



NATIONAL BEER WHOLESALERS ASSOCIATION
2010 COMPENSATION & BENEFITS SURVEY

INSTRUCTIONS

1. Please report the requested information for the employee(s) in your company whose duties most nearly fit those described in the accompanying **Standard Position Descriptions**. Report a person in the position in which he/she spends the most time or the highest position held. No one person should be reported in two positions. Not all positions may apply to your company.
2. All information should be reported for **full-time equivalent (FTE)** employees. Please **ANNUALIZE** the compensation of part-time employees so that the resulting statistics will be comparable among all companies.

VERY IMPORTANT: "FULL-TIME EQUIVALENT" means that part-time employees should be prorated based on a 40 hour work week. For example, an employee that works 20 hours a week should count as "half" an employee. (An employee working 15 hours per week would be .375 of an employee, and so on.) So a job position with three full-time employees and one employee who works 20 hours per week has 3.5 "full-time equivalent employees." *Using full-time equivalents is very important when calculating the average annual base pay and incentives per person.*

3. In determining **base salaries**, use the monthly salaries in effect as of December 31 (or the month of December), 2009 and multiply by 12. Use **hourly wage rates** in effect as of December 31, 2009 for hourly employees. All compensation **excludes** company paid payroll taxes and fringe benefits.

If you do not classify hourly and salaried employees as presented in this survey, convert the compensation to the method requested on the survey form.

Example: You pay your bookkeeper on a salaried basis and the survey lists this position as hourly. Simply multiply the monthly salary for December, 2009 by 12 and divide the total by the typical number of hours worked per year to get the average hourly rate.

4. **Incentives** in the Salaried/Commissioned Positions section are to include **commissions, bonuses and any special sales incentives**. *Do not include other fringe benefits here.*
5. Complete as much of the form as you can. Try to be complete even though you may not be able to fill out every line.
6. For Employee Benefits section, check "Is not provided" if benefit is not offered, rather than leaving it blank.
7. For typical commission rates, convert all barrels to half barrels.
8. For questions regarding completion of this survey, contact Marcy Dolnicek with Industry Insights, Inc. at (614) 389-2100 ext. 102. Send completed form to:

Industry Insights, Inc.
P.O. Box 4330
Dublin, OH 43016

A postage-paid business reply envelope has been provided for your convenience.

9. To complete the survey online, please go to www.nbwacompsurvey.com.



**National Beer Wholesalers Association
2010 Compensation & Benefits Survey**

Deadline: April 26, 2010

Industry Insights Code

GENERAL INFORMATION

1. Type of distributor operation:
 1-1 Direct or Driver Sales (95% or more of volume sold and delivered off of the truck at the customer location)
 2 Pre-Sell (95% or more of order volume taken by sales account executive or personnel other than delivery driver)
 3 Combination (distributors not fitting either of the above)

2. Net sales volume (gross, less state taxes and freight) for your last fiscal year \$ _____ 2

3. Net sales volume in case equivalents _____ 3

4. Do you operate in a state with a deposit law? 4 Yes No

5. Are your warehouse and delivery employees: 5-1 Mostly unionized 2 Mostly non-unionized

6. Type of organization:
 6-1 Incorporated (C-Corp or S-Corp) 7
 2 Partnership (General or Limited) 8
 3 Limited Liability Company (LLC)
 Number of: _____ Shareholders; _____ Partners; _____ Members (LLC)
 9 10 11

7. The region in which you make **most** of your sales is (CHECK ONLY ONE):
 478-1 New England (ME, NH, VT, MA, CT, RI)
 2 Mid-Atlantic (NY, NJ, PA)
 3 South Atlantic (DE, DC, MD, FL, GA, NC, SC, VA, WV)
 4 East North Central (OH, IL, IN, MI, WI)
 5 East South Central (AL, MS, KY, TN)
 6 West North Central (MN, ND, SD, IA, NE, KS, MO)
 7 West South Central (AR, LA, OK, TX)
 8 Mountain (NM, AZ, CO, UT, NV, WY, MT, ID)
 9 Pacific (CA, OR, WA, AK, HI)

COMPENSATION DATA

VERY IMPORTANT — PLEASE READ

Please report number of employees and compensation information for **FULL-TIME EQUIVALENT** employees based on rates in effect on December 31, 2009. (Consult the enclosed instructions sheet for a detailed definition of “full-time equivalents”.) **Incentives** paid, such as commissions, bonuses, and the like, should be based on the 12-month period ending December 31, 2009 or your most recently completed fiscal year. Refer to the enclosed Standard Position Descriptions. Base pay plus incentives should equal total compensation.

