leave:	Need Data	
s the Workplace Open c	on Holidays?	Need Data	
	ployees working holidays:	Need Data	
	day Overtime if they work?	Need Data	
f Yes, What is The Overt		Need Data	
	e Pay, Avg Hrly Rate, Avg Hrly Rate+Shift):	Need Data	
Number of Paid Holidays		Need Data	
	New Year's Eve New Year's Day Martin Luther King Day President's Day Good Friday Memorial Day July 4th Labor Day Columbus Day Election Day Veteran's Day Thanksgiving Day Day after Thanksgiving Christmas Eve Christmas Day Employee Birthday Floating Holiday Other	Need Data	
f Other, please list: Additional Comments:			

LEAVE B	ENEFITS:	SICK LEAVE		Last Date Reported:	Fill in Date
			Da	te to Review Provisions:	Fill in Date
	(Y/N) Have	there been any char	nges to this policy since dat	a was previously reported?	
	·		to refresh previously report adicate in the <u>Additional Co</u>	ted data or to provide missin o <u>mments</u> field.	g data.
Previously	Reported Da	ata		Current Update	
Employees	Eligible for U	Jnpaid Sick Leave	Need Data		
Employees	Eligible for P	Paid Sick Leave	Need Data		
Days Until	Eligible for Pa	aid Sick Leave:	Need Data		
Maximum	Days of Paid	Sick Leave Per Year:	Need Data		
Accrual Po	-	Reporting Example: (Hrs. Ea Hours Earned Need Data per	rned per Required Time Worked) Required Work Time Need Data Hrs Worked	Reporting Example: (Hrs. Earned per	Required Time Worked) Hrs Worked
Pay Is Base	ed On: (Base Pay	y, Avg Hrly Rate, Avg Hrly Ra	te+Shift): Need Data		1
Is this a co	nsolidated Le	eave Plan?	Need Data		
If yes, wha	t leave is incl	uded?	Need Data		
Unused Sic	k Leave: (Ca	sh In or Carry Over)	Need Data		
If Carry Ov	er, how much	1?	Need Data		
Estimated	Annual Sick	Leave Usage per Occ	cupation (Hours)	Est. Annual Usage per Oc	cupation for 2020
Full-Time	Occupation	Number 1	Need Data		
Full-Time	Occupation	Number 2	Need Data		
Full-Time	Occupation	Number 3	Need Data		
Full-Time	Occupation	Number 4	Need Data		
Full-Time	Occupation	Number 5	Need Data		
Full-Time	Occupation	Number 6	Need Data		
Full-Time	Occupation	Number 7	Need Data		
Full-Time	Occupation	Number 8	Need Data		
Additional	Comments:				

LEAVE B	ENEFITS:	PERSONAL LEAVE		Last Date Reported:	Fill in Date
			Dat	e to Review Provisions:	Fill in Date
](Y/N) Have	there been any changes to this	policy since data	was previously reported?	
	· · · · · · · · · · · · · · · · · · ·	<u>Update</u> fields below to refresh p a to report, please indicate in th	•	•	ng data.
Previously	Reported Da	ta		Current Update	
Number of	Days Provide	ed:	Need Data		
Is this part	of a Consolid	ated Leave Plan?	Need Data		
Pay Is Base	d On: (Base Pay	, Avg Hrly Rate, Avg Hrly Rate+Shift):	Need Data		
Employees	eligible for p	paid personal leave:			
Full-Time	Occupation	Number 1	Need Data		
Full-Time	Occupation	Number 2	Need Data		
Full-Time	Occupation	Number 3	Need Data		
Full-Time	Occupation	Number 4	Need Data		
Full-Time	Occupation	Number 5	Need Data		
Full-Time	Occupation	Number 6	Need Data		
Full-Time	Occupation	Number 7	Need Data		
Full-Time	Occupation	Number 8	Need Data		
Additional	Comments:				

SHIFT DI	IFFERENTIALS		Last Date Reported:	Fill in Date
		Date	- 4 - Deview Duevisiens	Fill in Data
	<u>_</u>		e to Review Provisions:	Fill in Date
	(Y/N) Have there been any changes to this po	licy since data	a was previously reported?	
	the <u>Current Update</u> fields below to refresh pre			ng data.
If there is a	additional data to report, please indicate in the	<u>Additional Co</u>	mments field.	
Previously	Reported Data		Current Update	
Full-Time	Occupation Number 1	Need Data		
Full-Time	Occupation Number 2	Need Data		
Full-Time	Occupation Number 3	Need Data		
	•			
Full-Time	Occupation Number 4	Need Data		
Full-Time	Occupation Number 5	Need Data		
Full-Time	Occupation Number 6	Need Data		
Full-Time	Occupation Number 7	Need Data		
Full-Time	Occupation Number 8	Need Data		
Additional	Comments:			

NON-PRO	DDUCTION BONUS		Last Date Reported:	Fill in Date
		Da	te Expected to Change:	Fill in Date
	(Y/N) Have there been any changes to this p	oolicy since dat	a was previously reported?	
	the <u>Current Update</u> fields below to refresh pradditional data to report, please indicate in the	•	·	ng data.
Previously	Reported Data		Current Update	
Type of Bo	onus (i.e. Christmas, Hiring, Retention)	Need Data		
Employees	Eligible for Bonus:	Need Data		
Days Until	Eligible for Bonus:	Need Data		
Benefit Pa	yout Date:	Need Data		
Provisions Flat Amoun	: t, Multiple of Earnings, Number of Days, Varies:	Need Data		
Annual No	n-Production Bonus per Occupation		Annual NP Bonus per Occu	pation for 2020
Full-Time	Occupation Number 1	Need Data		
Full-Time	Occupation Number 2	Need Data		
Full-Time	Occupation Number 3	Need Data		
Full-Time	Occupation Number 4	Need Data		
Full-Time	Occupation Number 5	Need Data		
Full-Time	Occupation Number 6	Need Data		
Full-Time	Occupation Number 7	Need Data		
Full-Time	Occupation Number 8	Need Data		
If annual o	ccupational bonus amounts are not available,	please provide	e a company-wide expenditu	ıre.
Non-Produ	uction Bonus Company-Wide Expenditure		NPB Expenditure for 2022	1
Time	Frame (Month / Quarter / Annual):		Time Frame:	
	Company-Wide Expenditure:		Co-Wide Expenditure:	
	Company-Wide Employment:		Co-Wide Employment:	
	Company-Wide Gross Payroll:		Co-Wide Gross Payroll:	
Additional	Comments:			

LIFE INS	URANCE		Last Date Reported:	Fill in Date
		Da	ite Expected to Change:	Fill in Date
	(Y/N) Have there been any changes to this p	oolicy since data	was previously reported?	
	the <u>Current Update</u> fields below to refresh pladditional data to report, please indicate in the	•	·	g data.
LIFE INSUF	RANCE PLAN CARRIER:	Need Data		
	ompany contribute to the premium? (Y/N): is no, no additional information needed for this plan.	Need Data		
Previously	Reported Data		Current Update	
Policy Dat	e:	Need Data		
Type of In				
Life Only, AD	&D Only, Life & AD&D, Dependent Life:	Need Data		
Plan Bene				
Flat Amou	nt, Multiple of Earnings, Varies:	Need Data		
Amount	Reporting Example:1x Annual Salary to Next Highest Thousar			
		Need Data		
What is the	e Benefit Maximum?	Need Data		
Is the emp	loyee required to contribute?	Need Data		
Is Retiree I	Life offered?	Need Data		
Employees	s Eligible for Life Insurance:	Need Data		
Days Until	Eligible for Life Insurance:	Need Data		
Fmnlovee	s Participating in Plan (Count or Percent for each	Occupation):	Please specify whether reported par	ticination is count or percent
Full-Time		Need Data	riease specify whether reported par	ticipation is count of percent.
Full-Time	Occupation Number 2	Need Data		
Full-Time	Occupation Number 3	Need Data		
Full-Time	Occupation Number 4	Need Data		
Full-Time	Occupation Number 5	Need Data		
Full-Time	Occupation Number 6	Need Data		
Full-Time	Occupation Number 7	Need Data		
Full-Time	Occupation Number 8	Need Data		
Company	Cost per \$1000		Company Cost per \$1000	0 for 2021
	Life Rate per \$1000 per month:	Need Data	Rate per \$1000 / mo:	
	AD&D Rate per \$1000 per month:	Need Data	Rate per \$1000 / mo:	

If rates per \$1000 are not available, or they v	ary by age or salary, please provide a co	mpany-wide expenditure.
Company-Wide Expenditure	Co-Wide E	xpenditure for 2020
Time Frame (Month / Quarter / Annual)	: Ті	me Frame:
Company-Wide Expenditure	: Co-Wide E	xpenditure:
Company-Wide Gross Payroll	: Co-Wide G	ross Payroll:
Additional Comments:		

