



ABC121

# 2026 BENEFIT SURVEY FOR CONTRACTORS 41st Annual Survey

## INSTRUCTIONS FOR COMPLETING THE PAS BENEFIT SURVEY FOR CONTRACTORS

1. This questionnaire has been designed to collect benefit and personnel policy information in the construction industry at all non-manual levels. **Do not report craft information.** While not all benefits will be applicable to every company, we ask that you complete the information relevant to your firm.
2. Please review all instructions (and the survey form) before planning to fill in any data. You may find it necessary to have some sections completed by others who are responsible for certain benefit programs.
3. Whenever possible, duplicate the survey questionnaire and report all subsidiaries separately. Do not report on non-construction affiliates.
4. Please complete each item within the appropriate sections – For the most part, the responses are either check marks (✓) or Y/N responses. Check marks will be considered a “yes” response.
5. Report all money amounts accurately and in U.S. dollars. We recognize that **in some instances you may have to approximate an amount. A close approximation is acceptable.**
6. The survey, though comprehensive, has been designed for ease of completion, so we ask that you spend the time necessary to provide complete and accurate information.

**IMPORTANT** – In completing this survey, answer each section based on your “typical” company practices (how each benefit or practice is normally administered) whether your program/plan is formal or informal.

Also, consider the “typical” employee profile and report for the majority of the employees (unless otherwise requested). If you have separate plans for major employee groups, you may duplicate the applicable sections and report separately.

If necessary, make marginal notations to further explain a response. Clarify any response that states “Other \_\_\_\_\_ .”

**EMPLOYEE HANDBOOKS / BENEFIT OR POLICY STATEMENTS** – If you feel further clarification may be needed for interpretation of your responses, please provide copies of your benefit or policy statements, or enclose a copy of your employee handbook.

**CONFIDENTIAL RESPONSE** – Company names will be listed as participants only, not associated with any specific policy, benefit, or demographic data. Benefit/Policy booklets will be held in confidence or returned if requested.

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If you have any questions or need assistance – call (734) 429-1199

**RETURN BY: AUGUST 14, 2026**

**PAS** – Personnel Administration Services, Inc.  
75 E. Henry Street  
Saline Michigan 48176  
(734) 429-1199  
FAX (734) 429-8507  
[email barb@wageandsalary.com](mailto:barb@wageandsalary.com)

<p>1. Types of construction performed: (check all that apply)</p> <p><input type="checkbox"/> Building      <input type="checkbox"/> Industrial</p> <p><input type="checkbox"/> Highway      <input type="checkbox"/> Municipal Utilities</p> <p><input type="checkbox"/> Heavy      <input type="checkbox"/> Residential</p> <p><input type="checkbox"/> Foreign</p> <p>2. Type of contractor (check all that apply):</p> <p><input type="checkbox"/> General Contractor</p> <p><input type="checkbox"/> Electrical Contractor</p> <p><input type="checkbox"/> Construction Manager</p> <p><input type="checkbox"/> Mechanical Contractor</p> <p><input type="checkbox"/> Design/Build</p> <p><input type="checkbox"/> Other Specialty Contractor _____</p> <p>3. Contract bid type (based on revenue volume)</p> <p>_____ % Cost Plus (any type)</p> <p>_____ % Firm Price (Do not split 50%-50%)</p> <p>4. Total revenue last fiscal year (U.S. operations only)</p> <p><input type="checkbox"/> Up to 5 Million</p> <p><input type="checkbox"/> 5 mil to 25 mil</p> <p><input type="checkbox"/> 25 mil to 100 mil</p> <p><input type="checkbox"/> 100 mil to 250 mil</p> <p><input type="checkbox"/> 250 mil to 500 mil</p> <p><input type="checkbox"/> Over 500 million</p> <p>5. Total number of non-manual employees as of 7/1/26: _____</p>	<p>6. Regions in which company works: (Check only those regions that generated revenue noted in Item #4)</p> <p><input type="checkbox"/> Region 1 – CT, MA, ME, NH, RI, VT</p> <p><input type="checkbox"/> Region 2 – NJ, NY</p> <p><input type="checkbox"/> Region 3 – DE, MD, PA, VA, WV, DC</p> <p><input type="checkbox"/> Region 4 – AL, FL, GA, KY, MS, NC, SC, TN</p> <p><input type="checkbox"/> Region 5 – IL, IN, MI, MN, OH, WI</p> <p><input type="checkbox"/> Region 6 – AR, LA, NM, OK, TX</p> <p><input type="checkbox"/> Region 7 – IA, KS, MO, NE</p> <p><input type="checkbox"/> Region 8 – CO, MT, ND, SD, UT, WY</p> <p><input type="checkbox"/> Region 9 – AZ, CA, HI, NV</p> <p><input type="checkbox"/> Region 10 – AK, ID, OR, WA</p> <p>– or –</p> <p><input type="checkbox"/> All Regions</p> <p>7. Office type reporting (check one):</p> <p><input type="checkbox"/> Headquarters – divisional or subsidiary operations included</p> <p><input type="checkbox"/> Headquarters – divisional or subsidiary operations not included</p> <p><input type="checkbox"/> Division/subsidiary office reporting separately from parent company</p> <p>8. Benefit activity last 12 months:</p> <p><input type="checkbox"/> No change in programs</p> <p><input type="checkbox"/> Improved benefit programs</p> <p><input type="checkbox"/> Reduced benefit programs</p> <p>9. Total employer benefit cost as percentage of payroll. <b>(Do not include overtime or mandatory benefits.)</b></p> <p>_____ % of payroll</p>
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CONFIDENTIAL RESPONSE – Company names will be listed as participants only, not associated with any specific policy, benefit, or demographic data.

