

## Methodology

In September 2007, 15,196 surveys were mailed to privately owned businesses with New Hampshire employees. The universe was selected to represent three different populations: firm size, industry, and geography. The intended response rate was 50 percent in order to achieve a 95 percent confidence level (+/- 3% MOE). No second mailing of surveys was done, only reminder postcards. A total of 4,029 completed surveys were returned. Actual response rates were 23.9 percent for the industry population, 23.0 percent for the firm sizes, and 25.4 percent for the geographic areas. A 90 percent confidence level was reached for each stratification (+/- 8 to 10% MOE).

Confidence levels were established according to the stratification being represented. The presence of full time and part time employees was not included. Because of this some subsets of responses that were dependent on having employees in the specific category were not publishable.

### Sample Selection

The total population of firms in New Hampshire was stratified three separate ways. The first stratification was by firm size. The universe was divided into six size categories based on the number of employees. These groups were then treated as individual populations and random selections were drawn on each.

The second stratification was geography. Businesses were selected to represent each of the ten counties in the state, each county was treated as a separate population and random selections were drawn. There was no weighting of units in the sample, therefore, especially in the geography stratification, there may be bias toward small firm responses.

The third stratification was by industry. The entire universe was separated into 17 NAICS sectors and each group was treated as a separate population and random selections were made. In the industry stratification there may be some under representation in some industries due to ownership, i.e. a majority of *Education* is government owned and operated so it is not part of the survey population.

### Analysis

Main questions were evaluated regardless of whether the company had full time or part time employees. Details for follow-up questions were dependent on the company having employees in a particular category (i.e. employees offered and employees enrolled). Some responses may have a lower confidence level because of the drilldown of subset questions.

# Survey Instrument

## New Hampshire Benefits 2007 Survey Form



### Instructions

- For accurate and complete results, it is important that you fill out and return this survey even if your organization offers no benefits.
- If possible, please provide information only for the establishment and location listed on the address label of this survey. If this is not possible, please answer questions for the employees in **New Hampshire** only.
- Please provide the most current information available.
- Please respond by **October 05, 2007**
- Several questions on this survey refer to the benefit offered to the "majority of employees." If more than two plans are offered and no one plan covers more than 50% of employees, please report benefits offered to the largest group of employees, i.e. the most typical or common plan offered.
- If you have any questions about the survey, please call **Anita Josten** at (603) 228-4173 or email: [ajosten@nhes.nh.gov](mailto:ajosten@nhes.nh.gov)
- Please mail the complete survey in the postage-paid envelope or fax it to (603) 228-4172.
- All information provided will remain strictly confidential. Results will be presented in aggregate so that no individual response will be identifiable in any published results.
- Go to [www.nhes.state.nh.us/elmi/](http://www.nhes.state.nh.us/elmi/) for more detailed instructions on filling out the survey. You will find a list of frequently asked questions and answers.

### Contact Information

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

(Contact information is requested in case clarification is needed about the responses to the survey.)

Check here if you would like a complimentary copy of the survey results.

### Employment

1. How many workers are currently employed at the establishment and location? \_\_\_\_\_ employees  
 If zero employees, please check here and return the survey form.

Based on your organization's definition of full-time and part-time, of the employees reported in question #1:

2. How many are full-time? \_\_\_\_\_ **Full-time** employees
3. How many are part-time? \_\_\_\_\_ **Part-time** employees

Please answer the remainder of the questions on the survey for the employees reported in this section.