HEALTH	INSURANCE			Last Date Reported:	Fill in Date
			D	ate Expected to Change:	Fill in Date
	(Y/N) Have there been	any changes to this pol	icy since data v	vas previously reported?	
lf there is ៤ lf you can រុ	additional data to report,	please indicate in the ent benefit guide with en	Additional Com	loyee premiums for health/de	
MEDICAL I	PLAN CARRIER:		Need Data		
MEDICAL I	PLAN TIERS:		Need Data		
	company contribute to the ris no, no additional informati		Need Data		
Previously	Reported Data			Current Update	
Fill in Plan	Tier Name				
Policy Dat	e:		Need Data		
Insurance	Coverage:		Need Data		
Does this p	olan pay benefits after se	rvices are rendered?	Need Data		
Are there a	any restrictions on choice	e of plan providers?	Need Data		
	nployer pay any portion of		Need Data		
Does the er	mployer have a stop loss in	surance policy?	Need Data		
Which em	ployees are eligible for th	nis plan?	Need Data		
How many	days before eligible for	this plan:	Need Data		
Employee:	s Participating in Plan (Co	ount or Percent for each (Occupation):	Please specify whether reported partic	cipation is count or percent.
Full-Time	Occupation Number 1		Need Data		
Full-Time	Occupation Number 2		Need Data		
Full-Time	Occupation Number 3		Need Data		
Full-Time	Occupation Number 4		Need Data		
Full-Time	Occupation Number 5		Need Data		
Full-Time	Occupation Number 6		Need Data		
Full-Time	Occupation Number 7		Need Data		
Full-Time	Occupation Number 8		Need Data		
Previous P	Premiums:			Current Update FY21-22	
	Coverage	Employer	Employee	Employer	Employee
	Options	Premiums	Premiums	Premiums	Premiums
	Single:	Need Data	Need Data		
	Individual + Spouse:	Need Data	Need Data		
	Individual + Children:	Need Data	Need Data		
	Family:	Need Data	Need Data		

Fill in Plan	Tier Name			١		
Policy Date	: :		Need Data	I		
Insurance (Coverage:		Need Data			
Does this n	lan pay benefits after se	rvices are rendered?	Need Data	l		
•	iny restrictions on choice		Need Data	١		
	·			ĺ		
	nployer pay any portion of		Need Data	l		
Does the em	nployer have a stop loss ins	surance policy?	Need Data	1		
Which emp	oloyees are eligible for th	nis plan?	Need Data			
How many	days before eligible for	this plan:	Need Data			
Employees	Participating in Plan (Co	ount or Percent for each	Occupation):	١	Please specify	Please specify whether reported participal
Full-Time	Occupation Number 1		Need Data			
Full-Time	Occupation Number 2		Need Data			
Full-Time	Occupation Number 3		Need Data			
Full-Time	Occupation Number 4		Need Data			
Full-Time	Occupation Number 5		Need Data			
Full-Time	Occupation Number 6		Need Data			
Full-Time	Occupation Number 7		Need Data			
Full-Time	Occupation Number 8		Need Data	l		
Previous P	remiums:			١	Current U	Current Update FY21-22
	Coverage	Employer	Employee	l		Employer
	Options	Premiums	Premiums			Premiums
	Single:	Need Data	Need Data			
	Individual + Spouse:	Need Data	Need Data	l		
	Individual + Children:	Need Data	Need Data			
	Family:	Need Data	Need Data			

Fill in Plan	Tier Name				
Policy Date	e:		Need Data		
Insurance	nsurance Coverage:				
Does this p	Does this plan pay benefits after services are rendered?				
Are there a	any restrictions on choice	e of plan providers?	Need Data		
Does the en	nployer pay any portion of	claims for benefits?	Need Data		
Does the en	nployer have a stop loss in:	surance policy?	Need Data		
Which emp	oloyees are eligible for th	nis plan?	Need Data		
How many	days before eligible for	this plan:	Need Data		
Employees	Participating in Plan (C	ount or Percent for each (Occupation):	Please specify whether reported part	cicipation is count or perce
Full-Time	Occupation Number 1		Need Data		
Full-Time	Occupation Number 2		Need Data		
Full-Time	Occupation Number 3		Need Data		
Full-Time	Occupation Number 4		Need Data		
Full-Time	Occupation Number 5		Need Data		
Full-Time	Occupation Number 6		Need Data		
Full-Time	Occupation Number 7		Need Data		
Full-Time	Occupation Number 8		Need Data		
Previous Premiums:			Current Update FY21-22		
	Coverage	Employer	Employee	Employer	Employ
	Options	Premiums	Premiums	Premiums	Premiu
	Single:	Need Data	Need Data		
	Individual + Spouse:	Need Data	Need Data		
	Individual + Children:	Need Data	Need Data		
	Family:	Need Data	Need Data		

vide expenditure	е.	
Previous Health Insurance Expenditure		
	Time Frame:	
	Co-Wide Expenditure:	
	Tot. # Elig Employees:	
Need Data		
	HSA Co. Contribution Expenditure for 2021	
	Monthly Contribution:	
	Co-Wide Expenditure:	
	Tot. # Elig Employees:	
	Need Data	

