

IBEW® Manufacturing Benefit Survey

Agreement Number: Local Union Number:

Company Name:

Pension:

Contributory: Yes No *Check Yes only if the members pay for any of the pension*

***A defined benefit plan** promises a specified monthly benefit at retirement. The plan may state this promised benefit as an exact dollar amount, such as \$100 per month at retirement. Or, more commonly, it may calculate a benefit through a plan formula that considers such factors as salary and service — for example, 1 percent of average salary for the last 5 years of employment for every year of service with an employer.*

A defined contribution plan**, on the other hand, does not promise a specific amount of benefits at retirement. In these plans, the employee or the employer (or both) contribute to the employee's individual account under the plan, sometimes at a set rate, such as 5 percent of earnings annually. These contributions generally are invested on the employee's behalf. The employee will ultimately receive the balance in their account, which is based on contributions plus or minus investment gains or losses. The value of the account will fluctuate due to the changes in the value of the investments. **We are tracking 401K separately..

Defined Benefit: Yes No If Yes, complete the following

Please enter the formula on the lines below: (i.e. [# of years avg. wage] X [years of service] X [percentage] = [yearly pension])

Effective Date:	Monthly Multiplier		Effective for all years unless checked
	Minimum	Maximum	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Just future
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Just future
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Just future
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Just future
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Just future

Defined Contribution: Yes No If Yes, complete the following

Benefit amount dollar or percentage only

Effective Date:	Contribution amount: \$ or %
<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"/>

401K: Yes No *Give amount's below in %. (i.e. if the co. gives 50% on the \$ up to 10% of wage then Co. = 50% Member = 10%*

Company match % Member maximum contribution %

Life Insurance:

Effective Date:	Benefit amount:	
	Minimum	Maximum
<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Retiree Health Plan:

Retiree Health Plan Offered

Yes No

Does the company contribute to a retiree health plan?

Yes No

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Sickness and Accident:

Weekly Benefit:

Effective Date:	Percentage:	Maximum Dollar	Maximum Weeks
<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"/>	<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"/>

Health Insurance:

Co-pay (i.e... 90/10, 80/20) Maximum Lifetime benefit:

Out of pocket maximum: *Give the dates the changes take effect and the dollar amount for each .
Please enter data for only the most used plan.*

Effective Date:	Individual:	Individual plus one	Individual plus children	Family
<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"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Plan yearly deductible: *Give the dates the changes take effect and the dollar amount for each .
Please enter data for only the most used plan.*

Effective Date:	Individual:	Individual plus one	Individual plus children	Family
<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"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Member cost: Weekly or Monthly

*Give the dates the changes take effect and the dollar amount or percentage paid for each category .
Please enter data for only the most used plan.*

Check this box if the member pays any part of the premium

Effective Date:	Individual:	Individual plus one	Individual plus children	Family
<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"/>
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Health Expense Accounts: *Indicate Yes or No if members have access to any health expense accounts and specify all types available*

Yes No

Flexible Spending Account Health Reimbursement Account Health Savings Account

Other