10. Prepared By: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Survey Order Information  Participant order, send \_\_\_\_\_ copies at \$150.00/copy.  
Enclosed is our check no. \_\_\_\_\_

Non-participant order, send \_\_\_\_\_ copies at \$615.00/copy.  
Send to the attention of: \_\_\_\_\_

## PERSONNEL POLICIES & PRACTICES

### WORK WEEK – OVERTIME PRACTICES

1. Indicate the typical practices of your company in administering working hours.

Normal number of working hours per week \_\_\_\_\_ hours

Normal number of days worked per week \_\_\_\_\_ days

Do you utilize a flex-time program \_\_\_\_\_

2. Indicate your practices for administering scheduled overtime pay.

Do you provide compensatory time off in lieu of overtime pay? \_\_\_\_\_

Exempt personnel (check one)

\_\_\_\_\_ No overtime paid

\_\_\_\_\_ Straight time for over \_\_\_\_\_ hours per week

\_\_\_\_\_ Time and one half for over \_\_\_\_\_ hours per week

\_\_\_\_\_ Time and one half for over \_\_\_\_\_ hours per day

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

Non-Exempt personnel (check one)

\_\_\_\_\_ Time and one half for over 40 hours per week

\_\_\_\_\_ Time and one half for over \_\_\_\_\_ hours per day

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

### COMPENSATION PRACTICES

1. Indicate the normal company practice for administering direct compensation.

Wage and salary administration program (check one).

\_\_\_\_\_ Written, formal policy

\_\_\_\_\_ Not written, but informal policy

\_\_\_\_\_ No policy established

Are standardized, written job descriptions utilized? \_\_\_\_\_

Do you use a formal Job Evaluation system? \_\_\_\_\_

Are salary ranges established? \_\_\_\_\_

2. Indicate the basis for typically granting salary increases (check all that apply).

Merit/performance increase \_\_\_\_\_ Length of service \_\_\_\_\_

Automatic step grade increase \_\_\_\_\_ Cost of Living \_\_\_\_\_

General (across the board) \_\_\_\_\_ Other \_\_\_\_\_

3. Indicate your company practices for the following:

Utilize formal promotion increase guidelines \_\_\_\_\_

Have formal performance appraisal program \_\_\_\_\_

Utilize area differentials \_\_\_\_\_

Utilize in-house job posting program \_\_\_\_\_

Provide shift differential \_\_\_\_\_

If yes, then . . .

Amount for 2nd shift \$ \_\_\_\_\_ per day or \$ \_\_\_\_\_ per hour

Amount for 3rd shift \$ \_\_\_\_\_ per day or \$ \_\_\_\_\_ per hour

## PROJECT STAFF – TRENDS

**TURNOVER EXPERIENCE** – report only staff (supervision, estimating, accounting, etc.)

1. Indicate the number of terminations (regardless of reason) for the past 12 month period? \_\_\_\_\_
2. What was the average number of staff employees over the past 12 month period? \_\_\_\_\_
3. Please indicate (check all that apply) your perception of any turnover you might experience in the following positions (if you do not have a particular position, please check the N/A column):

		– LEVEL OF TURNOVER –		
Position	N/A	High	Some	Low/None
Project Manager				
Estimator				
Accountant				
Safety Director				
Marketing/Sales				
Superintendent				

## PROJECT ASSIGNMENTS

1. Do your staff level personnel (Project Managers, Superintendents, etc.) move from job to job? \_\_\_\_\_  
If YES, please complete questions 2 through 9. If NO, go to next section.
2. What is the typical percentage of field staff people moved from job to job? \_\_\_\_\_ %
3. What is the frequency of field staff relocations? \_\_\_\_\_ (i.e. every 10 to 15 months)
4. Do you have long-term contracts with clients allowing people to stay in one location for extended periods? \_\_\_\_\_ If YES, approximately how long? \_\_\_\_\_
5. Indicate how you normally handle the “in-between” job time for field employees:

Action	– FREQUENCY OF OCCURRENCE –		
	Usually	Sometimes	Rare
Assigned temporarily to another project?			
Assigned temporarily to home office?			
Uses vacation time?			
Laid off?			