Place employees in the position that describes responsibilities similar to those that occupy most of their time.

Do not include company paid employment taxes or fringe benefits in the amounts reported below.

Owner Compensation (Optional Information)

Owner(s)' Annual Compensation; include salaries, incentives and taxable perks. (Include only owners with 26% or more ownership interest)

Using the corresponding position numbers 1-55 on the following page, which positions are considered owners.

Position Number	Compensation	Dividends or Distribution
12	\$	18 \$ 24
13	\$	19 \$ 25
14	\$	20 \$ 26
15	\$	21 \$ 27
16	\$	22 \$ 28
17	\$	23 \$ 29

Salaried/Commissioned Positions								
Position	Number of FULL-TIME EQUIVALENT Employees	Average Annual Base Pay Per Person* (\$)	Average Annual Incentive Per Person (\$)	Basis of Compensation (see following page)	Do you provide...			
					Company Car	Mileage Reimb.	Neither	
General and Administrative								
1. President/Chief Executive Officer	30	\$ 70	\$ 110	150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	660
2. General Manager/Exec. V.P./Chief Operating Officer	31	\$ 71	\$ 111	151	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	190
3. Top Financial Officer	32	\$ 72	\$ 112	152	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	191
4. Top Administrative Officer	33	\$ 73	\$ 113	153	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	192
5. Public Affairs Manager	500	\$ 501	\$ 502	503	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	193
6. In-house Counsel/Attorney	602	\$ 603	\$ 604	605	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	606
7. Branch Manager	607	\$ 608	\$ 609	610	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	611
8. Controller	34	\$ 74	\$ 114	154	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	194
9. Accountant	35	\$ 75	\$ 115	155	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	195
10. Office Manager	36	\$ 76	\$ 116	156	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	196
11. Human Resources Manager	37	\$ 77	\$ 117	157	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	197
12. Purchaser	38	\$ 78	\$ 118	158	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	198
13. Data Processing Supervisor	39	\$ 79	\$ 119	159	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	199
14. Programmer	40	\$ 80	\$ 120	160	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	200
15. Computer Operator	41	\$ 81	\$ 121	161	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	201
Sales and Marketing								
16. Top Sales/Marketing Executive	42	\$ 82	\$ 122	162	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	202
17. Director of Sales	43	\$ 83	\$ 123	163	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	203
18. Brand Manager	44	\$ 84	\$ 124	164	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	204
19. Sales Manager	45	\$ 85	\$ 125	165	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	205
20. Sales Division Manager	46	\$ 86	\$ 126	166	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	206
21. Chain Manager	47	\$ 87	\$ 127	167	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	207
22. Sales Supervisor	48	\$ 88	\$ 128	168	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	208
23. Route Salesperson (Pre-Sell)	49	\$ 89	\$ 129	169	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	209
24. Draft Beer Manager	50	\$ 90	\$ 130	170	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	210
25. Draft Beer Supervisor	51	\$ 91	\$ 131	171	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	211
26. Advertising Manager	52	\$ 92	\$ 132	172	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	212
27. Merchandise Manager	53	\$ 93	\$ 133	173	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	213
28. Route Manager	54	\$ 94	\$ 134	174	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	214
29. Route Planner	55	\$ 95	\$ 135	175	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	215
30. Route Supervisor	56	\$ 96	\$ 136	176	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	216
31. Point-of-Sale Manager	57	\$ 97	\$ 137	177	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	217
32. Sales Merchandiser	58	\$ 98	\$ 138	178	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	218
33. Merchandiser	59	\$ 99	\$ 139	179	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	219
34. Special Events Manager	60	\$ 100	\$ 140	180	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	220
35. Special Markets Manager	61	\$ 101	\$ 141	181	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	221
36. Driver/Salesperson-Draft Only	62	\$ 102	\$ 142	182	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	222
37. Driver/Salesperson-Package Only	63	\$ 103	\$ 143	183	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	223
38. Driver/Salesperson-Combination	64	\$ 104	\$ 144	184	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	224
39. Tel-Sell Salesperson	65	\$ 105	\$ 145	185	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	225
40. Graphic Arts Manager	66	\$ 106	\$ 146	186	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	226
41. Sign Department Employees	67	\$ 107	\$ 147	187	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	227
42. Contemporary Mktg. Team Rep.	68	\$ 108	\$ 148	188	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	228
43. Territory Manager	69	\$ 109	\$ 149	189	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	229

* Convert the pay of part-time employees to a full-time basis. (i.e., for someone working 20 hours per week, report their base pay multiplied by 2)

Salaried/Commissioned Positions (continued)

Position	Number of FULL-TIME EQUIVALENT Employees	Average Annual Base Pay Per Person* (\$)	Average Annual Incentive Per Person (\$)	Basis of Compensation (see following page)	Do you provide...		
					Company Car	Mileage Reimb.	Neither
44. Training Coordinator	612	\$ 613	\$ 614	615	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 616
45. Venue Representative	617	\$ 618	\$ 619	620	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 621
46. Space Category Manager	622	\$ 623	\$ 624	625	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 626
47. Ethnic Marketing Mgr./Supervisor	627	\$ 628	\$ 629	630	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 631
Operations/Warehouse							
48. Top Operations Executive	230	\$ 238	\$ 246	254	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 262
49. Warehouse Manager	231	\$ 239	\$ 247	255	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 263
50. Inventory Manager	232	\$ 240	\$ 248	256	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 264
51. Supervisor—1 st Shift	233	\$ 241	\$ 249	257	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 265
52. Supervisor—2 nd Shift	234	\$ 242	\$ 250	258	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 266
53. Supervisor—3 rd Shift	235	\$ 243	\$ 251	259	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 267
54. Freight Manager	236	\$ 244	\$ 252	260	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 268
55. Service/Fleet Manager	237	\$ 245	\$ 253	261	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 269

Basis of Compensation

Enter **one** of the following code numbers into the fourth column for **each** of the salaried/commissioned positions above for which you have employees.

Compensation Plan (Codes)

- | | | | |
|------------------------------|---|---------------------------------|---|
| Salary only | 1 | Salary plus Bonus | 4 |
| Commission only | 2 | Salary, Commission & Bonus..... | 5 |
| Salary plus Commission | 3 | Commission and Bonus | 6 |

Hourly Positions

	Number of FULL-TIME EQUIVALENT Employees	Average Wage Rate (\$/HR)	Average W-2 Earnings	Average Hours Worked/ Week	Unionized?
General & Administrative					
Bookkeeper	270	\$ 286	\$ 632	302	318 <input type="checkbox"/> Yes <input type="checkbox"/> No
Information Coordinator	271	\$ 287	\$ 633	303	319 <input type="checkbox"/> Yes <input type="checkbox"/> No
Administrative Assistant	272	\$ 288	\$ 634	304	320 <input type="checkbox"/> Yes <input type="checkbox"/> No
Receptionist	273	\$ 289	\$ 635	305	321 <input type="checkbox"/> Yes <input type="checkbox"/> No
Clerk	274	\$ 290	\$ 636	306	322 <input type="checkbox"/> Yes <input type="checkbox"/> No
Custodian	275	\$ 291	\$ 637	307	323 <input type="checkbox"/> Yes <input type="checkbox"/> No
Operations/Warehouse					
Fork Lift Operator	276	\$ 292	\$ 638	308	324 <input type="checkbox"/> Yes <input type="checkbox"/> No
Warehouse Helper/ Worker	277	\$ 293	\$ 639	309	325 <input type="checkbox"/> Yes <input type="checkbox"/> No
Long-Haul Driver	278	\$ 294	\$ 640	310	326 <input type="checkbox"/> Yes <input type="checkbox"/> No
Fleet Mechanic	279	\$ 295	\$ 641	311	327 <input type="checkbox"/> Yes <input type="checkbox"/> No
Sales and Marketing					
Delivery Driver Pre-sell—Draft Only	280	\$ 296	\$ 642	312	328 <input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery Driver Pre-sell—Package Only	281	\$ 297	\$ 643	313	329 <input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery Driver Pre-sell—Combination	282	\$ 298	\$ 644	314	330 <input type="checkbox"/> Yes <input type="checkbox"/> No
Swingman/Relief Driver	283	\$ 299	\$ 645	315	331 <input type="checkbox"/> Yes <input type="checkbox"/> No
Delivery Helper/ Worker	284	\$ 300	\$ 646	316	332 <input type="checkbox"/> Yes <input type="checkbox"/> No
Draft Beer Specialist	285	\$ 301	\$ 647	317	333 <input type="checkbox"/> Yes <input type="checkbox"/> No
Shelf Restocker	504	\$ 505	\$ 648	506	507 <input type="checkbox"/> Yes <input type="checkbox"/> No
Seasonal Helper	508	\$ 509	\$ 649	510	511 <input type="checkbox"/> Yes <input type="checkbox"/> No

* Convert the pay of part-time employees to a full-time basis. (i.e., for someone working 20 hours per week, report their base pay multiplied by 2)

