**Risk Plan Types**

**AD&D –** is a separate coverage which pays out a lump sum amount in the event of an employee’s death and/or disability arising from accidental causes only. It can also pay the benefit in addition to any other death or disability related coverage.

**Sick leave** – provides coverage for incidental or short-term absences, typically less than 3 weeks.

**Short-term disability** – provides a periodic benefit paid to employees during their initial period of their disability. It can supplement what employees could receive from social security programs (e.g., may include benefits such as short term sick pay and/or pay continuation

1. Indicate the type of risk plan being reported.

□ Active life insurance *(skip to active life insurance section)*  
□ Retiree life insurance *(skip to retiree life insurance section)*

□ AD&D *(skip to AD&D section)*□ Sick leave *(skip to sick leave section)*  
□ Short term disability *(skip to short term disability section)*  
□ Long term disability*(skip to long term disability section)*

**Active life insurance**

**Eligibility** *Subsection of active life insurance plan*

2. Indicate which employee categories are covered by this plan. (Report Label: Eligible employee categories)

□ Salaried nonunion/exempt

□ Hourly nonunion/nonexempt

□ Hourly union/nonexempt

2.1 Here is a list of commonly collected salaried non-union/exempt employee groups. Indicate which employee group(s) are covered by this plan. If you are reporting on the most representative plan across all salaried non-union/exempt employees, select General. *Show this question if Q2 = Salaried nonunion/exempt (excluding executives)* (Hidden on web UI) (Report Label: Salaried nonunion/exempt employee groups)

□ General  
□ Corporate/Headquarters

□ Faculty  
□ Staff  
□ Physicians

□ Agents

□ Retail

□ Other (\_\_\_\_\_\_)

2.2 Here is a list of commonly collected hourly non-union/non-exempt employee groups. Indicate which employee group(s) are covered by this plan. If you are reporting on the most representative plan across all hourly non-union/non-exempt employees, select General. *Show this question if Q2 = Hourly nonunion/nonexempt* (Hidden on web UI) (Report Label: Hourly nonunion/nonexempt employee groups)

□ General  
□ Craft

□ Acute/Home Care  
□ Other (\_\_\_\_\_\_)

2.3 Here is a list of commonly collected hourly union/nonexempt employee groups. Indicate which union(s) are covered by this plan. *Show this question if Q2 = Hourly union/nonexempt* (Hidden on web UI) (Report Label: Hourly union/nonexempt employee groups)

□ AFSCME

□ CNA

□ CRONA

□ IBEW

□ ILWU

□ SEIU-UHW  
□ UAW

□ UFCW

□ UPTE-CWA  
□ USW  
□ UWUA  
□ Other (\_\_\_\_\_\_)

2.4 Indicate the name or local number of the union(s) that are covered by this plan. *Show if Q2.= Hourly union/non-exempt* (Hidden on web UI) (Report label: Local union) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete the rest of the life insurance survey for the plan currently in effect for newly hired employees [i.e., exclude grandfathered plans]; if your organization has multiple plans for a particular employee category, report the plan in place for the majority of employees unless otherwise specified.

**Types of Benefit Amounts – The following provides a description and example of terms used throughout the life insurance survey**

**Multiple(s) of pay:** Specific multiple or multiples of pay determine benefit. (e.g., 1.0 times pay or 1.0, 2.0, 3.0 times pay)

**Fixed amount(s):** Specific amount or amounts determine benefit (e.g., $50,000 or $50,000, $100,000, $200,000 or $50,000 to $500,000 in increments of $10,000)

**Multiple of pay plus fixed amount(s)***:* Specific multiple of pay in conjunction with a fixed amount (e.g., 1.0 times pay plus $10,000)

**Range of fixed amount(s) and pay multiple(s):** Both fixed amounts and specific pay multiples determine benefit (e.g., $50,000, 1.0, 2.0, 3.0 times pay)

3. Indicate the types of active life coverage offered. (Report label: Types of active life coverage offered)

□ Basic life (employer subsidized coverage) *Show Basic Life Insurance section if selected*

□ Supplemental life *Show Supplemental Life Insurance section if selected*

□ Group universal life *Show GUL Insurance section if selected*

□ Dependent life *Show Dependent Life Insurance section if selected*

□ Dependent group universal life *Show Dependent GUL section if selected*

**Definition of pay** *Subsection of life insurance plan*

4. Are any of the active life insurance benefits based on pay? (Report label: Life benefit based on pay)

○Yes

○No

5. Indicate what elements of pay are used to determine basic life insurance coverage. If elements of pay are different for coverage other than basic, describe in the additional comments section. *Show if Q4 = Yes* (Report label: Basic life definition of pay)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Not provided |
| Base pay | ○ | ○ | ○ |
| Bonus | ○ | ○ | ○ |
| Overtime | ○ | ○ | ○ |
| Commissions/sales incentive | ○ | ○ | ○ |
| Shift differential | ○ | ○ | ○ |

8. Provide additional comments or clarifications on definition of pay. (Report Label: Additional comments – definition of pay)

|  |
| --- |
|  |

**[New survey page]**

**Flexible benefits** *Subsection of life insurance plan*

11. Is there an annual employer flexible credit allowance for life insurance? (Report label: Flexible credit allowance offered)

○ Yes

○ No *(skip to next subsection)*

11.05 Indicate the types of active life coverage that flex credits can be applied to. (Report Label: Type of active life coverage flex credits are applied to)