6. Typically, what is the length of time considered a short term assignment (maximum duration) \_\_\_\_\_  
**before a relocation of family/goods occurs?**
7. Do you reimburse employees who are at a job site on short term assignment for trips home? \_\_\_\_\_
8. What is the interval for trips home? \_\_\_\_\_ (i.e. 1 time every 2 weeks)
9. Are these employees also eligible (report your typical practice) for any type of “away from home” extra compensation or per diem? \_\_\_\_\_

**BONUS PROGRAM**

Indicate your company practices in administering bonuses.

1. Does company have a bonus program? \_\_\_\_\_
2. Indicate the level of employees covered by bonus program.  
 \_\_\_\_\_ Officers/Managers                      \_\_\_\_\_ Professional/Technical  
 \_\_\_\_\_ Administrative/Clerical
3. Indicate the basis for determining bonus amounts.  
 \_\_\_\_\_ Fixed formula based on classification                      \_\_\_\_\_ Discretionary  
 \_\_\_\_\_ Other (please explain)
4. Bonus distribution is typically made \_\_\_\_\_ (month)

**VACATIONS**

*(If your company utilizes a PTO (paid time off) program, see page 7)*

1. Please indicate the total vacation days typically granted for each employee level shown below.

SERVICE	MANAGER	PROF/ TECH	ADMIN/ CLER
1 year	_____	_____	_____
5 years	_____	_____	_____
10 years	_____	_____	_____
15 years	_____	_____	_____
20 years	_____	_____	_____
25 years	_____	_____	_____

2. Please indicate when employees are first eligible to use vacation.  
*(check one)*

- Immediately – when accrued \_\_\_\_\_                      After 1 year of service \_\_\_\_\_  
 After 3 months of service \_\_\_\_\_                      Other \_\_\_\_\_  
 After 6 months of service \_\_\_\_\_

3. Please indicate the minimum amount of vacation time employees are allowed to use at one time.  
*(check one)*

- Less than 4 hours \_\_\_\_\_                      1 week increments \_\_\_\_\_  
 4 hour increments \_\_\_\_\_                      Other \_\_\_\_\_  
 1 day increments \_\_\_\_\_

4. Vacation accrual (when does employee renew vacation?) is based on:

- Calendar year \_\_\_\_\_                      Employee Anniversary \_\_\_\_\_  
 Other \_\_\_\_\_ Explain \_\_\_\_\_

5. Employees are allowed to . . .

- Use vacation only during the year in which accrued \_\_\_\_\_  
 Carry all unused vacation into the following year \_\_\_\_\_  
 Carry all or part of unused vacation into following years \_\_\_\_\_  
 Receive full pay in lieu of vacation time \_\_\_\_\_  
 Receive pay for part of vacation time \_\_\_\_\_

**HOLIDAYS**

- Total number of paid holidays provided. \_\_\_\_\_
- Please indicate the paid holidays which are typically provided.  
(check all that apply)

**STANDARD**

New Year's Day	_____	Memorial Day	_____
4th of July	_____	Labor Day	_____
Thanksgiving	_____	Christmas	_____

**OTHERS**

Day after Thanksgiving	_____	Columbus Day	_____
1/2 Day before Christmas	_____	Martin Luther King Day	_____
Day before Christmas	_____	President's Day	_____
Day after Christmas	_____	Veteran's Day	_____
1/2 Day before New Year's	_____	Employee Birthday	_____
Day before New Year's	_____	Employee Floating Holiday	_____
Good Friday	_____	Employer Floating Holiday	_____

Others (please list) \_\_\_\_\_

**OTHER PAID TIME OFF**

**JURY DUTY**

- Please indicate the normal company practice for compensating employees who are required to serve on juries (check one).
  - Not paid while on jury duty \_\_\_\_\_
  - Paid full pay, less amount received as jury pay \_\_\_\_\_
  - Paid full pay in addition to jury pay \_\_\_\_\_
  - Other \_\_\_\_\_

**FUNERALS**

- Please indicate the number of paid days off allowed. (Indicate hours if only partial day off provided.)
  - Death of an immediate family member \_\_\_\_\_
  - Death of other relatives \_\_\_\_\_
  - Death of friends or associates \_\_\_\_\_

**MILITARY DUTY**

- Please indicate your practice(s) in treating annual military leave (i.e. two week training camp).
  - Employee receives no pay – treated as unpaid time off \_\_\_\_\_
  - Employee receives full pay, less military pay \_\_\_\_\_
  - Employee receives full pay \_\_\_\_\_
  - Employee may elect to use vacation time while on training \_\_\_\_\_
- If your policy for short-term emergency call-up (not 2 week summer camp) differs from the above, please explain \_\_\_\_\_