DENTAL PL	AN CARRIER:		Need Data		
DENTAL PL	AN TIERS:		Need Data		
Does the company contribute to the premium? (Y/N): If the answer is no, no additional information needed for this plan.			Need Data		
Previously	Reported Dat	ta		Current Update	
Policy Date):		Need Data		
Does this p	lan pay benef	its after services are rendered?	Need Data		
Are there a	ny restriction	s on choice of plan providers?	Need Data		
Does the em	nployer pay any	portion of claims for benefits?	Need Data		
Does the em	ployer have a	stop loss insurance policy?	Need Data		
Which emp	loyees are eli	gible for this plan?	Need Data		
How many	days before e	ligible for this plan:	Need Data		
Employees	Participating	in Plan (Count or Percent for each C	Occupation):	Please specify whether reported participation is count or percent.	
Full-Time	Occupation	Number 1	Need Data		
Full-Time	Occupation	Number 2	Need Data		
Full-Time	Occupation	Number 3	Need Data		
Full-Time	Occupation	Number 4	Need Data		
Full-Time	Occupation	Number 5	Need Data		
Full-Time	Occupation	Number 6	Need Data		
Full-Time	Occupation	Number 7	Need Data		
Full-Time	Occupation	Number 8	Need Data		
Previous Pi	remiums:			Current Update FY21-22	
	Coverage	Employer	Employee	Employer Employee	
	Options	Premiums	Premiums	Premiums Premiums	
	Single:	Need Data	Need Data		
	Family:	Need Data	Need Data		
If premium.	s are not avai	lable, please provide a company-w	vide expenditur	e.	
Previous D	ental Insuran	ce Expenditure		Dental Insurance Expenditure for 2021	
Time	Frame (Mon	th / Quarter / Annual):		Time Frame:	
		Expenditure:		Expenditure:	
Number of Eligible Employees:				Eligible Employees:	
Additional Comments:					

VISION PLA	AN CARRIER:		Need Data		
VISION PLAN TIERS:			Need Data		
Does the co	ompany contribute to t	he premium? (Y/N):	Need Data		
If the answer	is no, no additional informa	tion needed for this plan.			
Previously	Reported Data			Current Update	
Policy Date	::		Need Data		
Does this p	lan pay benefits after s	ervices are rendered?	Need Data		
Are there a	ny restrictions on choic	ce of plan providers?	Need Data		
Does the er	mployer have a stop los	ss insurance policy?	Need Data		
Which emp	oloyees are eligible for t	his plan?	Need Data		
How many	days before eligible for	this plan:	Need Data		
Employees	Participating in Plan (Count or Percent for each	Occupation):	Please specify whether reported partici	pation is count or percent.
Full-Time	Occupation Number 1	L	Need Data		
Full-Time	Occupation Number 2	2	Need Data		
Full-Time	Occupation Number 3	}	Need Data		
Full-Time	Occupation Number 4	l .	Need Data		
Full-Time	Occupation Number 5	;	Need Data		
Full-Time	Occupation Number 6	5	Need Data		
Full-Time	Occupation Number 7	7	Need Data		
Full-Time	Occupation Number 8	3	Need Data		
Previous Pi	remiums:			Current Update FY21-22	
	Coverage	Employer	Employee	Employer	Employee
	Options	Premiums	Premiums	Premiums	Premiums
	Single:	Need Data	Need Data		
	Individual + Spouse:	Need Data	Need Data	<u> </u>	
	Individual + Children:	Need Data	Need Data		
	Family:	Need Data	Need Data		
If premium.	s are not available, pled	ase provide a company-\	wide expenditur	e.	
	ision Insurance Expend				
Time	Frame (Month / Quar	ter / Annual):		Time Frame:	
		Expenditure:		Expenditure:	
	Number of Eligibl	e Employees:		Eligible Employees:	
Additional Comments:					

SHORT-TERM DISABILITY INSURANCE			Last Date Reported:	Fill in Date
		Date	e to Review Provisions:	Fill in Date
	(Y/N) Have there been any changes to this p	olicy since da	ta was previously reported?	
Dlagga	the <u>Current Update</u> fields below to refresh pr	raviausly rana	rtad data ar ta pravida missi	ina data
	additional data to report, please indicate in the		· · · · · · · · · · · · · · · · · · ·	ng aata.
ij tilete is t	dutional data to report, pieuse maleute in tin	Additional C	<u>omments</u> field.	
Previously	Reported Data		Current Update	
Short-Tern	n Disability Plan: (Paid, Unpaid, or No Plan):	Need Data		
Days Until	Eligible for Short-Term Disability:	Need Data		
Short-Terr	n Disability Sponsor:			
	Unfunded - Salary Continuation:	Need Data		
	Self-Insured:	Need Data		
	Insured - Commercial, union, association:	Need Data		
	Insurance Carrier:	Need Data		
	State Plan - Legally Required:	Need Data		
	Other	Need Data		
Short-Terr	n Disability Plan Formula:			
	Percent of Earnings:	Need Data		
	Maximum weekly amount:	Need Data		
	Duration of Benefits:	Need Data		
	Employee Contribution to Plan:	Need Data		
Employees	s Participating in Plan (Count or Percent for each	Occupation):	Please specify whether reported partic	cination is count or percent
Full-Time	Occupation Number 1	Need Data	ricuse specify whether reported partit	sipation is count of percent.
Full-Time	Occupation Number 2	Need Data		
Full-Time	Occupation Number 3	Need Data		
Full-Time	Occupation Number 4	Need Data		
Full-Time	Occupation Number 5	Need Data		
Full-Time	Occupation Number 6	Need Data		
Full-Time	Occupation Number 7	Need Data		
Full-Time	Occupation Number 8	Need Data		

			!	
Previous Es	stimated Anr	nual Usage (Days Used)		Estimated Annual Usage
Full-Time	Occupation	Number 1	Need Data	
Full-Time	Occupation	Number 2	Need Data	
Full-Time	Occupation	Number 3	Need Data	
Full-Time	Occupation	Number 4	Need Data	
Full-Time	Occupation	Number 5	Need Data	
Full-Time	Occupation	Number 6	Need Data	
Full-Time	Occupation	Number 7	Need Data	
Full-Time	Occupation	Number 8	Need Data	
Additional	Comments:			
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	ŀ			

Current Update Fill in Date	LONG-TI	ERM DISABILITY INSURANCE		Last Date Reported:	Fill in Date
Please use the Current Update fields below to refresh previously reported data or to provide missing data. If there is additional data to report, please indicate in the Additional Comments field. Previously Reported Data Long-Term Disability Plan: (Paid, Unpaid, or No Plan) Days Until Eligible for Long-Term Disability: Need Data Insurance Carrier: Need Data Percent of Earnings: Maximum monthly amount: Employee Contribution to Plan: Employees Participating in Plan (Count or Percent for each Occupation): Full-Time Occupation Number 1 Need Data Full-Time Occupation Number 3 Need Data Full-Time Occupation Number 4 Need Data Full-Time Occupation Number 5 Need Data Full-Time Occupation Number 6 Full-Time Occupation Number 7 Need Data Full-Time Occupation Number 8 Company Cost per \$100 Rate per \$100 per employee: Need Data Need Data Rate per \$100 / EE: Current Update Prevent Opation Need Data Need Data Red Data Company Cost per \$100 for 2021 Rate per \$100 / EE:			Dat	e to Review Provisions:	Fill in Date
Previously Reported Data Current Update		(Y/N) Have there been any changes to this p	policy since dat	a was previously reported?	
Long-Term Disability Plan: (Paid, Unpaid, or No Plan) Days Until Eligible for Long-Term Disability: Insurance Carrier: Need Data Policy Date: Need Data Long-Term Disability Plan Formula: Percent of Earnings: Maximum monthly amount: Employee Contribution to Plan: Need Data Employees Participating in Plan (Count or Percent for each Occupation): Full-Time Occupation Number 1 Need Data Full-Time Occupation Number 3 Need Data Full-Time Occupation Number 4 Need Data Full-Time Occupation Number 5 Need Data Full-Time Occupation Number 6 Need Data Full-Time Occupation Number 7 Need Data Full-Time Occupation Number 8 Need Data Company Cost per \$100 Rate per \$100 per employee: Need Data Need Data Company Cost per \$100 Rate per \$100 per employee: Need Data Need Data Need Data Company Cost per \$100 for 2021 Rate per \$100 / EE:				•	ng data.
Days Until Eligible for Long-Term Disability: Insurance Carrier: Need Data Policy Date: Need Data Percent of Earnings: Maximum monthly amount: Employee Contribution to Plan: Perployee Contribution to Plan: Need Data Employees Participating in Plan (Count or Percent for each Occupation): Full-Time Occupation Number 1 Need Data Full-Time Occupation Number 2 Need Data Full-Time Occupation Number 4 Need Data Full-Time Occupation Number 5 Full-Time Occupation Number 6 Full-Time Occupation Number 7 Need Data Full-Time Occupation Number 8 Need Data Company Cost per \$100 Rate per \$100 per employee: Need Data Company Cost per \$100 for 2021 Rate per \$100 / EE:	Previously	Reported Data		Current Update	
Insurance Carrier: Policy Date: Long-Term Disability Plan Formula: Percent of Earnings: Maximum monthly amount: Employee Contribution to Plan: Employees Participating in Plan (Count or Percent for each Occupation): Full-Time Occupation Number 1 Need Data Full-Time Occupation Number 3 Need Data Full-Time Occupation Number 4 Need Data Full-Time Occupation Number 5 Need Data Full-Time Occupation Number 6 Need Data Full-Time Occupation Number 7 Need Data Full-Time Occupation Number 8 Need Data Rate per \$100 per employee: Need Data Need Data Need Data	Long-Term	Disability Plan: (Paid, Unpaid, or No Plan)	Need Data		
Policy Date: Long-Term Disability Plan Formula: Percent of Earnings: Maximum monthly amount: Employee Contribution to Plan: Employees Participating in Plan (Count or Percent for each Occupation): Full-Time Occupation Number 2 Need Data Full-Time Occupation Number 4 Need Data Full-Time Occupation Number 5 Need Data Full-Time Occupation Number 6 Need Data Full-Time Occupation Number 7 Need Data Full-Time Occupation Number 8 Need Data Rate per \$100 per employee: Need Data Rate per \$100 for 2021 Rate per \$100 / EE:	Days Until	Eligible for Long-Term Disability:	Need Data		
Long-Term Disability Plan Formula: Percent of Earnings: Maximum monthly amount: Employee Contribution to Plan: Need Data Employees Participating in Plan (Count or Percent for each Occupation): Full-Time Occupation Number 1 Need Data Full-Time Occupation Number 3 Need Data Full-Time Occupation Number 4 Need Data Full-Time Occupation Number 5 Need Data Full-Time Occupation Number 6 Need Data Full-Time Occupation Number 7 Need Data Full-Time Occupation Number 8 Company Cost per \$100 Rate per \$100 per employee: Need Data Company Cost per \$100 / EE:	Insurance	Carrier:	Need Data		