# Survey Instrument

<b>Insurance: Medical, Dental, Vision, Disability, Life</b>	<b>Full-time Employees</b>	<b>Part-time Employees</b>
4. Does your organization offer medical insurance? <i>(If no, please check "no" and skip to question #7.)</i> a. Of the employees reported in question #2 and #3, how many are <i>offered</i> medical insurance coverage? b. For the majority of employees, is there a waiting period for medical insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____employees <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No _____employees <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Of the employees reported in question #4a, how many are <i>enrolled</i> in medical insurance coverage? a. Of the employees reported in question #5, how many are <i>enrolled</i> in <i>single</i> medical insurance coverage? b. For the majority of employees, what percentage of single medical insurance premiums is <i>employer</i> paid?	_____employees _____employees _____%	_____employees _____employees _____%
6. Does your organization offer <i>family</i> * medical insurance coverage? <i>(If no, please check "no" and skip to question #7.)</i> a. Of the employees reported in question # 5, how many are <i>enrolled</i> in <i>family</i> medical insurance coverage? b. For the majority of employees, what percentage of family medical insurance premiums is <i>employer</i> paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____employees _____%	<input type="checkbox"/> Yes <input type="checkbox"/> No _____employees _____%
7. Does your organization offer dental insurance coverage? <i>(If included as part of a medical insurance plan, please check "yes" and skip to question #9. If no, check "no" and skip to question #10.)</i> a. Of the employees reported in question #2 and #3, how many are <i>offered</i> dental insurance coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____employees	<input type="checkbox"/> Yes <input type="checkbox"/> No _____employees
8. Of the employees reported in question #7a, how many are <i>enrolled</i> in dental insurance coverage? a. Of the employees reported in question #8, how many are <i>enrolled</i> in <i>single</i> dental insurance coverage? b. For the majority of employees, are <i>single</i> dental insurance premiums: <i>(paid by)</i>	_____employees _____employees <input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid	_____employees _____employees <input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid
9. Does your organization offer <i>family</i> * dental insurance coverage? <i>(If no, please check "no" and skip to question #10.)</i> a. Of the employees reported in question #8, how many are <i>enrolled</i> in <i>family</i> dental insurance coverage? b. For the majority of employees, are <i>family</i> dental insurance premiums: <i>(paid by)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No _____employees <input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid	<input type="checkbox"/> Yes <input type="checkbox"/> No _____employees <input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid
10. Does your organization offer vision insurance? <i>(If included as part of a medical insurance plan, check "yes" and skip to question #11. If no, please check "no" and skip to question #12)</i> a. Of the employees reported in question #2 and #3, how many are <i>offered</i> vision insurance? b. Of the employees reported in question #10a, how many are <i>enrolled</i> in vision insurance coverage? c. For the majority of employees, are vision insurance premiums: <i>(paid by)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No _____employees _____employees <input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid	<input type="checkbox"/> Yes <input type="checkbox"/> No _____employees _____employees <input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid
* Family coverage is defined as employee <i>plus</i> other(s) such as spouse, children, dependents, etc.		