**PTO (PAID TIME OFF)**

- Does your company have a PTO (paid time off) program? \_\_\_\_\_
- Please indicate what PTO can be used for  
 \_\_\_\_\_ Vacation                      \_\_\_\_\_ Sick Days (Incidental)                      \_\_\_\_\_ Sick Leave  
 \_\_\_\_\_ Personal Time                      \_\_\_\_\_ Jury Duty                      \_\_\_\_\_ Other \_\_\_\_\_
- How is unused PTO handled?                      \_\_\_\_\_ Lose it                      \_\_\_\_\_ Carry Over                      \_\_\_\_\_ Paid Off
- Please indicate the total PTO days typically granted for each employee group shown below:

SERVICE	MANAGER	PROF/TECH	ADMIN/CLER	SERVICE	MANAGER	PROF/TECH	ADMIN/CLER
1 Year	_____	_____	_____	15 Years	_____	_____	_____
5 Years	_____	_____	_____	20 Years	_____	_____	_____
10 Years	_____	_____	_____	25 Years	_____	_____	_____

**HEALTH INSURANCE**

**GENERAL**

- Do you currently have a health insurance plan? \_\_\_\_\_
- Insurance plan is provided through \_\_\_\_\_  
*(name of carrier or indicate that you are self insured)*
- Company pays approximately what percentage of the health care premium?  
*(for employees only)*  
 \_\_\_\_\_ 0%    \_\_\_\_\_ 1-25%    \_\_\_\_\_ 26-50%    \_\_\_\_\_ 51-75%    \_\_\_\_\_ 76-99%    \_\_\_\_\_ 100%
- Company pays approximately what percentage of the health care premium?  
*(for dependents only)*  
 \_\_\_\_\_ 0%    \_\_\_\_\_ 1-25%    \_\_\_\_\_ 26-50%    \_\_\_\_\_ 51-75%    \_\_\_\_\_ 76-99%    \_\_\_\_\_ 100%
- Employees who are eligible in the plan are *(check one)*:  
 All regular, full-time employees only \_\_\_\_\_  
 All regular, over 20 hours per week employees \_\_\_\_\_  
 All employees regardless of working status \_\_\_\_\_  
 Other (please explain) \_\_\_\_\_
- Coverage normally begins for new employees *(check one)*:  
 Immediately upon hire (first working day) \_\_\_\_\_  
 First day of the month after hire \_\_\_\_\_  
 After waiting period of \_\_\_\_\_ days \_\_\_\_\_  
 First day of the month after a waiting period of \_\_\_\_\_ days \_\_\_\_\_
- Average monthly premium rate (total rate - regardless whether paid by company or employee) is:  
 \$ \_\_\_\_\_ per month for single coverage                      \$ \_\_\_\_\_ per month for family coverage  
 \$ \_\_\_\_\_ per month for single plus 1 dependent

**HEALTH PLAN COVERAGE**

- Indicate the source of health care coverage used most by your employees *(check one)*:  
 \_\_\_\_\_ Traditional Health Insurance Plan                      \_\_\_\_\_ HMO – Health Maintenance Organization  
 \_\_\_\_\_ PPO – Preferred Provider Organization                      \_\_\_\_\_ POS – Point of Service

2. Traditional Insurance – Indicate the appropriate dollar amounts or percentages for each of the following:

- Individual Deductible \$ \_\_\_\_\_
- Family Deductible \$ \_\_\_\_\_
- Employee pays \_\_\_\_\_ % (ie. 20%) after deductible.
- Out of pocket limit for one person is \$ \_\_\_\_\_
- Out of pocket limit for family coverage is \$ \_\_\_\_\_

3. PPO – Indicate the appropriate dollar amounts for each of the following:

- In Network
- Individual Deductible \$ \_\_\_\_\_
- Family Deductible \$ \_\_\_\_\_
- Employee pays \_\_\_\_\_ % (ie. 20%) after deductible.
- Office Visit Co-pay \$ \_\_\_\_\_
- Out of pocket limit for one person is \$ \_\_\_\_\_
- Out of pocket limit for family coverage is \$ \_\_\_\_\_

4. POS – Indicate the appropriate dollar amounts for each of the following:

- In Network
- Individual Deductible \$ \_\_\_\_\_
- Family Deductible \$ \_\_\_\_\_
- Employee pays \_\_\_\_\_ % (ie. 20%) after deductible.
- Office Visit Co-pay \$ \_\_\_\_\_
- Out of pocket limit for one person is \$ \_\_\_\_\_
- Out of pocket limit for family coverage is \$ \_\_\_\_\_

5. HMO – Indicate the appropriate dollar amounts for each of the following:

- Individual Co-pay \$ \_\_\_\_\_
- Emergency Room Co-pay \$ \_\_\_\_\_
- Out of pocket limit \$ \_\_\_\_\_