Percent of Earnings: Maximum monthly amount: Employee Contribution to Plan: Employees Participating in Plan (Count or Percent for each Occupation):	Policy Date	e:	Need Data		
Maximum monthly amount: Employee Contribution to Plan: Need Data Employees Participating in Plan (Count or Percent for each Occupation): Full-Time Occupation Number 1 Need Data Full-Time Occupation Number 3 Need Data Full-Time Occupation Number 4 Need Data Full-Time Occupation Number 5 Need Data Full-Time Occupation Number 6 Need Data Full-Time Occupation Number 7 Need Data Full-Time Occupation Number 8 Company Cost per \$100 Rate per \$100 per employee: Need Data Company Cost per \$100 / EE:	Long-Term	n Disability Plan Formula:			
Employees Participating in Plan (Count or Percent for each Occupation): Full-Time Occupation Number 1 Need Data Full-Time Occupation Number 3 Need Data Full-Time Occupation Number 4 Need Data Full-Time Occupation Number 5 Need Data Full-Time Occupation Number 6 Need Data Full-Time Occupation Number 7 Need Data Full-Time Occupation Number 8 Need Data Company Cost per \$100 Rate per \$100 per employee: Need Data Need Data Company Cost per \$100 for 2021 Rate per \$100 / EE:		Percent of Earnings:	Need Data		
Employees Participating in Plan (Count or Percent for each Occupation): Full-Time Occupation Number 1 Need Data Full-Time Occupation Number 3 Need Data Full-Time Occupation Number 4 Need Data Full-Time Occupation Number 5 Need Data Full-Time Occupation Number 6 Need Data Full-Time Occupation Number 7 Need Data Full-Time Occupation Number 8 Company Cost per \$100 Rate per \$100 per employee: Need Data Need Data Company Cost per \$100 for 2021 Rate per \$100 / EE:		Maximum monthly amount:	Need Data		
Full-Time Occupation Number 2 Full-Time Occupation Number 3 Full-Time Occupation Number 3 Full-Time Occupation Number 4 Full-Time Occupation Number 5 Full-Time Occupation Number 6 Full-Time Occupation Number 7 Full-Time Occupation Number 7 Full-Time Occupation Number 8 Company Cost per \$100 Rate per \$100 per employee: Need Data Company Cost per \$100 for 2021 Rate per \$100 / EE:		Employee Contribution to Plan:	Need Data		
Full-Time Occupation Number 2 Full-Time Occupation Number 3 Full-Time Occupation Number 4 Full-Time Occupation Number 5 Full-Time Occupation Number 6 Full-Time Occupation Number 7 Full-Time Occupation Number 7 Full-Time Occupation Number 8 Company Cost per \$100 Rate per \$100 per employee: Need Data Company Cost per \$100 for 2021 Rate per \$100 / EE:	Employees	s Participating in Plan (Count or Percent for each	h Occupation):	Please specify whether reported parti	cipation is count or percent.
Full-Time Occupation Number 3 Full-Time Occupation Number 4 Full-Time Occupation Number 5 Full-Time Occupation Number 6 Full-Time Occupation Number 7 Full-Time Occupation Number 7 Full-Time Occupation Number 8 Company Cost per \$100 Rate per \$100 per employee: Need Data Company Cost per \$100 for 2021 Rate per \$100 / EE:	Full-Time	Occupation Number 1	Need Data		
Full-Time Occupation Number 4 Full-Time Occupation Number 5 Full-Time Occupation Number 6 Full-Time Occupation Number 7 Full-Time Occupation Number 7 Full-Time Occupation Number 8 Company Cost per \$100 Rate per \$100 per employee: Need Data Company Cost per \$100 for 2021 Rate per \$100 / EE:	Full-Time	Occupation Number 2	Need Data		
Full-Time Occupation Number 5 Full-Time Occupation Number 6 Full-Time Occupation Number 7 Full-Time Occupation Number 8 Company Cost per \$100 Rate per \$100 per employee: Need Data Company Cost per \$100 for 2021 Rate per \$100 / EE:	Full-Time	Occupation Number 3	Need Data		
Full-Time Occupation Number 6 Full-Time Occupation Number 7 Full-Time Occupation Number 8 Company Cost per \$100 Rate per \$100 per employee: Need Data Company Cost per \$100 for 2021 Rate per \$100 per employee: Need Data	Full-Time	Occupation Number 4	Need Data		
Full-Time Occupation Number 7 Full-Time Occupation Number 8 Company Cost per \$100 Rate per \$100 per employee: Need Data Company Cost per \$100 for 2021 Rate per \$100 / EE:	Full-Time	Occupation Number 5	Need Data		
Full-Time Occupation Number 8 Company Cost per \$100 Rate per \$100 per employee: Need Data Company Cost per \$100 for 2021 Rate per \$100 / EE:	Full-Time	Occupation Number 6	Need Data		
Company Cost per \$100 Rate per \$100 per employee: Need Data Need Data Rate per \$100 / EE:	Full-Time	Occupation Number 7	Need Data		
Rate per \$100 per employee: Need Data Rate per \$100 / EE:	Full-Time	Occupation Number 8	Need Data		
Rate per \$100 per employee: Need Data Rate per \$100 / EE:	Company	Cost ner \$100		Company Cost per \$100 f	or 2021
Additional Comments:	Company	•	Need Data		01 2021
Additional Comments:					
	Additional	Comments:			

RETIREN	IENT:	DEFINED BENEFIT		Last Date Reported:	Fill in Date
			Da	te Expected to Change:	Fill in Date
	(Y/N) Have	e there been any changes to this po	was previously reported?		
		<u>Update</u> fields below to refresh pre ta to report, please indicate in the	•	•	data.
RETIREMEN	NT PLAN:		Need Data		
Previously	Reported D	ata		Current Update FY21-22	
Plan Descri	iption Year:		Need Data		
Days Until El	ligible to Part	icipate in Plan:	Need Data		
Employee (Contribution	to Plan:	Need Data		
Are benefits	frozen or are	they accruing for participants?	Need Data		
Are new en	nployees ab	le to participate in this plan?	Need Data		
What year d	id new emplo	oyees become ineligible for plan?	Need Data		
		benefits are available for new not participate in this plan?			
	A new defi	ned benefits plan:	Need Data		
	A modified	I version of the existing plan:	Need Data		
	A new defi	ned contributions plan:	Need Data		
	An enhanc	ed defined contribution plan:	Need Data		
	Other:		Need Data		
	Nothing re	placed this plan:	Need Data		
Employees	Participatir	ng in Plan (Count or Percent for each o	Occupation):	Please specify whether reported partici	pation is count or percent.
Full-Time	Occupation	n Number 1	Need Data		
Full-Time	Occupation	n Number 2	Need Data		
Full-Time	Occupation	n Number 3	Need Data		
Full-Time	Occupation	n Number 4	Need Data		
Full-Time	Occupation	n Number 5	Need Data		
Full-Time	Occupation	n Number 6	Need Data		
Full-Time	Occupation	n Number 7	Need Data		
Full-Time	Occupation	n Number 8	Need Data		

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Previous Employer Contribution to Plan: Nee	d Data
If participation is not available, please provide a company-wide e	expenditure.
Expenditure Cost:	Expenditure Cost:
Number of Employees:	Number of Employees:
Gross Payroll:	Gross Payroll:
<u></u>	
Additional Comments:	
	,

RETIREMENT PLAN:		Need Data	
Previously	Reported Data		Current Update FY21-22
Plan Descri	ption Year:	Need Data	
Days Until El	igible to Participate in Plan:	Need Data	
Employee (Contribution to Plan:	Need Data	
Are benefits	frozen or are they accruing for participants?	Need Data	
Are new en	nployees able to participate in this plan? IF NO:	Need Data	
What year d	id new employees become ineligible for plan?	Need Data	
	retirement benefits are available for new who could not participate in this plan?		
	A new defined benefits plan:	Need Data	
	A modified version of the existing plan:	Need Data	
	A new defined contributions plan:	Need Data	
	An enhanced defined contribution plan:	Need Data	
	Other:	Need Data	
	Nothing replaced this plan:	Need Data	
Employees	Participating in Plan (Count or Percent for each	Occupation):	Please specify whether reported participation is count or percent.
Full-Time	Occupation Number 1	Need Data	
Full-Time	Occupation Number 2	Need Data	
Full-Time	Occupation Number 3	Need Data	
Full-Time	Occupation Number 4	Need Data	
Full-Time	Occupation Number 5	Need Data	
Full-Time	Occupation Number 6	Need Data	
Full-Time	Occupation Number 7	Need Data	
Full-Time	Occupation Number 8	Need Data	

Previous Employer Contribution to Plan:	Need Data
revious Employer contribution to Figure	Neca Bata
If participation is not available, please provide a company	-wide expenditure.
Expenditure Cost:	Expenditure Cost:
Number of Employees:	Number of Employees:
Gross Payroll:	Gross Payroll:
Additional Comments:	

RETIREMENT:	DEFINED CONTRIBUTION		Last Date Reported:	Fill in Date
		Da	ite Expected to Change:	Fill in Date
(Y/N) Have	e there been any changes to this po	licy since data v	was previously reported?	
	<u>Update</u> fields below to refresh pred ta to report, please indicate in the		·	lata.
Previously Reported D	ata		Current Update	
Plan Description Title:		Need Data		
Days Until Eligible to Pa	articipate in Plan:	Need Data		
Plan Type (Def Profit Share FSOP N	MPP, Svgs & Thrift, SEP, SIMPLE)	Need Data		
	te to receive employer contribution?	Need Data		
Are any employee contril		Need Data		
Full-Time Occupation Full-Time Occupation Full-Time Occupation Full-Time Occupation Full-Time Occupation Full-Time Occupation	ng in Plan (Count or Percent for each on Number 1 n Number 2 n Number 3 n Number 4 n Number 5 n Number 6 n Number 7	Need Data	Please specify whether reported particle	pation is count or percent.
•	n Number 8	Need Data		
Previous Employer Con	ntribution to Plan: vailable, please provide a company-	Need Data	re.	
	Expenditure Cost:		Expenditure Cost:	
	Number of Employees:		Number of Employees:	
	Gross Payroll:		Gross Payroll:	
Additional Comments:				

ATE UNEMPLOYMENT INSURANCE Last Date Report		Fill in Date			
(V/N) Have there been any sharper to this mali-	Date Expected to Change: (Y/N) Have there been any changes to this policy since data was previously reported				
(Y/N) Have there been any changes to this police	cy since data was previously reported	ŗ			
Please use the <u>Current Update</u> fields below to refresh previous of there is additional data to report, please indicate in the \underline{A}		sing data.			
Previous State Unemployment Insurance Rate for 2020	State Unemployment I	nsurance Rate 2021			
	Need Data				
Previous State Unemployment Insurance Expenditure	Expenditure for 2020				
Time Frame (Month / Quarter / Annual):	Time Frame (Month / Quarter / Annual): Need Data Time Frame:				
Expenditure:	Need Data Expenditure:				
Total Employment:	Need Data Total Employment:				
Additional Comments:					

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WORKER'S COMPENSATION		Last Date Reported:	Fill in Date
		Date Expected to Change:	Fill in Date
(Y/N) Have there been any changes to this	policy since data	was previously reported?	
Please use the <u>Current Update</u> fields below to refresh p If there is additional data to report, please indicate in th	•	•	ta.
Previously Reported Data		Current Update	
Plan Carrier:	Need Data		
Policy Date:	Need Data		
		Current Update FY21-22	
Worker's Comp Code	Cost per \$100	WC Code (if available)	Cost per \$100
Need Data Occupation Number 1	Need Data	(**************************************	
Need Data Occupation Number 2	Need Data		
Need Data Occupation Number 3	Need Data		
Need Data Occupation Number 4	Need Data		
Need Data Occupation Number 5	Need Data		
Need Data Occupation Number 6	Need Data		
Need Data Occupation Number 7	Need Data		
Need Data Occupation Number 8	Need Data		
Experience Modifier in decimal (if applicable	e): Need Data	Experience Modifier 2021:	
Premium Discount in decimal (if applicable	e): Need Data	Premium Discount 2021:	
If rates per \$100 per occupation are not available, pleas	se provide an exp	enditure below.	
Worker's Compensation Expenditure		Expenditure for 2021	
Time Frame (Month / Quarter / Annual):		Time Frame:	
Worker's Comp Expenditure:		WC Expenditure:	
Total Employees:		Total Employees:	
Gross Payroll:		Gross Payroll:	
Additional Comments:			

OTHER BENEFITS	Last Date Reported:	Fill in Date				
	Date Expected to Change:	Fill in Date				
(Y/N) Have there been any changes to the benefits offered below since data was previously reported?						
Please use the <u>Current Update</u> fields below to refresh previously reported of there is additional data to report, please indicate in the <u>Additional Con</u>	•					

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	• "	-	CUPati	Dan Hung	Jet 1 Jetupativ	Schoat,	Jeugail	Jet d Jethativ	der 5 der Muric der der der der der der der der der der
reviously Reported Data (Please insert "y" for any benefits offered.)	All	<u>9</u>	/ ()/ ()/ (<u>)</u>)7 Ç	У <u>С</u>	
id Personal Leave									
d Funeral Leave				-					
d Military Leave									
d Jury Duty									
d Family Leave			_						
paid Family Leave									
ld Care Assistance	Щ		_	<u> </u>					
kible Workplace									
kible Work Schedule	Щ			<u> </u>					
sidized Commuting									
llness Programs									
ployee Assistance Program									
alth Savings Account (HSA)									
ible Benefits									
lth Flexible Spending Account									
endent Care Flex Spending Account									
h/Defer'd Arrangement; no ER Contribution									
roll Deduction IRA; no ER Contribution									
ancial Planning									
ident Loan Repayment									
ng-term Care Insurance									
iree Health - Under age 65									
iree Health - Age 65 and Over									
mestic Partner Health Same Sex									
mestic Partner Health Opposite Sex									
mestic Partner DB Survivor Same Sex									
mestic Partner DB Survivor Opposite Sex									

Additional Comments:	