□ Basic life

□ Supplemental life

□ Group universal life

□ Dependent life

□ Dependent group universal life

11.1. Indicate the type of annual flexible credit allowances provided for basic life insurance. *(Show if Q11.05 = Basic life)* (Report label: Type of annual flexible credit allowance – basic)

□ Unallocated flex credits

□ Annual amount

□ Cost of a specific basic life coverage amount

11.2. Provide the annual flexible credit allowance for basic life insurance. *(Show if Q11.1 = Annual amount); Numeric range 1 to 999,999,999* (Report Label: Annual flexible credit amount - basic)\_\_\_\_\_ (Properties: Allow two decimals)

11.2a. Indicate the type of coverage that is covered by the annual flexible credit allowance for basic life insurance. *(Show if Q11.1 cost of a specific basic life coverage amount)* (Report label: Type of coverage for annual flexible credit allowance - basic)   
  
○ Multiple of pay  
○ Fixed amount  
○ Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

12. Provide the basic life insurance annual flexible credit amount as a multiple of pay. (*Show if Q11.2a = Multiple of pay)* (Report label: Annual flexible credit amount as a multiple of pay - basic)

\_\_\_\_\_  
  
13. Provide the basic life insurance annual flexible credit amount as a fixed amount. (*Show if Q11.2a = Fixed amount)* (Report label: Annual flexible credit amount as a fixed amount - basic)  
  
13.1. Indicate the type of annual flexible credit allowances provided for supplemental life insurance. *(Show if Q11.05=Supplemental life)* (Report label: Type of annual flexible credit allowance - supplemental)

□ Unallocated flex credits

□ Annual amount

□ Cost of a specific supplemental life coverage amount

13.2. Provide the annual flexible credit allowance for supplemental life insurance. *(Show if Q13.1 =Annual amount ); Numeric range 1 to 999,999,999* (Report Label: Annual flexible credit amount - supplemental)\_\_\_\_\_ (Properties: Allow two decimals)

13.3. Indicate the type of coverage that is covered by the annual flexible credit allowance for supplemental life insurance. *(Show if Q13.1 = cost of a specific supplemental life coverage)* (Report label: Type of coverage for annual flexible credit allowance - supplemental)   
  
○ Multiple of pay  
○ Fixed amount  
○ Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

13.4. Provide the supplemental life insurance annual flexible credit amount as a multiple of pay. (*Show if Q13.3 = Multiple of pay)* (Report label: Annual flexible credit amount as a multiple of pay - supplemental)

\_\_\_\_\_  
  
13.5. Provide the supplemental life insurance annual flexible credit amount as a fixed amount. (*Show if Q13.3 = Fixed amount)* (Report label: Annual flexible credit amount as a fixed amount - supplemental)  
  
13.6. Indicate the type of annual flexible credit allowances that are provided for other life insurance coverage. *(Show if Q11.05=Group universal life OR Dependent life OR Dependent group universal life)* (Report label: Type of annual flexible credit allowance – other life coverage)

|  |  |  |
| --- | --- | --- |
|  | Unallocated flex credits | Other |
| Group universal life | □ | □ |
| Dependent life | □ | □ |
| Dependent group universal life | □ | □ |

14. Describe the other flexible credits. *Filter rowsif Q13.6 = Other* (Report Label: Type of annual flexible credit allowance – Other type of flex credit)

|  |  |
| --- | --- |
| Group universal life | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dependent life | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Dependent group universal life | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

15. Unallocated flex credits for basic life valuation. (Show if Q11.1=Unallocated flex credits) *Numeric range 0.01 to 999,999,999.99* (Hidden on web UI) (Properties: Numeric, Allow two decimals) (Hidden for all non survey team reporting)  
\_\_\_\_\_\_\_

16. Provide additional comments or clarifications on the flexible credit allowance. (Report Label – Additional comments –flexible credit allowance)

|  |
| --- |
|  |

**[New survey page]**

**Basic life general provisions** *Subsection of life insurance plan Show if Eligibility Q3 = Basic Life* (Report Label: Eligibility requirements)

1. Indicate the eligibility requirements for basic life insurance.

□ Enrolled in medical  
□ Upon hiring (on first day of joining the organization)

□ First of month following date of hire

□ After probation/waiting period   
□ Mandatory for employment

□ Other (\_\_\_\_\_\_\_\_\_\_\_\_)

2. Provide the number of months to be eligible for basic life insurance.*Show if Basic Life General Provisions Q1 = After probation/waiting period (Properties: Allow 1decimal, range 1-99) (*Report Label: Eligibility requirement– number of months)

\_\_\_\_\_

2a. Valuation field for eligibility requirement.(Hidden from Web UI) (Hidden from all non-survey team reporting) (Report Label: Eligibility for valuation)\_\_\_\_\_

3. Provide additional comments or clarifications on basic life general provisions. (Report Label: Additional general provision information)

|  |
| --- |
|  |

**Basic life coverage details** *Subsection of life insurance plan Show if Eligibility Q3 = Basic Life*

5. Indicate the type of basic life insurance provided. Responses should not include the option to waive coverage over $50,000 to avoid imputed income. (Report Label: Type of basic life insurance)

○ One option – multiple of pay

○ One option – fixed amount

○ One option – multiple of pay plus fixed amount

○ More than one option – multiples of pay

○ More than one option – fixed amounts

○ More than one option – range of fixed amount(s) and pay multiple(s)