**DENTAL PLAN COVERAGE**

- 1. Is Dental Insurance Provided? \_\_\_\_\_
- 2. Company pays approximately what percentage of the Dental Insurance premium?  
 \_\_\_\_\_ 0%    \_\_\_\_\_ 1-25%    \_\_\_\_\_ 26-50%    \_\_\_\_\_ 51-75%    \_\_\_\_\_ 76-99%    \_\_\_\_\_ 100%
- 3. Does your plan include (*check all that apply*):  
 \_\_\_\_\_ Preventive    \_\_\_\_\_ Basic    \_\_\_\_\_ Major    \_\_\_\_\_ Orthodontics

**OTHER HEALTH INSURANCE COVERAGES**

- 1. Indicate other coverages provided by your Health program (or other insurance programs) not previously listed (*check all that apply*).  
 \_\_\_\_\_ Vision Plan                      \_\_\_\_\_ Home Nursing Care                      \_\_\_\_\_ Paid Physical Exams  
 \_\_\_\_\_ Substance Abuse Plan                      \_\_\_\_\_ Prescription Drug Plan  
 \_\_\_\_\_ Psychiatric Care                      \_\_\_\_\_ Coverage For Retirees

**SURVIVOR INCOME**

- 1. Do you currently have a group life insurance plan? \_\_\_\_\_
- 2. Indicate the type of insurance typically included in the plan (*check one*).  
 \_\_\_\_\_ Group term    \_\_\_\_\_ Individual policies    \_\_\_\_\_ Group whole life    \_\_\_\_\_ Other \_\_\_\_\_

3. Company pays approximately what percentage of the Life Insurance premium?  
(basic coverage only – not supplemental)  
 \_\_\_\_\_ 0%    \_\_\_\_\_ 1-25%    \_\_\_\_\_ 26-50%    \_\_\_\_\_ 51-75%    \_\_\_\_\_ 76-99%    \_\_\_\_\_ 100%
4. Employees who are eligible in the plan are (*check one*):  
 All regular, full-time employees only \_\_\_\_\_  
 All regular, over 20 hours per week employees \_\_\_\_\_  
 All employees regardless of working status \_\_\_\_\_  
 Other (please explain) \_\_\_\_\_
5. Coverage normally begins for new employees (*check one*):  
 Immediately upon hire (first working day) \_\_\_\_\_  
 First day of the month after hire \_\_\_\_\_  
 After waiting period of \_\_\_\_\_ days \_\_\_\_\_  
 First day of the month after a waiting period of \_\_\_\_\_ days \_\_\_\_\_
6. Average coverage is: \_\_\_\_\_  
 \$ \_\_\_\_\_ coverage for administrative/clerical employees or \_\_\_\_\_ times base annual salary.  
 \$ \_\_\_\_\_ coverage for professional/technical employees or \_\_\_\_\_ times base annual salary.  
 \$ \_\_\_\_\_ coverage for manager/supervisory employees or \_\_\_\_\_ times base annual salary.
7. Do you offer supplemental Life Insurance coverage (optional, additional coverage)? \_\_\_\_\_
8. Do you offer dependent Life Insurance coverage? \_\_\_\_\_  
 If yes, indicate the level of benefit below (*check one*):  
 Fully paid by company \_\_\_\_\_  
 Employee paid \_\_\_\_\_  
 Shared cost between employee & company \_\_\_\_\_

**ACCIDENTAL DEATH AND DISMEMBERMENT**

1. Do you currently have an AD & D plan? \_\_\_\_\_
2. Is your AD & D plan attached to your Life Insurance Plan? \_\_\_\_\_
3. Company pays approximately what percentage of the Accidental Death & Dismemberment premium?  
 \_\_\_\_\_ 0%    \_\_\_\_\_ 1-25%    \_\_\_\_\_ 26-50%    \_\_\_\_\_ 51-75%    \_\_\_\_\_ 76-99%    \_\_\_\_\_ 100%
4. Employees who are eligible in the plan are (*check one*):  
 All regular, full time employees only \_\_\_\_\_  
 All regular, over 20 hours per week employees \_\_\_\_\_  
 All employees regardless of working status \_\_\_\_\_  
 Other (please explain) \_\_\_\_\_
5. Coverage normally begins for new employees (check one):  
 Immediately upon hire (first working day) \_\_\_\_\_  
 First day of the month after hire \_\_\_\_\_  
 After waiting period of \_\_\_\_\_ days \_\_\_\_\_  
 First day of the month after a waiting period of \_\_\_\_\_ days \_\_\_\_\_

## SALARY CONTINUATION

### SICK LEAVE

1. Indicate the number of paid **incidental** sick days granted per year. \_\_\_\_\_
2. If you offer **extended sick leave**, please check here \_\_\_\_\_ and continue with this section.
3. Please indicate the total sick days typically granted (earned) for each employee level shown below.