Typical Commission Rates

USE THE COLUMN OF THE MOST PREVALENT METHOD FOR COLUMNS 1-4. IF NO BASE SALARY ENTER 0% IN COLUMN 5.	None	Percent of Sales (% Rate Received)	Average \$/Case (i.e., express 37 cents as \$.37)	Average \$/Half Barrel	Percentage of Base to Total Compensation	Bonus Pools (At risk dollars for front line salespeople)
Top Sales/Marketing Executive	334 <input type="checkbox"/>	% 352	\$ 370	\$ 388	% 406	\$ 512
Branch Manager	335 <input type="checkbox"/>	% 353	\$ 371	\$ 389	% 407	\$ 513
Sales Manager	336 <input type="checkbox"/>	% 354	\$ 372	\$ 390	% 408	\$ 514
Chain Manager	337 <input type="checkbox"/>	% 355	\$ 373	\$ 391	% 409	\$ 515
Sales Supervisor	338 <input type="checkbox"/>	% 356	\$ 374	\$ 392	% 410	\$ 516
Route Salesperson (Pre-Sell)	339 <input type="checkbox"/>	% 357	\$ 375	\$ 393	% 411	\$ 517
Draft Beer Manager	340 <input type="checkbox"/>	% 358	\$ 376	\$ 394	% 412	\$ 518
Draft Beer-Supervisor	341 <input type="checkbox"/>	% 359	\$ 377	\$ 395	% 413	\$ 519
Advertising Manager	342 <input type="checkbox"/>	% 360	\$ 378	\$ 396	% 414	\$ 520
Merchandise Manager	343 <input type="checkbox"/>	% 361	\$ 379	\$ 397	% 415	\$ 521
Sales Merchandiser	344 <input type="checkbox"/>	% 362	\$ 380	\$ 398	% 416	\$ 522
Special Events Manager	345 <input type="checkbox"/>	% 363	\$ 381	\$ 399	% 417	\$ 523
Special Markets Manager	346 <input type="checkbox"/>	% 364	\$ 382	\$ 400	% 418	\$ 524
Driver/Salesperson-Draft Only	347 <input type="checkbox"/>	% 365	\$ 383	\$ 401	% 419	\$ 525
Driver/Salesperson-Package Only	348 <input type="checkbox"/>	% 366	\$ 384	\$ 402	% 420	\$ 526
Driver/Salesperson-Combination	349 <input type="checkbox"/>	% 367	\$ 385	\$ 403	% 421	\$ 527
Pre-Sell Delivery Driver	350 <input type="checkbox"/>	% 368	\$ 386	\$ 404	% 422	\$ 528
Pre-Sell Delivery Driver Helper/Worker	351 <input type="checkbox"/>	% 369	\$ 387	\$ 405	% 423	\$ 529

EMPLOYEE BENEFITS OFFERED

RESPOND FOR ALL BENEFITS. LEAVING A BENEFIT UNMARKED IS NOT THE SAME AS "IS NOT PROVIDED"	Salaried Employees			Hourly Employees		
	Is Fully Paid By Company	Is Partially Paid By Company	Is Not Provided	Is Fully Paid By Company	Is Partially Paid By Company	Is Not Provided
Medical Coverage—Employee	424 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	442 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Coverage—Dependents	425 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	443 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance—Employee	426 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	444 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance—Dependents	427 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	445 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Insurance—Employee	428 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	446 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Insurance—Dependents	429 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	447 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optical—Employee	430 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	448 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optical—Dependents	431 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	449 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-Term Disability Insurance	432 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	450 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Disability Insurance	600 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	601 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maternity Leave	433 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	451 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Educational Assistance	438 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	456 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Assistance Program	439 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	457 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Savings Plan—Owners	440 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	458 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
College Savings Plan (other employees)	441 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	459 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare Assistance	530 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	533 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adoption Assistance	531 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	534 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-Term Care Insurance	532 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	535 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stock Options	661 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	667 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Allowance	662 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	668 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation/Commuting Reimbursement	663 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	669 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement Plans	664 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	670 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Athletic Facilities	665 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	671 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving Expenses	666 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	672 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYEE BENEFITS OFFERED (continued)

Health Insurance Practices

1. If your company provides a healthcare plan, please indicate what type(s). (Check all that apply)

- | | | |
|--|---|---|
| 536 <input type="checkbox"/> Traditional Indemnity (e.g., Blue Cross type) | 540 <input type="checkbox"/> Point of Services (POS) | 650 <input type="checkbox"/> Health Reimbursement Account (HRA) |
| 539 <input type="checkbox"/> HMO | 538 <input type="checkbox"/> Self Insured | 542 <input type="checkbox"/> Other _____ |
| 537 <input type="checkbox"/> PPO | 541 <input type="checkbox"/> Health Savings Account (HSA) | |