○ Other

5.1a Describe the basic life insurance coverage. *Show this question if Q5 = One option – multiple of pay plus fixed amount, More than one option – multiples of pay, More than one option – fixed amounts, More than one option – range of fixed amount(s) and pay multiple(s), Other* (Report Label: Basic life insurance benefit)

|  |
| --- |
|  |

5.2a Multiple of pay for valuation. *Show this question if Q5 = One option – multiple of pay plus fixed amount or Other; Numeric range 0.1 to 999,999,999.9* (Hidden on web UI) (Properties: Numeric, Allow two decimals) (Hidden for all non survey team reporting) (Report label: Basic life multiple of pay for valuation)  
\_\_\_\_\_\_\_

5.2b Fixed amount for valuation. *Show this question if Q7 = One option – multiple of pay plus fixed amount or Other; Numeric range 1 to 999,999,999 (*Hidden on web UI) (Properties: Numeric, Allow no decimals) (Hidden for all non survey team reporting) (Report label: Basic life fixed amount for valuation)  
\_\_\_\_\_\_\_

5.3. Is the most representative basic life coverage level selected by employees a fixed amount or a multiple of pay? *Show this question if Q5 = More than one option - range of fixed amount(s) and pay multiple(s)* (Report label: Most representative coverage type, where fixed amounts & pay multiple offered)  
○ Fixed amount

○ Multiple of pay

6. Provide the most representative basic life insurance coverage as a multiple of pay.*Show this question if Q5 = One option - multiple of pay, More than one option – multiples of pay, or if Q5.3 = Multiple of pay (Properties: Allow 2 decimal places)* (Report Label: Most representative multiple of pay)

\_\_\_\_\_\_\_\_\_\_\_

7. Provide the most representative basic life insurance fixed amount.*Show this question if Q5 = One option - fixed amount, More than one option – fixed amounts, or if Q5.3 = Fixed amount (Properties: Allow no decimal places)* (Report label: Most representative fixed amount)

\_\_\_\_\_\_\_\_\_\_\_

9. Indicate the type of minimum benefit for basic life insurance coverage. *Show this question if Q5 = One option - multiple of pay, One option – multiple of pay plus fixed amount, More than one option – multiples of pay, Other or if Q5.3 = Multiple of pay* (Report Label: Type of minimum benefit)

* No fixed minimum amount
* Fixed minimum amount
* Other (\_\_\_\_\_\_\_\_\_\_\_\_)

10. Provide the basic life insurance minimum benefit amount. \_\_\_\_\_\_\_\_\_\_\_\_ *Show this question if Q9 = Fixed minimum amount* (Report Label: Minimum benefit amount)

11. Indicate the type of maximum benefit for basic life insurance. *Show this question if Q5 = One option - multiple of pay, One option – multiple of pay plus fixed amount, More than one option – multiples of pay, Other or if Q5.3 = Multiple of pay* (Report Label: Type of maximum benefit)○No fixed maximum amount  
○Fixed maximum amount  
○Fixed maximum amount combined with other coverage  
○Other (\_\_\_\_\_\_\_\_\_\_\_\_)

11.1 Provide the basic life insurance fixed maximum benefit amount with evidence of insurability. *Show this question if Q11 = Fixed maximum amount or Fixed maximum amount combined with other coverage (*Report Label: Fixed maximum benefit with EOI)   
  
11.2 Fixed maximum amount for valuation. *Show this question if Q11 = Other; Numeric range 1 to 999,999,999 (*Hidden on web UI) (Properties: Numeric, Allow no decimals) (Hidden for all non survey team reporting) (Report label: Basic life maximum amount for valuation)  
\_\_\_\_\_\_\_

11. 3. Indicate with which life coverage(s) the fixed maximum amount is combined. *Show if Q11 = Fixed maximum amount combined with other coverage (*Report Label: Coverages with which maximum amount is combined)

□ Supplemental Life

□ Dependent Life

□ Basic AD&D

□ Optional AD&D

13. Is the basic life insurance plan portable? (*Report Label: Plan portability)*

○ Yes

○ No

**[New survey page]**

**Basic life employee contributions** *Subsection of life insurance plan Show if Eligibility Q3 = Basic Life*

14. Indicate how employees contribute to the costs/premiums of the basic life benefit. (Report label: Contribution structure)  
○ Contributions are not required *(skip to end of basic life employee contributions section)*  
○ Contributions are separate from other benefit plan contributions

○ Contributions are included with other benefits

15. Indicate the benefit plans with which basic life contributions are included. *Show if Q14=Contributions are included with other benefits* (Report Label: Benefit plan(s) that include basic life contributions)   
□ Supplemental life

□ Group universal life

□ Dependent life

□ Dependent group universal life   
□ Medical  
□ Dental  
□ Vision  
□ Short-term disability (STD)  
□ Long-term disability (LTD)  
□ Other (\_\_\_\_\_\_\_\_\_\_\_\_)  
16. Indicate the employee cost sharing for the basic life benefit. Show if Q14 ≠ Contributions are not required. (Report label: Cost sharing) (Hidden from non-BDS reporting)

○ Employee pays a percentage of cost/premium

○ Employer pays a percentage up to a specific multiple of pay breakpoint then employee pays a percentage over the breakpoint  
○ Employer pays a percentage up to a specific fixed amount of coverage breakpoint then employee pays a percentage over the breakpoint

○ Other ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

16.a. Report the employee contribution (as a percentage of total cost) for basic life insurance. Note: If under a flex plan, the employee contribution should be the price tag minus the credit.  *Show this question if Q15=* *Employee pays a percentage of cost/premium* (Report Label: Contribution amount – percentage of cost) (Hidden from non-BDS reporting)

\_\_\_\_\_\_%

16b. Indicate the employer contribution for basic life insurance up to the breakpoint, as a percentage of the cost/premium.*Show this question if Q16 = Employer pays a percentage up to a specific multiple of pay then employee pays a percentage over the breakpoint OR Employer pays a percentage up to a specific fixed amount of coverage breakpoint then employee pays a percentage over the breakpoint (*Report Label: Employer cost sharing up to a breakpoint)

\_\_\_\_\_\_%

16c. Indicate the employee contribution for supplemental life insurance over the breakpoint, as a percentage of the cost/premium.*Show this question if Q16 = Employer pays a percentage up to a specific multiple of pay then employee pays a percentage over the breakpoint or Employer pays a percentage up to a specific fixed amount of coverage breakpoint then employee pays a percentage over the breakpoint* Report Label:Employee cost sharing over a breakpoint)

\_\_\_\_\_\_%

16.d Indicate the fixed amount of supplemental life insurance coverage breakpoint for which the employer pays a percentage. *Show this question if Q16 = Employer pays a percentage up to a specific fixed amount of coverage then employee pays a percentage over the breakpoint* (Report Label: Cost sharing breakpoint – coverage amount)

\_\_\_\_\_

16.e Indicate the multiple of pay breakpoint for which the employer pays a percentage. *Show this question if Q16 = Employer pays a percentage up to a specific multiple of pay breakpoint then employee pays a percentage over the breakpoint* (Report Label: Cost sharing breakpoint – multiple of pay)

\_\_\_\_\_

17. Indicate the type of employee contribution for basic life insurance. *Show if Q14 = Contributions are separate from other benefit plan contributions* (Report Label: Type of basic life insurance contribution)

○ Fixed amount per $1,000 of coverage

○ Fixed amount  
○ Other

18. Does the contribution vary? *(Show if Q14 = Contributions are separate from other benefit plan contributions)* (Report Label: Basic life insurance contribution variation)

○ Contribution is the same for all employees covered under this plan

○ Contribution varies based on age

○ Contribution varies based on service

○ Contribution varies based on pay

○ Other

19. Provide the fixed amount per $1,000 of coverage. *Show if Q17 = Fixed amount per $1,000 of coverage and Q18 = Contribution is the same for all employees covered under this plan (Properties: Allow three decimals)* (Report Label: Basic life insurance fixed amount per $1,000 of coverage)

\_\_\_\_\_\_\_\_

20. Indicate the fixed monthly amount employees contribute to the life insurance benefit. *Show if Q17 = Fixed amount AND Q18 = Contribution is the same for all employees covered under this plan (Properties: Allow three decimals)*  (Report Label: Basic life insurance fixed monthly contribution amount)

\_\_\_\_\_\_\_\_

22. Provide details for the varying employee contribution schedule for the life insurance benefit. *Show if Q17 = Other OR Q18 ≠* *Contribution is the same for all employees covered under this plan* (Report Label: Basic life insurance contribution amount – Other)  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22.1. Employee basic life contribution for valuation – fixed amount per $1,000 of coverage (Hidden on web UI and from reporting for Plan Provisions, Prevalence and Matrices) (Report Label: EE basic life contribution for valuation – fixed amount per $1,000 of coverage)

\_\_\_\_\_\_\_\_

22.2. Employee basic life contribution for valuation – fixed amount (Hidden on web UI and from reporting for Plan Provisions, Prevalence and Matrices) (Report Label: EE basic life contribution for valuation – fixed amount)

\_\_\_\_\_\_\_\_  
  
22.3. Employee basic life contribution for valuation – percent of pay (Hidden on web UI and from reporting for Plan Provisions, Prevalence and Matrices) (Report Label: EE basic life contribution for valuation – percent of pay)

\_\_\_\_\_\_\_\_

22.4 Fixed amount of coverage breakpoint for valuation. (Hidden on web UI and from reporting for Plan Provisions, Prevalence and Matrices)

\_\_\_\_\_

22.5 Fixed monthly amount up to the breakpoint that employees contribute to the life insurance benefit for valuation. (Hidden on web UI and from reporting for Plan Provisions, Prevalence and Matrices)

\_\_\_\_\_\_\_\_

22.6 Fixed monthly amount over the breakpoint that employees contribute to the life insurance benefit for valuation. (Hidden on web UI and from reporting for Plan Provisions, Prevalence and Matrices)

23. Provide additional comments or clarifications on basic life insurance contributions. (Report Label: Additional basic life contribution information)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. Are employee contributions/premums for basic life insurance waived during periods of disability? *(*Report Label: Employee contributions waived during disability)

○ Yes

○ No

**[New survey page]**

**Supplemental life general provisions** *Subsection of life insurance plan Show if Eligibility Q3 = Supplemental Life*

1. Indicate the eligibility requirement for supplemental life insurance. (Report Label: Eligibility requirement)

□ Upon hiring (on first day of joining the organization)

□ First of month following date of hire

□ After probation/waiting period

□ Other (\_\_\_\_\_\_\_\_\_\_\_\_)

2. Provide the number of months to be eligible for supplemental life insurance.*Show this question if question 1 = After probation/waiting period* (Report Label: Eligibility requirement for supplemental life – number of months)

