

## QUESTION PREVIEW

### SALARY & BENEFITS SURVEY

*We hope you'll take part in this survey, offered by member demand. The results of this survey will help you, the Midwest retail dealer, in knowing what the new industry benchmarks are in our immediate area. This information will be an invaluable tool in knowing where you stand in employee benefits, making you a more efficient and desirable employer.*

*Before now, the only survey information we could get was taken on a national scale, with not enough weight given to OUR service area. Your participation in this survey will help guarantee its statistical integrity and its usefulness to you and your staff.*

*This is why we provide this "heads-up" copy of the questions. Some of the questions may need a bit of consulting with one of your staff team members to get the answer. For example, financial information requested may need the input of your Finance Director; average number of hours worked may need the input of your HR Department. But there are only a few of these. In total, there are only 35 questions.*

*This survey was designed to minimize your time burden, and we hope you'll participate fully. And, as always, **no one will know your identity**, so there's no reason not to participate!*

#### 1. STATE in which you are headquartered?

- Indiana
- Michigan
- Other (please specify)

#### 2. Number of Locations?

#### 3. Dealer Type?

- Retail to general public oriented
- Contractor-oriented (Pro-Dealer)

#### 4. Sales Volume of the Company?

(Retail members only, type N/A if not applicable)

#### 5. Number of Full-time employees

6. Number of Part-time employees

7. Number of Female employees

8. Number of Male employees

9. What type of Sales Incentive Plan does your Company use?

- Commission Only
- Salary
- Base + Commission
- Profit Sharing at Year End
- Year End Cash Bonus

10. What type of Management Incentive Plan does your Company use?

- Bonus Based on Sales
- Executive Pool
- Year End Bonus
- Return on Investment
- Profit Sharing Plan
- Percent of Net Profits
- Position and Length of Service
- Other (please specify)

11. On average how many hours of work per week in each designated area?

- Office Employees
- Management Employees
- Yard Employees

12. Performance Appraisals?

- Yes, yearly
- Yes, Bi-yearly
- Yes, Quarterly
- No
- Other (please specify)

## **Basis for Wage Adjustments**

### **13. Cost of Living - Inflation**

- Yes
- No

### **14. Company Profit and Growth**

- Yes
- No

### **15. Discretion of Employer**

- Yes
- No

### **16. Merit and Performance**

- Yes
- No

### **17. Position and Length of Service**

- Yes
- No

### **18. Average salary adjustment over the last year? (%)**

### **19. Company Bonus Program?**

- Yes
- No

20. Company Bonus Calculated on \_\_\_\_\_ ?

- Company Profits
- Sales
- Merit and Performance
- Management Discretion
- Not Applicable
- Other (please specify)

21. Holiday Bonus Program?

- Yes
- No

22. Holiday Bonus Calculated on \_\_\_\_\_ ?

- Number of Weeks pay
- Set Amount
- % of salary
- Not Applicable
- Other (please specify)

23. Paid time off for jury duty?

- Yes
- No

24. Benefits as a Percentage of Payroll (%)

25. Vacation Days Offered for **1 year**?

26. Vacation Days Offered for **5 years**?

27. Vacation Days Offered for **10 years**?

28. Vacation Days Offered for **15 years**?

29. Vacation Days Offered for **20 years**?

30. Do vacation days carry-over?

- Yes
- No

31. Number of carry-over days allowed if so?

32. Retirement Plan Offering?

- All Employees
- Full-Time Employees Only
- Management Only
- No Retirement Plan Offered

33. Type of Retirement Plan offered?

- Defined Contribution
- 401k
- 401k with Employer Match
- Routine or Discretionary
- Profit Sharing
- Not Applicable
- Other (please specify)

34. Insurance Plans Offered?

- HMO
- PPO
- EPO
- Health Savings Accounts
- Self-Funded
- Not Applicable
- Other (please specify)

35. Percentage of Insurance paid by company? (%)

### 36. Employee Health Insurance

- Yes
- No

### 37. Employee Dental Insurance

- Yes
- No

### 38. Dependent Health Insurance

- Yes
- No

### 39. Dependent Dental Insurance

- Yes
- No

### 40. Life Insurance

- Yes
- No

### 41. Long-term Disability Insurance

- Yes
- No

### 42. Short-term Disability Insurance

- Yes
- No

**If offered, the percentage of Premium paid by company (%)?**  
(If not applicable, type "N/A")

#### 43. Employee Health Insurance

- % paid by Company
- % paid by Employee

#### 44. Employee Dental Insurance

- % paid by Company
- % paid by Employee

#### 45. Dependent Health Insurance

- % paid by Company
- % paid by Employee

#### 46. Dependent Dental Insurance

- % paid by Company
- % paid by Employee

#### 47. Life Insurance

- % paid by Company
- % paid by Employee

#### 48. Long-term Disability Insurance

- % paid by Company
- % paid by Employee

#### 49. Short-term Disability Insurance

- % paid by Company
- % paid by Employee

#### 50. Other reimbursements company makes available?

51. Does the company have an employee training budget?

- Yes
- No