SERVICE	MANAGER	PROF/ TECH	ADMIN/ CLER	SERVICE	MANAGER	PROF/ TECH	ADMIN/ CLER
1 year	_____	_____	_____	15 years	_____	_____	_____
5 years	_____	_____	_____	20 years	_____	_____	_____
10 years	_____	_____	_____				_____

4. Are sick leave days accumulative from year to year?  
If yes, indicate the maximum days allowed (banked):  
 \_\_\_\_\_ days for manager/supervisory levels  
 \_\_\_\_\_ days for professional/technical levels  
 \_\_\_\_\_ days for administrative/clerical levels
5. Please indicate when employees are first eligible to use sick leave. (*check one*)  
 Immediately – when accrued \_\_\_\_\_ After 1 year of service \_\_\_\_\_  
 After 3 months of service \_\_\_\_\_ Other \_\_\_\_\_  
 After 6 months of service \_\_\_\_\_

### SHORT TERM DISABILITY

1. Do you currently have a Short Term Disability insurance plan? \_\_\_\_\_
2. Is this an insured program \_\_\_\_\_ or self insured program? \_\_\_\_\_
3. Coverage normally begins for new employees (*check one*):  
 Immediately upon hire (first work day) \_\_\_\_\_  
 First day of the month after hire \_\_\_\_\_  
 After waiting period of \_\_\_\_\_ days \_\_\_\_\_  
 First day of the month after a waiting period of \_\_\_\_\_ days. \_\_\_\_\_
4. Are all employee levels covered by short term plan?  
If not, indicate employees covered (i.e. Managers, Professionals, etc.) \_\_\_\_\_
5. If an insured program, company pays what percentage of the STD premium? \_\_\_\_\_ %
6. Average monthly premium rate (regardless whether paid by company or employee) is:  
 \$\_\_\_\_\_ per month for employee coverage only  
 (average premium per employee if rates based on age or class)
7. Indicate the level of coverage provided through your plan:  
 Number of days waiting period before payment of STD \_\_\_\_\_ days  
 Monthly benefit as a percentage of base salary \_\_\_\_\_ %  
 Maximum covered salary per month (limits) \$ \_\_\_\_\_ /mo.  
 OR . . . set amount per week \$ \_\_\_\_\_ /wk.
8. Indicate the length of duration for the maximum benefit of STD (*check one*):  
 \_\_\_\_\_ 13 weeks \_\_\_\_\_ 26 weeks \_\_\_\_\_ 52 weeks \_\_\_\_\_ Other \_\_\_\_\_
9. Does Long Term Disability coverage begin immediately after Short Term Disability coverage ends? \_\_\_\_\_

**LONG TERM DISABILITY**

1. Do you currently have a Long Term Disability insurance plan? \_\_\_\_\_
2. Coverage normally begins for new employees (*check one*):
  - Immediately upon hire (first work day) \_\_\_\_\_
  - First day of the month after hire \_\_\_\_\_
  - After waiting period of \_\_\_\_\_ days \_\_\_\_\_
  - First day of the month after a waiting period of \_\_\_\_\_ days. \_\_\_\_\_
3. Are all employee levels covered by LTD? \_\_\_\_\_
  - If not, indicate employees covered (i.e. Managers, Professional, etc.) \_\_\_\_\_

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4. Company pays what percentage of the LTD premium? \_\_\_\_\_ %
5. Average monthly premium rate (regardless whether paid by company or employee) is:
  - \$ \_\_\_\_\_ per month for employee coverage only
  - (average premium per employee if rates based on age or class)
6. Indicate the level of coverage provided through your plan:
  - Number of days waiting period before payment of LTD \_\_\_\_\_ days
  - Monthly benefit as a percentage of base salary \_\_\_\_\_ %
  - Maximum covered salary per month (limits) \$ \_\_\_\_\_ /mo.
7. Indicate the length of duration for the maximum benefit of LTD (*check one*):
  - \_\_\_\_\_ Maximum 2 years                      \_\_\_\_\_ Maximum 5 years
  - \_\_\_\_\_ Retirement                              \_\_\_\_\_ For life
  - \_\_\_\_\_ Other (please explain) \_\_\_\_\_

**401(K)**

- Do you offer a 401(k) program? \_\_\_\_\_
1. When does an employee become eligible to defer compensation into the program? \_\_\_\_\_
  2. What are the maximum contribution limits \_\_\_\_\_ % or \$ \_\_\_\_\_
  3. Does the 401(k) program have a match? \_\_\_\_\_ And/or an additional company contribution? \_\_\_\_\_
  4. When does an employee become eligible to receive the match? \_\_\_\_\_ (years)
  5. What is the amount of formula for the match? \_\_\_\_\_ % of the first \_\_\_\_\_ %
  6. In addition to the 401(k) program, do you also have a deferred profit sharing program? \_\_\_\_\_
  7. In addition to the 401(k) program, do you also have a pension plan? \_\_\_\_\_