\_\_\_\_\_

**Supplemental life coverage details** *Subsection of life insurance plan Show if Eligibility Q3 = Supplemental Life*  
6. Indicate the type of supplemental life insurance provided. (Report Label: Type of supplemental life insurance)

○ Multiple(s) of pay   
○ Fixed amount(s)  
○ Range of fixed amount(s) and pay multiple(s)○ Other

7. Provide the supplemental life insurance. Enter the highest multiple of pay an employee can elect. *Show this question if Q6 = Multiple(s) of pay (Properties: Allow two decimals)* (Report Label: Coverage - highest multiple of pay)

\_\_\_\_\_\_\_\_\_

8. Provide the supplemental life insurance. Enter the highest fixed amount of coverage an employee can elect. *Show this question if Q6 = Fixed amount(s) (Properties: Allow no decimals)* (Report Label: Coverage - highest fixed amount)

\_\_\_\_\_\_\_\_\_

9. Describe the supplemental life insurance. *Show this question if Q6 = Range of fixed amount(s) and pay multiple(s), Other* (Report Label: Range of coverage)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Indicate the type of maximum benefit for supplemental life insurance. *Show this question if Q6 = Multiples of pay or or Range of fixed amounts and pay multiples or Other*  (Report Label: Type of maximum benefit)

○ No maximum

○ Fixed maximum amount   
○ Fixed maximum amount combined with other coverage   
○ Other (\_\_\_\_\_\_\_\_\_\_\_\_)

10.a Provide the fixed maximum benefit amount with evidence of insurability for supplemental life insurance. *Show this question if Q10 = Fixed maximum amount OR Fixed maximum amount combined with other coverage* (Report Label: Fixed maximum benefit amount)

\_\_\_\_\_\_\_\_\_\_\_\_10b. Indicate the type of maximum benefit for supplemental life insurance *Show this question if Q6 = Fixed amount(s)*  (Report Label: Type of maximum benefit – for fixed amount)

○ No maximum

○ Multiple of pay   
○ Other (\_\_\_\_\_\_\_\_\_\_\_\_)

10c. Provide the maximum multiple of pay. *Show this question if Q10b = Multiple of pay* (Report Label: Maximum benefit amount – for fixed amount) \_\_\_\_\_\_\_\_\_\_\_\_

11. Indicate with which life coverage(s) the fixed maximum amount for supplemental life is combined. *Show if Q10.= Fixed maximum amount combined with other coverage (*Report Label: Coverages with which maximum amount is combined)

□ Basic Life

□ Dependent Life

□ Basic AD&D

□ Optional AD&D

13.1. Does the supplemental life plan have a guaranteed issue amount? (Report Label: Guaranteed issue amount exists)  
○ Yes

○ No

13.2. Indicate the type of guaranteed issue amount for supplemental life insurance. *Show this question if Q13.1 = yes* Report Label: Type of guaranteed issue amount)  
○ Multiple of pay   
○ Fixed amount

○ Other

13.3. Provide the guaranteed issue amount for supplemental life insurance. *Show this question Q13.1 = yes (US only)* (Report Label: Amount for guaranteed issue)  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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14. Is the supplemental life insurance plan portable? (Report Label: Plan portability)

○ Yes

○ No

**Supplemental life employee contributions** *Subsection of life insurance plan Show if Eligibility Q3 = Supplemental Life*

16. Indicate the type of employee contribution for supplemental life insurance. Note: If under a flex plan, the employee contribution should be the price tag minus the credit. Employee contributions with breakpoints are considered when there is a flex plan or when the employer subsidizes a portion of the benefit option. (Hidden for all non Survey level reporting) (Report label: Cost sharing type)

○ Employee pays the full cost

○ Employee pays a percentage of cost/premium  
○ Employer pays a percentage up to a specific multiple of pay breakpoint then employee pays a percentage over the breakpoint

○ Employer pays a percentage up to a specific fixed amount of coverage breakpoint then employee pays a percentage over the breakpoint

○ Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

16a. Report the employee contribution for supplemental life insurance (as a percent of total cost. Note: If under a flex plan, the employee contribution should be the price tag minus the credit. Show if Q16= Employee pays a percentage of cost/premium (Properties: Allow two decimals) (Report Label: Contribution amount – percentage of cost ) (Hidden for all non Survey level reporting)

\_\_\_\_\_\_%

16b. Indicate the employer contribution for supplemental life insurance up to the breakpoint, as a percentage of the cost/premium.*Show this question if Q16 = Employer pays a percentage up to a specific multiple of pay then employee pays a percentage over the breakpoint OR Employer pays a percentage up to a specific fixed amount of coverage breakpoint then employee pays a percentage over the breakpoint (*Report Label: Employer cost sharing up to a breakpoint)

\_\_\_\_\_\_%

16c. Indicate the employee contribution for supplemental life insurance over the breakpoint, as a percentage of the cost/premium.*Show this question if Q16 = Employer pays a percentage up to a specific multiple of pay then employee pays a percentage over the breakpoint OR Employer pays a percentage up to a specific fixed amount of coverage breakpoint then employee pays a percentage over the breakpoint* Report Label: Employee cost sharing over a breakpoint)

\_\_\_\_\_\_%

16.d Indicate the fixed amount of supplemental life insurance coverage breakpoint for which the employer pays a percentage. *Show this question if Q16 = Employer pays a percentage up to a specific fixed amount of coverage then employee pays a percentage over the breakpoint* (Report Label: Cost sharing breakpoint – coverage amount)

