

VI. LONG-TERM NONOCCUPATIONAL SICKNESS AND ACCIDENT DISABILITY INSURANCE

Management Non-Management
Yes No Yes No

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|--|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Does the Agency have a Long -Term Nonoccupatioanl Sickness and Accident Disability Insurance Program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Agency pays entire cost. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Employee pays entire cost. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Agency and employee share cost | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

VII. HEALTH INSURANCE

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|---|------------------------------|-----------------------------|
| A. Does the Agency have a Health Insurance Program? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Employee Coverage | | |
| 1. Agency pays entire cost of employee coverage. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Employee pays entire cost of employee coverage. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Agency and employee share cost of employee coverage. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Dependent Coverage | | |
| 1. Are dependents covered under the Health Insurance Plan?
<i>If YES, answer next question</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Agency pays entire cost of dependent coverage. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Employee pays entire cost of dependent coverage. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Agency and employee share cost of dependent coverage. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

VIII. DENTAL INSURANCE PLAN

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|---|------------------------------|-----------------------------|
| A. Does the Agency have a Dental Insurance Plan?
<i>If YES, answer next question.</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Employee Coverage | | |
| 1. Agency pays entire cost of employee coverage. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Employee pays entire cost of employee coverage. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Agency and employee share cost of employee coverage. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Dependent Coverage | | |
| 1. Are dependents covered under the Dental Insurance Plan?
<i>If YES, answer next question</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Agency pays entire cost of dependent coverage. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Employee pays entire cost of dependent coverage. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Agency and employee share cost of dependent coverage. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

IX. PENSION PLAN

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|--|---|-----------------------------|
| A. Does the Agency have a Pension Plan?
<i>If YES, answer next question</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Is it a Defined Benefit Plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. Agency pays entire cost. | <input type="checkbox"/> Agency Contributes What Average % of Salary _____% | |
| D. Employee pays entire cost. | <input type="checkbox"/> Employee Contributes What Average % of Salary _____% | |
| E. Agency and employee share cost. | <input type="checkbox"/> Agency Contributes What Average % of Salary _____% | |

X. 401(k)/403(b) Plan

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|---|------------------------------------|-----------------------------|
| A. Does the Agency have a 401(k) or 403(b) Plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. Employee contributes what average percent of salary? | _____% | |
| C. Does the Agency match employees' contributions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. Vesting – number of months until fully vested. | <input type="checkbox"/> Immediate | or _____ months |

XI. MILEAGE

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|---|--|--|
| | Management | Hourly & Visit |
| 1. Does the Agency provide mileage expense reimbursement? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. What is the rate per mile allowed? | \$ _____ | \$ _____ |
| 3. Is mileage reimbursement included in per visit compensation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |