

2010 Mercer's Benefits Valuation Survey Excel Submission Guidelines

Part I - Organization Information

Please complete the organization information on the sheet labeled "*Organization Information*."

Part II - Benefits Checklist

Indicate the Plans you offer on the sheet labeled "*Benefits Checklist*."

Provide a Summary Plan Description for each plan as indicated on the checklist.

Part III - Client Feedback

This form has been provided for your suggestions to improve the survey. The completion of this form is optional.

Additional Information Requested:

Please provide employee contributions and COBRA rates for all medical and dental plans submitted. **If you have multiple HMOs please send us the Corporate location or the HMO that has the highest percentage of participation only.** Medical plans should be for corporate location and have greater than 5% participation. **If retiree coverage is offered, please provide all details and rates.**

If the cost of Short Term or Long Term disability is shared or 100% paid by the employee, please provide the rates per \$100/salary. Please provide life insurance rates per \$1000/salary for supplemental coverage and/or the employer benefit cost is shared between employer and employee.

Provide the past three year history of the *Discretionary Employer Contributions for matching and non matching contributions*.

Please e-mail the completed spreadsheet to martha.connors@mercer.com. Please include your organization name, and any pertinent contact information in the e-mail. Be sure to maintain a copy of the completed spreadsheet for your records.

If you elect to e-mail your data submission you will be notified when it has been received. After submitting your data electronically to Mercer, an e-mail notification will be sent to your e-mail address confirming receipt of your submission. If you do not receive an e-mail notification from Mercer, or you have any questions, please call Mercer at 800 333 3070 or e-mail us at surveys@mercer.com.

If you wish to submit your data through hard copy or a CD, please label the copies or disk, and include your organization name and the survey name on the label. Mail to:

Martha Connors
Mercer
Information Product Solutions
462 South Fourth Street, Suite 1100
Louisville, KY 40202-3415

Mercer ensures all data collected in this questionnaire to be confidential. In instances where this data may be used in other survey reports, such as custom analyses, your organization name may appear in the participant list. In all cases, it is Mercer's policy to continue to maintain the confidentiality of all data submitted during the data collection process.

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Part 1 - Organization Information

Your organization name should be listed below as you would like it to appear on the survey participant list.
The address must correspond to the location at which the employees reported are actually located.

Organization

Organization Name:	
Street Address:	
City:	
State:	
Zip:	
Web Site:	

Head of Human Resources

Name:			
Title:			
Phone Number:		Extension:	
Fax Number:			
E-mail Address:			

Individual Supplying Information

Name:			
Title:			
Phone Number:		Extension:	
Fax Number:			
E-mail Address:			

Secondary Contact

Name:			
Title:			
Phone Number:		Extension:	
Fax Number:			
E-mail Address:			

Part 1 - Organization Information

Is Benefit Information included on your organization's website?	<input type="text"/>	Y = Yes
Can we publish organization name with plan details on reports?	<input type="text"/>	N = No

Enter Y or N

1 Employer ID Number	<input type="text"/>
2 NAICS primary	<input type="text"/>
3 Total employment Enter the total number of U. S. full-time employees.	<input type="text"/>
4 Annual sales (If Applicable) Enter the Annual Dollar Volume for the organization.	\$ <input type="text"/>
5 Assets for financial institutions Enter the total assets for the organization.	\$ <input type="text"/>
6 Number of beds for hospitals Enter the total number of beds.	<input type="text"/>
7 Number of students for education institutions For educational institutions, enter the number of students (full-time and part-time).	<input type="text"/>
8 Is your organization Multi-national?	<input type="text"/> Y = Yes Enter Y or N N = No
9 Is your organization University affiliated?	<input type="text"/> Y = Yes Enter Y or N N = No
10 Is your organization publicly traded on U. S./foreign stock exchange?	<input type="text"/> Y = Yes Enter Y or N N = No
11 Is your organization Not-for-profit?	<input type="text"/> Y = Yes Enter Y or N N = No

Part 1 - Organization Information

Not For Profit Section Codes

If yes, please indicate the applicable section code.

<input type="text"/>	1 = 501 (c) (1)	10 = 501 (c) (10)	19 = 501 (c) (19)
Enter 1 - 25	2 = 501 (c) (2)	11 = 501 (c) (11)	20 = 501 (c) (20)
	3 = 501 (c) (3)	12 = 501 (c) (12)	21 = 501 (c) (23)
	4 = 501 (c) (4)	13 = 501 (c) (13)	22 = 501 (c) (25)
	5 = 501 (c) (5)	14 = 501 (c) (14)	23 = 501 (e)
	6 = 501 (c) (6)	15 = 501 (c) (15)	24 = 501 (k)
	7 = 501 (c) (7)	16 = 501 (c) (16)	25 = 4947 (a) (2)
	8 = 501 (c) (8)	17 = 501 (c) (17)	
	9 = 501 (c) (9)	18 = 501 (c) (18)	

Part 2 - Benefits Checklist

1 For each plan offered by your organization, please provide current **Summary Plan Descriptions (SPDs)**, **update notices**, and **enrollment mater**