\_\_\_\_\_

16.e Indicate the multiple of pay breakpoint for which the employer pays a percentage. *Show this question if Q16 = Employer pays a percentage up to a specific multiple of pay breakpoint then employee pays a percentage over the breakpoint* (Report Label: Cost sharing breakpoint – multiple of pay)

\_\_\_\_\_

18. Are employee contributions/premiums for supplemental life insurance waived during periods of disability? (Report Label: Employee contributions waived during disability)

○ Yes

○ No

**[New survey page]**

**Group universal life general provisions** *Subsection of life insurance plan Show if Eligibility Q3 = Group Universal Life*

1. Indicate the eligibility requirement for group universal life insurance. (Report label: Eligibility requirement)

□ Enrolled in medical  
□ Upon hiring (on first day of joining the organization)

□ First of month following date of hire

□ After probation/waiting period

□ Other ( \_\_\_\_\_\_\_\_\_\_\_\_)

2. Provide the number of months to be eligible for group univeral life insurance.*Show this question if question 1 = After probation/waiting period* (Report Label: Eligibility requirement– number of months)

\_\_\_\_\_

**Group universal life coverage details** *Subsection of life insurance plan*  
6. Indicate the type of group universal life insurance provided. (Report label: Type of coverage)

○ Multiple(s) of pay ○ Other

7. Provide the group universal life insurance. Enter the highest multiple of pay an employee can elect. *Show this question if Q6 = Multiple(s) of pay and (Properties: Allow two decimals)* (Report Label: Coverage - highest multiple of pay)

\_\_\_\_\_\_\_\_\_

9. Describe the group universal life insurance. *Show this question if Q6 = Other* (Report Label: Coverage - other)

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10. Indicate the type of maximum benefit for group universal life insurance (Report Label: Type of maximum benefit)

○ No maximum

○ Fixed maximum amount   
○ Fixed maximum amount combined with other coverage   
○ Other (\_\_\_\_\_\_\_\_\_\_\_\_)

10.a Provide the fixed maximum benefit amount with evidence of insurability for group universal life insurance. *Show this question if Q10 = Fixed maximum amount OR Fixed maximum amount combined with other coverage* (Report Label: Fixed maximum benefit with EOI)

\_\_\_\_\_\_\_\_\_\_\_\_  
  
11. Indicate with which life coverage(s) the fixed maximum amount for group universal life is combined. *Show if Q10.= Fixed maximum amount combined with other coverage (*Report Label: Coverages with which maximum amount is combined)

□ Basic life   
□ Supplemental life

□ Dependent life   
□ Other

14. Is the group universal life insurance plan portable? (Report Label: Plan portability)

○ Yes

○ No

**Group universal life employee contributions** *Subsection of life insurance plan Show if Eligibility Q3 = Group universal life*

15. Does your organization require employees to contribute to the costs/premiums for group universal life insurance? (Report label: Employee contributions required)

○ Yes  
○ No *– if this option is selected, skip remaining questions on group universal life EE contributions*

16. Indicate the type of employee contribution for group universal life insurance. Note: If under a flex plan, the employee contribution should be the price tag minus the credit. (Hidden for all non Survey level reporting) (Report label: Cost sharing type)

○ Employee pays the full cost

○ Employee pays a percentage of cost/premium

○ Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

16a. Report the employee contribution for group universal life insurance (as a percent of total cost.) Note: If under a flex plan, the employee contribution should be the price tag minus the credit. Show if Q16= Employee pays a percentage of cost/premium (Properties: Allow two decimals) (Hidden for all non Survey level reporting) (Report Label: Contribution amount – percentage of cost)

\_\_\_\_\_\_

18. Are employee contributions/premiums for group universal life insurance waived during periods of disability? (Report Label: Employee contributions waived during disability)

○ Yes

○ No

**[New survey page]**

**Dependent life general provisions** *Show if Eligibility Q3 = Dependent Life*

1. Indicate the dependents eligible for dependent life insurance. (Report Label: Dependents covered)

□ Spouse/partner

□ Child(ren)

□ Other (\_\_\_\_\_\_\_\_\_\_\_\_)

2. Indicate the eligibility requirement for dependent life insurance. (Report Label: Eligibility requirement)

□ Enrolled in medical  
□ Upon hiring (on first day of joining the organization)

□ First of month following date of hire

□ After probation/waiting period

□ Other (\_\_\_\_\_\_\_\_\_\_\_\_)

3. Provide the number of months to be eligible for dependent life insurance.*Show this question if the preceding question = After probation/waiting period* (Report Label: Eligibility requirement– number of months)

\_\_\_\_\_

**Spouse/partner coverage details** *Subsection of life insurance plan Show if Dependent Life General Provisions Q1 = Spouse/Partner*

2. Indicate the type of spouse/partner life insurance provided. (Report Label: Type of coverage)

○ Multiple(s) of pay

○ Fixed amount(s)

○ Percent(s) of other life coverage

○ Other

3. Provide the spouse/partner life insurance. Enter the highest multiple of pay available. *Show this question if Q2 = Multiple(s) of pay* (Report Label: Coverage – highest multiple of pay)

\_\_\_\_\_\_\_\_

4. Provide the spouse/partner life insurance. Enter the highest fixed amount of coverage available *Show this question if Q2 = Fixed amount(s)* (Report Label: Coverage – highest fixed amount)