# Survey Instrument

	Full-time Employees	Part-time Employees
11. Does your organization offer life insurance? <i>(If no, please check "no" and skip to question #12.)</i> a. Of the employees reported in question #2 and #3, how many are <i>offered</i> life insurance coverage? b. Of the employees reported in question #11a, how many are <i>enrolled</i> in life insurance coverage? c. For the majority of employees, is life insurance: <i>(paid by)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No _____employees _____employees <input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid	<input type="checkbox"/> Yes <input type="checkbox"/> No _____employees _____employees <input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid
12. Does your organization offer short-term disability insurance (separate from workers' compensation)? <i>(If no, please check "no" and skip to question #13.)</i> a. Of the employees reported in question #2 and #3, how many are <i>offered</i> short-term disability insurance coverage? b. Of the employees reported in question #12a, how many are <i>enrolled</i> in short-term disability insurance coverage? c. For the majority of employees, is short-term disability insurance: <i>(paid by)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No _____employees _____employees <input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid	<input type="checkbox"/> Yes <input type="checkbox"/> No _____employees _____employees <input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid
13. Does your organization offer long-term disability insurance (separate from workers' compensation)? <i>(If no, please check "no" and skip to question #14.)</i> a. Of the employees reported in question #2 and #3, how many are <i>offered</i> long-term disability insurance coverage? b. Of the employees reported in question #13a, how many are <i>enrolled</i> in long-term disability insurance coverage? c. For the majority of employees, is long-term disability insurance: <i>(paid by)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No _____employees _____employees <input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid	<input type="checkbox"/> Yes <input type="checkbox"/> No _____employees _____employees <input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid
<b>Paid Leave: Vacation, Sick, Holiday, Consolidated</b>		
14. Does your organization offer paid vacation leave? If paid vacation is offered as a separate benefit, how many days of paid vacation are offered to the majority of employees: a. After 1 year of employment? b. After 3 years of employment? c. After 5 years of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____days _____days _____days	<input type="checkbox"/> Yes <input type="checkbox"/> No _____days _____days _____days
15. Does your organization offer paid sick leave ? a. If paid sick leave is offered as a separate benefit, how many days of paid sick leave are offered per year to the majority of employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____days	<input type="checkbox"/> Yes <input type="checkbox"/> No _____days
16. Does your organization offer paid holiday leave ? a. If paid holidays are offered as a separate benefit, how many days are provided each year to the majority of employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____days	<input type="checkbox"/> Yes <input type="checkbox"/> No _____days
17. Does your organization offer consolidated leave? <i>(Consolidated leave may be referred to as a "Time Bank", "PTO (Paid Time Off)" etc. This leave may be offered in addition to other types of paid leave or may be offered in place of separate paid leave.)</i> a. If yes, how many days are provided per year to the majority of employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____days	<input type="checkbox"/> Yes <input type="checkbox"/> No _____days
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# Survey Instrument

Retirement	Full-time Employees	Part-time Employees
18. Does your organization offer a retirement plan? <i>(If no, please check "no" and skip to question #21.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Does your organization offer a <i>defined contribution retirement</i> plan? (401k, saving & thrift, deferred profit sharing, etc.) <i>(If no, please check "no" and skip to question #20.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Of the employees reported in question #2 and #3, how many are <i>offered</i> a defined contribution retirement plan?	_____employees	_____employees
b. Of the employee's reported in question #19a, how many are <i>enrolled</i> in the defined contribution retirement plan?	_____employees	_____employees
	<input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid	<input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid
c. Is the defined contribution retirement plan: <i>(paid by)</i>		
20. Does your organization offer a <i>defined benefit pension retirement</i> plan? (uses a specific, pre-determined formula to calculate an employee's future benefit) <i>(If no, please check "no" and skip to question #21.)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Of the employees reported in question #2 and #3, how many are <i>offered</i> a defined benefit pension plan?	_____employees	_____employees
b. Of the employees reported in question #20a, how many are <i>enrolled</i> in the defined benefit pension plan?	_____employees	_____employees
	<input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid	<input type="checkbox"/> 100% employer <input type="checkbox"/> 100% employee <input type="checkbox"/> Jointly paid
c. Is the defined benefit pension plan: <i>(paid by)</i>		
<b>Other Benefits</b>		
21. Does your organization offer child care benefits (including on-site or off-site child care, reimbursements, vouchers)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Does your organization offer tuition/educational assistance or reimbursement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Does your organization offer non-production bonuses (e.g. hiring, signing, year-end, attendance, holiday)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Does your organization offer flexible spending accounts (accounts allowing employees to set aside money out of their paycheck pre-tax to pay qualified expenses)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Does your organization operate on shifts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, does your organization offer shift differentials?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cost of Benefits</b>		
For the cost questions below, please provide the most recent 12-month figures available. Include employer contributions only for insurance and retirement costs. Please exclude costs for retirees and COBRA participants.		
26. How much did your organization spend on each of the following components of compensation?	Annual Expenditures	
a. Wages & salaries (straight time only)	\$ _____	
b. Insurance (include only medical, dental, and vision insurance)	\$ _____	
c. Retirement plans	\$ _____	
d. What was the average employment for the same 12 month period of the costs reported in questions 26a - 26c?	_____employees	
<p><b>Thank you for taking the time to complete this survey! Please make any comments or clarifications to specific survey questions on a separate sheet of paper.</b></p> <p>4</p>		