**PENSION PLAN**

1. Do you currently have a pension plan? \_\_\_\_\_
2. Indicate the level of employee eligible for retirement program.
  - \_\_\_\_\_ All regular employees    OR    Part of employees . . . \_\_\_\_\_ Manager/supervisors
  - \_\_\_\_\_ Professional/technical
  - \_\_\_\_\_ Administrative/clerical
3. Indicate basis for entry into the pension plan for eligible employees. (*check one*)
  - \_\_\_\_\_ Immediate
  - \_\_\_\_\_ Based on \_\_\_\_\_ years of service
  - \_\_\_\_\_ Based on age only (what age? \_\_\_\_\_ )
  - \_\_\_\_\_ Based on age ( \_\_\_\_\_ ) and service ( \_\_\_\_\_ years)
  - \_\_\_\_\_ Other (please explain) \_\_\_\_\_

4. Indicate your retirement plan practices.

Cost of pension plan

\_\_\_\_\_ Company provides total contribution

Are voluntary employee contributions allowed? \_\_\_\_\_

Vesting schedule (*check one*)

\_\_\_\_\_ Immediate (full vesting) \_\_\_\_\_ 100% vesting after 5 years

\_\_\_\_\_ 100% vesting after 6 years \_\_\_\_\_ 100% vesting after 7 years

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

Type of plan (*check one*):

\_\_\_\_\_ Defined Benefit \_\_\_\_\_ Defined Contribution/Money Purchase

\_\_\_\_\_ ESOP Related Plan \_\_\_\_\_ Individual Retirement Accounts (IRA)

\_\_\_\_\_ Simplified Employee Pension Plan (SEPP) \_\_\_\_\_ Other (please explain) \_\_\_\_\_

**PROFIT SHARING PLAN**

1. Do you currently have a profit sharing plan? \_\_\_\_\_

2. Indicate the level of employee eligible for profit sharing program.

\_\_\_\_\_ All regular employees

OR

Part of employees . . . \_\_\_\_\_ Manager/supervisors

\_\_\_\_\_ Professional/technical

\_\_\_\_\_ Administrative/clerical

3. Indicate basis for entry into the profit sharing plan for eligible employees. (*check one*)

\_\_\_\_\_ Immediate

\_\_\_\_\_ Based on \_\_\_\_\_ years of service

\_\_\_\_\_ Based on age only (what age? \_\_\_\_\_ )

\_\_\_\_\_ Based on age ( \_\_\_\_\_ ) and service ( \_\_\_\_\_ years)

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

4. Indicate your profit sharing plan practices

Company allocation is made on (*check one*):

\_\_\_\_\_ Base annual salary

\_\_\_\_\_ Base annual salary and pay grade/classification level

\_\_\_\_\_ Gross annual earnings

\_\_\_\_\_ Gross annual earnings and pay/classification level

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

Company contributed \_\_\_\_\_ % of total base salaries in last fiscal year.

Are employee contributions: \_\_\_\_\_ Voluntary \_\_\_\_\_ None Allowed

Vesting schedule (*check one*):

\_\_\_\_\_ Immediate (full vesting) \_\_\_\_\_ 100% vesting after 5 years

\_\_\_\_\_ 100% vesting after 6 years \_\_\_\_\_ Other (please explain) \_\_\_\_\_

Withdrawal Provisions (*check all that apply*):

\_\_\_\_\_ None \_\_\_\_\_ Personal circumstance (i.e. home purchase, college, etc.)

\_\_\_\_\_ Medical emergency \_\_\_\_\_ Other (please explain) \_\_\_\_\_

## BUSINESS/TRAVEL POLICIES

Indicate your company practices in the administration of business travel reimbursement.

- Business expenses (other than transportation) are reimbursed: (*check one*)
 

<input type="checkbox"/> Actual expense basis	<input type="checkbox"/> Per diem basis
<input type="checkbox"/> Actual expense with guidelines limitations	\$ <input type="text"/> Per day, flat rate
\$ <input type="text"/> Maximum amount for food	<input type="checkbox"/> Amount varies by location
\$ <input type="text"/> Maximum amount for lodging	
- Personal automobile is reimbursed at  cents per mile.
- During extended business (or temporary assignment) trips within the U.S., employees are allowed by return home every  days.
- Hotel/motel accommodations are normally (*check one*):
 

<input type="checkbox"/> First Class	<input type="checkbox"/> Moderate	<input type="checkbox"/> Economy
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- Air travel is normally (*check one*):
 

<input type="checkbox"/> First Class	<input type="checkbox"/> Coach	<input type="checkbox"/> Company Plane
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## COMPANY VEHICLES

Indicate your policies on the use of company vehicles.