\_\_\_\_\_\_\_\_

5. Provide the spouse/partner life insurance. Enter the highest amount of coverage available. *Show this question if Q2 = Percent(s) of other life coverage* OR Other (Report Label: Coverage – other

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7. Indicate the type of maximum benefit for spouse/partner life insurance. *Show this question if Q2 = Multiple(s) of pay*  (Report Label: Type of maximum benefit)

○ No maximum

○ Fixed maximum amount

○ Other ( \_\_\_\_\_\_\_\_\_\_\_\_)

8. Provide the fixed maximum benefit amount with evidence of insurability for spouse/partner life insurance. *Show this question if Q7 = Fixed maximum amount OR Fixed maximum amount combined with other coverage (*Report Label: Fixed maximum benefit with EOI)

\_\_\_\_\_\_\_\_\_\_\_

9. Indicate with which life coverage(s) the fixed maximum amount for spouse/partner life insurance is combined. *Show this question if Q7 = Fixed maximum amount combined with other coverage (*Report Label: Coverages with which maximum amount is combined)

□ Basic life   
□ Supplemental life

□ Basic AD&D

□ Optional AD&D

11. Is the spouse/partner life insurance plan portable? (Report Label: Plan portability)

○ Yes

○ No

13.1. Does spouse/partner life insurance have a guaranteed issue amount? (Report Label: Guaranteed issue amount exists)

○ Yes

○ No

13.2. Indicate the type of guaranteed issue amount for spouse/partnerlife insurance. *Show this question if Q13.1 = yes* (Report Label: Type of guaranteed issue amount)

○ Multiple of pay   
○ Fixed amount

○ Other

13.3. Provide the guaranteed issue amount for spouse/partner life insurance. *Show this question Q13.1 = yes* (Report Label: Amount for guaranteed issue)

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**Spouse/partner employee contributions** *Subsection of life insurance plan Show if Dependent Life General Provisions Q1 = Spouse/Partner*

15. Does your organization require employees to contribute to the costs/premiums for spouse/partner life insurance? (Report label: Employee contributions required)

○ Yes  
○ No *– if this option is selected, skip remaining questions on Spouse/Partner EE contributions*

16. Indicate the type of employee contribution for spouse/partner life insurance. (Hidden for all non Survey level reporting) (Report label: Cost sharing type)

○ Employee pays entire amount

○ Employee pays a percentage of cost/premium  
○ Employer pays a percentage up to a specific multiple of pay breakpoint then employee pays a percentage over the breakpoint

○ Employer pays a percentage up to a specific fixed amount of coverage breakpoint then employee pays a percentage over the breakpoint

○ Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

17. Report the employee contribution for spouse/partner life insurance as a percentage of percentage of cost/premium Show if Q16= Employee pays a percentage of cost/premium (Report Label: Contribution amount – percentage of cost ) (Hidden for all non Survey level reporting – US only)

\_\_\_\_\_\_%

17b. Indicate the employer contribution for spouse/partner life insurance up to the breakpoint, as a percentage of the cost/premium.*Show this question if Q16 = Employer pays a percentage up to a specific multiple of pay then employee pays a percentage over the breakpoint or Employer pays a percentage up to a specific fixed amount of coverage breakpoint then employee pays a percentage over the breakpoint (*Report Label: Employer cost sharing up to a breakpoint)

\_\_\_\_\_\_%

17c. Indicate the employee contribution for spouse/partner life insurance over the breakpoint, as a percentage of the cost/premium.*Show this question if Q16 = Employer pays a percentage up to a specific multiple of pay then employee pays a percentage over the breakpoint or Employer pays a percentage up to a specific fixed amount of coverage breakpoint then employee pays a percentage over the breakpoint (*Report Label: Employee cost sharing over a breakpoint)

\_\_\_\_\_\_%

17.d Indicate the fixed amount of spouse/partner life insurance coverage breakpoint for which the employer pays a percentage. *Show this question if Q16 = Employer pays a percentage up to a specific fixed amount of coverage then employee pays a percentage over the breakpoint* (Report Label: Cost sharing breakpoint – coverage amount)

\_\_\_\_\_

17.e Indicate the multiple of pay breakpoint for which the employer pays a percentage. *Show this question if Q16 = Employer pays a percentage up to a specific multiple of pay breakpoint then employee pays a percentage over the breakpoint* (Report Label: Cost sharing breakpoint – multiple of pay)

\_\_\_\_\_

18. Are employee contributions/premums for spouse/partner life insurance waived during periods of disability? (Report Label: Premiums waived during disability)

○ Yes

○ No

**[New survey page]**

**Dependent child coverage**  *Subsection of life insurance plan Show if Dependent Life General Provisions Q1 = Child*

12. Indicate the type of child life insurance provided by your organization. (Report Label: Type of coverage)

○ Fixed amount(s)

○ Percentage of other coverage(s)

○ Other

13. Provide the dependent child life insurance. Enter the highest fixed amount of coverage available. *Show this question if Q12 = Fixed amount(s)* (Report Label: Coverage – highest fixed amount)

\_\_\_\_\_\_\_\_\_\_\_

14. Provide the dependent child life insurance. Enter the highest amount of coverage available. *Show this question if Q12 = Percent(s) of other life coverage* OR Other (Report Label: Coverage - other)

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15. Is the dependent child life insurance plan portable? (Report Label: Plan portability)