2a. If your company provides a healthcare plan, do you impose a wait period before a new employee may join? 673 Yes No

2b. If "yes," how many days? _____ days 674

3. Total healthcare costs as a percent of total compensation: _____ % 543

4. Your company's percentage increase for healthcare costs in 2009 over 2008: _____ % 544

5. Please indicate the percentage of the healthcare premiums that are paid by the company versus employee:

	Employee Coverage Only	Family Coverage
Company pays	_____ % 550	_____ % 552
Employee pays	_____ % 551	_____ % 553
Total	100%	100%

6a. Has your company taken steps to control the costs of providing medical insurance/healthcare to employees within the past year? 651 Yes No

6b. If "yes," please check all that apply:

- | | |
|---|---|
| 652 <input type="checkbox"/> Increasing deductible | 656 <input type="checkbox"/> Changing insurance carriers |
| 653 <input type="checkbox"/> Increasing out-of-pocket maximum | 657 <input type="checkbox"/> Increasing co-payments on prescription drugs |
| 654 <input type="checkbox"/> Increasing employee contribution | 658 <input type="checkbox"/> Offering a Health Savings Account (HSA) |
| 655 <input type="checkbox"/> Imposing dollar limits on medical care | 659 <input type="checkbox"/> Other _____ |

Retirement Plans

1a. Does your company offer a retirement plan? 554 Yes No

1b. If "yes," what types: (Check all that apply)

- | | | |
|---|--|--|
| 555 <input type="checkbox"/> Defined Benefit Plan | 556 <input type="checkbox"/> Profit-sharing plan | 557 <input type="checkbox"/> SIMPLE 401(k) |
| 558 <input type="checkbox"/> 401(k) plan | 559 <input type="checkbox"/> SEP IRA | 560 <input type="checkbox"/> Other _____ |

401(k) Plans

2a. Does your company match employee contributions? 561 Yes No

2b. If "yes," what are the terms for matching? (Check only one)

- | | |
|---|-------------|
| 562-1 <input type="checkbox"/> 100% match, maximum % of employee pay matched (e.g., 100% match up to 3% of pay) | _____ % 563 |
| 2 <input type="checkbox"/> 50% match, maximum % of employee pay matched (e.g., 50% match up to 3% of pay) | _____ % 564 |
| 3 <input type="checkbox"/> Other matching terms _____ | |

Vacations and Holidays

1. Number of Days of Paid Vacation Per Year (Indicate "0" if none-do not leave blank)

	Salaried Employees		Hourly Employees	
Less than 1 year on Job	565	Days	571	Days
1 Year	566	Days	572	Days
2-5 Years	567	Days	573	Days
6-10 Years	568	Days	574	Days
Over 10 Years	569	Days	575	Days
NUMBER OF PAID HOLIDAYS PER YEAR	570	Days	576	Days

2a. Can unused vacation carry over to the next year? 577 Yes No

2b. If "yes," how many days? _____ 578

3. Do employees receive compensation for unused vacation days? 579 Yes No

Sick and Other Leave

1. Number of Days of Paid Sick Leave Per Year (Indicate "0" if none-do not leave blank)	Salaried Employees		Hourly Employees		
	Less than 1 year on Job	580	Days	585	Days
	1 Year	581	Days	586	Days
	2-5 Years	582	Days	587	Days
	6-10 Years	583	Days	588	Days
	Over 10 Years	584	Days	589	Days
2.	If provided for "All" or "Some" employees, is there a formal written policy?		590	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Check here if your company has no limit on the number of paid sick days allowed per year.		591	<input type="checkbox"/>	
4.	Can sick days accrue and carry over to the next year?		592	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.	Do employees receive compensation for unused sick days?		593	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.	Does your company use a time paid off program (combining vacation and sick leave)?		594	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7a.	Does your company provide personal days?		595	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7b.	If "yes," how many days? _____		596		
8a.	Is bereavement leave paid for?		597	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8b.	If "yes," how many days? Immediate family _____		598	Other family _____ 599	

Thank You For Participating!

Send your completed form in the enclosed postage paid envelope to:
Industry Insights, P.O. Box 4330, Dublin, OH 43016

Please provide the following information. All information is confidential. No one at NBWA nor anyone outside of Industry Insights, Inc. will have access to any individual's information.

Company _____ Contact Person _____

Address _____

City _____ State _____ Zip _____

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