1.

Position	Position Receives Company Car?	or	Position Receives Company (Job Site) Truck?	or	Position Receives Vehicle allowance . . . (Amount)	Employee Can Choose Whether They Want Vehicle or Allowance?
Project Manager					\$	
Superintendent					\$	
Safety Manager					\$	
Project Engineer					\$	

- Are company cars . . .  Leased  Company owned
- Is full maintenance (company paid) provided on company cars?
- Are spouses of employees allowed to drive company cars?
- Are field supervisors permitted to "take home" company pickup trucks after working hours?
- Is personal use of company vehicles permitted? 

If yes, is employee required to reimburse company for mileage?

 Yes – What is rate per mile?  cents per mile OR \$  flat rate  
 No



## EDUCATIONAL ASSISTANCE PROGRAM

1. Do you currently have an Educational Assistance Program? \_\_\_\_\_
2. Indicate the level of reimbursement provided.  
 \_\_\_\_\_ % for A                      \_\_\_\_\_ % for B                      \_\_\_\_\_ % for C  
 OR  
 \_\_\_\_\_ % for passing grade      \_\_\_\_\_ % Other \_\_\_\_\_
3. Indicate the courses or degree programs covered. (*check all that apply*)  
 \_\_\_\_\_ Any job related course                      \_\_\_\_\_ Associate Degree  
 \_\_\_\_\_ Bachelor Degree                                      \_\_\_\_\_ Advanced Degree  
 \_\_\_\_\_ Other (please explain) \_\_\_\_\_
4. Educational Assistance is available to (*check one*):  
 \_\_\_\_\_ All regular employees (full-time and part-time)  
 \_\_\_\_\_ All regular employees (full-time only)  
 \_\_\_\_\_ Other (please explain) \_\_\_\_\_
5. Indicate those items which are included as reimbursable.  
 \_\_\_\_\_ Registration costs                                      \_\_\_\_\_ Required textbooks  
 \_\_\_\_\_ Tuition    \_\_\_\_\_ Laboratory fees
6. Indicate your practices in allowing time off for approved educational courses (*check one*).  
 \_\_\_\_\_ None, employees must take course work on own time.  
 \_\_\_\_\_ Excused, non-paid time off allowed during working hours.  
 \_\_\_\_\_ Paid time off during normal working hours.  
 \_\_\_\_\_ Other (please explain) \_\_\_\_\_
7. Do you have any policy to address an employee who receives a degree under your reimbursement program and leaves the company (please explain)? \_\_\_\_\_

## TERMINATION PROCEDURES

Indicate your company practices for the administration of the following benefits when terminating employees.

1. Does your company provide severance pay? \_\_\_\_\_  
 If yes, is severance based on  
 \_\_\_\_\_ Length of service                      \_\_\_\_\_ weeks per \_\_\_\_\_ years of service  
 \_\_\_\_\_ Employee classification  
 \_\_\_\_\_ Management discretion  
 \_\_\_\_\_ Other (please explain) \_\_\_\_\_  
 Severance pay is allowed for:  
 \_\_\_\_\_ Lay-off    \_\_\_\_\_ Discharge  
 \_\_\_\_\_ Voluntary termination                      \_\_\_\_\_ Other \_\_\_\_\_
2. If you provide sick leave, do employees receive payment of unused "banked" sick leave upon termination? \_\_\_\_\_
3. Do terminating employees receive accrued vacation pay? \_\_\_\_\_
4. In cases of lay-off or discharge, does company provide medical coverage (not COBRA) past the termination date? \_\_\_\_\_  
 If yes, then for how long? \_\_\_\_\_ days

**MISCELLANEOUS**

Indicate those additional benefits which you offer.

- 1. Does company offer a flexible benefits plan? \_\_\_\_\_
- 2. Does company offer an Employee Assistance Program (EAP)? \_\_\_\_\_
- 3. Indicate those additional benefits which you typically offer by employee group . . .  
(Enter **Y** or **Yes** to all that apply)

	<b>NONE</b>	<b>OFFICERS</b>	<b>MANAGERS</b>	<b>PROFESSIONAL/ TECHNICAL</b>
Professional Association Dues	_____	_____	_____	_____
Club Memberships	_____	_____	_____	_____
Additional Deferred Compensation	_____	_____	_____	_____
Legal Counseling	_____	_____	_____	_____
Financial Counseling	_____	_____	_____	_____
Low (or no) Interest Loans	_____	_____	_____	_____
Stock Options	_____	_____	_____	_____
Medical Reimbursement Plan	_____	_____	_____	_____
Dependent Care Reimbursement Plan	_____	_____	_____	_____
Company Vacation Facilities Use	_____	_____	_____	_____

- 4. Please list any other benefit programs or plans you currently have.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**RETURN BY: AUGUST 14, 2026**

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