Defined Benefit Plans (different types listed below)

Final Average	<input type="text"/>	Y = Yes
Service Credit	<input type="text"/>	N = No
Cash Balance	<input type="text"/>	
Retirement Equity	<input type="text"/>	
Career Average	<input type="text"/>	
Career Average with Upgrade	<input type="text"/>	
Has the plan ever been upgraded	<input type="text"/>	
Upgrade policy is formal	<input type="text"/>	
	Enter Y or N	
Upgraded every	<input type="text"/> years	
Last two upgrades	<input type="text"/>	<input type="text"/>
Length of salary averaging period	<input type="text"/>	
Excess Plan	<input type="text"/>	Y = Yes
Supplemental Executive Retirement Plan	<input type="text"/>	N = No
	Enter Y or N	

Defined Contribution Plans (different types listed below)

401(k) / 403(b)	<input type="text"/>	Y = Yes
	Enter Y or N	N = No
Participation %		
Non Highly Compensated Employees	<input type="text"/> %	
Highly Compensated Employees	<input type="text"/> %	
Avg Deferral % (ADP)		
Non Highly Compensated Employees	<input type="text"/> %	
Highly Compensated Employees	<input type="text"/> %	
Avg Contribution % (ACP)		
Non Highly Compensated Employees	<input type="text"/> %	
Highly Compensated Employees	<input type="text"/> %	
Profit Sharing	<input type="text"/>	Y = Yes; N = No
3 year history	2009	<input type="text"/> %
as a % of pay	2008	<input type="text"/> %
	2007	<input type="text"/> %
Money Purchase	<input type="text"/>	Y = Yes
ESOP	<input type="text"/>	N = No
Other	<input type="text"/>	
Stock Purchase Plan	<input type="text"/>	
Excess Plan	<input type="text"/>	Y = Yes
Supplemental Executive Retirement Plan	<input type="text"/>	N = No
	Enter Y or N	

Part 2 - Benefits Checklist

Health Plans

Medical

<input type="text"/>	Y = Yes
<input type="text"/>	N = No

Enter Y or N

HMO Plans

Non-HMO Plans

<input type="text"/>	(Provide SPDs for plans that have >5% participation and are offered at the corporate location.)
<input type="text"/>	

Name of most prevalent plan

Retiree Medical

Vision

Dental

Retiree Dental

<input type="text"/>	Y = Yes
<input type="text"/>	N = No
<input type="text"/>	
<input type="text"/>	

Enter Y or N

Employer-Paid Group Term Life Insurance Plan

Employee

Spouse

Dependent

<input type="text"/>	Y = Yes
<input type="text"/>	N = No
<input type="text"/>	

Enter Y or N

Subsidized or Fully Employee-Paid Group Term Life Insurance Plan

Employee

Spouse

Dependent

<input type="text"/>	Y = Yes
<input type="text"/>	N = No
<input type="text"/>	

Enter Y or N

Other Insurance Plans

Employee Whole/Universal

Spouse/Dependent Whole/Universal

Split Dollar Life

Employer-Paid AD&D

Subsidized or Fully Employee-Paid AD&D

Retiree Life Employer-Paid

Retiree Life Employee-Paid

Life Insurance-Business Travel/Accident

<input type="text"/>	Y = Yes
<input type="text"/>	N = No
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Enter Y or N

Full Flexible Benefits Plan Offered with Flex Credits

Flexible Spending Accounts

<input type="text"/>	Y = Yes
<input type="text"/>	N = No

Enter Y or N

Time Loss and Misc. Plans

Sick Pay

Short-term Disability

Long-term Disability

Long Term Care

Educational/Tuition Assistance

PTO Policy

Vacation

Holidays

Personal Days

Sabbatical Leave

Severance Plan

<input type="text"/>	Y = Yes
<input type="text"/>	N = No
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

Enter Y or N

Part 2 - Benefits Checklist

Other Benefits (Summary Plan Descriptions Are Not Required)

		Y = Yes
		N = No
Pre-Retirement Counseling		
Wellness Program		
Onsite Fitness Facility		
Paid/Subsidized Offsite Fitness Facility		
Parental/Family Leave		
Employee Assistance Plan		
Free/Subsidized Parking		
Telecommuting		
Satellite Workplace		
Job Sharing		
Home Computer Offered		
College Scholarships		
Financial Planning Assistance		
Subsidized Eating Facility		
Formal Training/Professional Development		
Gambling Addiction Counseling		
Legal Counseling		
Child/Elder Care Assistance		
Flextime		
Business Casual Policy		
Funeral Leave		
Adoption Benefits		
Lactation Rooms		
Work at Home Policy		
Discount Purchasing		
Onsite Child Care		
Relocation allowance		
Executive Company Car		
Non Executive Management Company Car		
Sales Employee Only Company Car		
"Other" Employee Company Car		

Enter Y or N

Cost Features

Overall cost of multiple plans combined as a % of payroll:

Defined Benefit		%
Defined Contribution		%
Stock Purchase		%
Medical		%
Dental		%
Life Insurance		%
Short Term Disability		%
Long Term Disability		%

