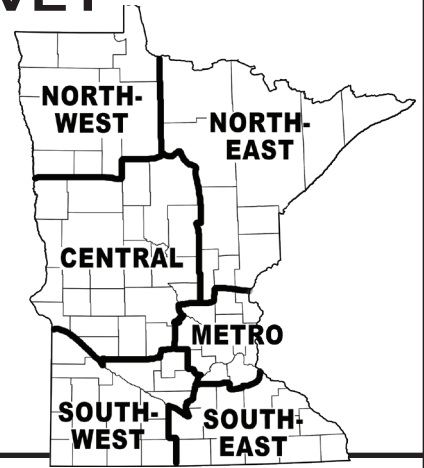


2021 WAGE & BENEFIT SURVEY

FREE copy of survey results will be emailed to all participants.

Members who choose not to respond may purchase a copy of survey results for \$49.

*OPTION: You can take this survey online: <https://www.surveymonkey.com/r/Q6WT9Y8>



Owner's Name: _____
 Business Name: _____
 Address: _____
 City/St/Zip: _____
 Phone: _____
 E-mail: _____

Region: (see map) NW NE Central Metro SW SE

Your shop is: Non-union IBEW CLA Other: _____

Journeyman Base Pay

Number of Journeymen _____
 Lowest Journeyman pay \$ _____ / hr
 Highest Journeyman pay \$ _____ / hr
 Average Journeyman pay \$ _____ / hr
 What type of retirement plan do you have?
 None SEP Other: _____
 401K Other: _____
 Employer Contribution _____ %
 Other: Bonuses Profit Sharing
 Vacation policy: (e.g., 1 wk after 1 yr) _____
 Sick leave policy: (e.g., 1 day/mo) _____

Apprentice Base Pay

Number of Apprentices _____
 Lowest Apprentice pay \$ _____ / hr
 Highest Apprentice pay \$ _____ / hr
 Average Apprentice pay \$ _____ / hr
 What type of retirement plan do you have?
 None SEP Other: _____
 401K Other: _____
 Employer Contribution _____ %
 Other: Bonuses Profit Sharing
 Vacation policy: (e.g., 1 wk after 1 yr) _____
 Sick leave policy: (e.g., 1 day/mo) _____

Employee Training

Journeyman: Do you train in-house? Yes No
 Percentage of training paid by the company: _____ %

Apprentices: Do you train in-house? Yes No
 Percentage of training paid by the company: _____ %

Do you participate in an employee education trust fund to support training for your employees? Yes No
 Would you participate in an employee education trust fund to support training for your employees? Yes No
 Estimated percentage of yearly gross revenues that is Davis-Bacon work. _____ % /yr

Vehicle Use

Is personal use of company vehicle allowed? Yes No
 If yes, do you charge employees for personal mileage? Yes No If yes, at what rate? \$ _____ /mile
 Do you pay employees for use of their personal vehicles? Yes No If yes, at what rate? \$ _____ /mile

Health Care & Insurance

What type of health insurance program do you provide?

None Group plan
 HMO Preferred Provider Plan Other: _____
 Point of Service (POS) (insurance pays set amt. no matter where you go)

Who does your health care program cover?

Employee only Yes No _____ % company paid
 Employee+one dependant Yes No _____ % company paid
 Family coverage Yes No _____ % company paid

Do you offer a **Health Savings Account (HSA)**? Yes No
 Do you offer a **Flexible Spending Account (FSA)**? Yes No
 Do you pay employees to purchase individual health insurance? Yes No

Do you provide the following additional coverage?

Dental Yes No _____ % company paid
 Life Yes No _____ % company paid
 Short-term disability Yes No _____ % company paid
 Long-term disability Yes No _____ % company paid

Safety Program

Do you have a written employee handbook? Yes No
 Do you have a written safety handbook? Yes No
 Do you have a safety incentive program? Yes No

****NEW in 2021!!**** Do you want to learn more about these Association offerings? Health Insurance 401(k)

Benefits: event tickets flex scheduling uniforms parties/picnics sponsor teams tool allowance cell phone expenses
 other: _____

DEADLINE: March 31, 2021. Thank You for Your Participation!

Return to **FAX: 612-827-0920** or **SCAN & EMAIL: rbrunlik@electricalassociation.com**

\sqrt here if you do not wish to receive information by fax.