○ Yes

○ No

**Dependent child employee contributions** *Subsection of life insurance plan*

15. Does your organization require employees to contribute to the costs/premiums for dependent child life insurance? (Report label: Employee contributions required)

○ Yes

○ No *– if this option is selected, skip remaining questions on Dependent child EE contributions*

16. Indicate the type of employee contribution for dependent child life insurance. Show this question if Q12 = yes (Hidden for all non Survey level reporting) (Report label: Cost sharing type)

○ Employee pays full cost

○ Employee pays a percentage of cost/premium  
○ Employer pays a percentage up to a specific multiple of pay breakpoint then employee pays a percentage over the breakpoint

○ Employer pays a percentage up to a specific fixed amount of coverage breakpoint then employee pays a percentage over the breakpoint

○ Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

16a. Report the employee contribution for child life insurance as a percentage of cost/premium. Show this question if Q13= Employee pays a percentage of cost/premium

(Hidden for all non Survey level reporting) (Report Label: Contribution amount – percentage of cost )

\_\_\_\_\_\_%  
  
16b. Indicate the employer contribution for dependent child life insurance up to the breakpoint, as a percentage of the cost/premium.*Show this question if Q16 = Employer pays a percentage up to a specific multiple of pay then employee pays a percentage over the breakpoint or Employer pays a percentage up to a specific fixed amount of coverage breakpoint then employee pays a percentage over the breakpoint (*Report Label: Employer cost sharing up to a breakpoint)

\_\_\_\_\_\_%

16c. Indicate the employee contribution for dependent child life insurance over the breakpoint, as a percentage of the cost/premium.*Show this question if Q16 = Employer pays a percentage up to a specific multiple of pay then employee pays a percentage over the breakpoint or Employer pays a percentage up to a specific fixed amount of coverage breakpoint then employee pays a percentage over the breakpoint* Report Label:Employee cost sharing over a breakpoint)

\_\_\_\_\_\_%

16.d Indicate the fixed amount of dependent child life insurance coverage breakpoint for which the employer pays a percentage. *Show this question if Q16 = Employer pays a percentage up to a specific fixed amount of coverage then employee pays a percentage over the breakpoint* (Report Label: Cost sharing breakpoint – coverage amount)

\_\_\_\_\_

16.e Indicate the multiple of pay breakpoint for which the employer pays a percentage. *Show this question if Q16 = Employer pays a percentage up to a specific multiple of pay breakpoint then employee pays a percentage over the breakpoint* (Report Label: Cost sharing breakpoint – multiple of pay)

\_\_\_\_\_

17. Does your organization offer a premium waiver during periods of disability? *Show this question if Q15 = yes* (Report Label: Premiums waived during disability)

○ Yes

○ No

**New survey page]**

**Dependent group universal life general provisions** *Subsection of life insurance plan Show if Eligibility Q3 = Dependent group universal dependent Llle*

1. Indicate the dependents eligible for dependent group universal life insurance. (Report Label: Dependents covered)

□ Spouse/partner

□ Child(ren)

□ Other (\_\_\_\_\_\_\_\_\_\_\_\_)

2. Indicate the eligibility requirement for dependent group universal life insurance. (Report Label: Eligibility requirement)

□ Enrolled in medical  
□ Upon hiring (on first day of joining the organization)

□ First of month following date of hire

□ After probation/waiting period

□ Other (\_\_\_\_\_\_\_\_\_\_\_\_)

3. Provide the number of months to be eligible for dependent group universal life insurance.*Show this question if the preceding question = After probation/waiting period* (Report Label: Eligibility requirement– number of months)

\_\_\_\_\_

**Group universal life spouse/partner coverage details** *Subsection of life insurance plan Show if Dependent group universal life General Provisions Q1 = Spouse/Partner*

2. Indicate the type of spouse/partner life insurance provided. (Report Label: Type of coverage)

○ Multiple(s) of pay

○ Fixed amount(s)

○ Percent(s) of other life coverage

○ Other

3. Provide the spouse/partner life insurance. Enter the highest multiple of pay available. *Show this question if Q2 = Multiple(s) of pay* (Report Label: Coverage – highest multiple of pay)

\_\_\_\_\_\_\_\_

4. Provide the spouse/partner life insurance. Enter the highest fixed amount of coverage available. *Show this question if Q2 = Fixed amount(s)* (Report Label: Coverage – highest fixed amount)

\_\_\_\_\_\_\_\_

5. Provide the spouse/partner life insurance. Enter the highest amount of coverage available. *Show this question if Q2 = Percent(s) of other life coverage*OR Other (Report Label: Coverage – other

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7. Indicate the type of maximum benefit for spouse/partner life insurance. *Show this question if Q2 = Multiple(s) of pay*  (Report Label: Type of maximum benefit)

○ No maximum

○ Fixed maximum amount

○ Fixed maximum amount combined with other coverage

○ Other ( \_\_\_\_\_\_\_\_\_\_\_\_)

8. Provide the fixed maximum benefit amount with evidence of insurability for spouse/partner life insurance. *Show this question if Q7 = Fixed maximum amount OR Fixed maximum amount combined with other coverage (*Report Label: Fixed maximum benefit with EOI)

\_\_\_\_\_\_\_\_\_\_\_

9. Indicate with which life coverage(s) the fixed maximum amount for spouse/partner life insurance is combined. *Show this question if Q7 = Fixed maximum amount combined with other coverage (*Report Label: Coverages with which maximum amount is combined)

□ Basic life   
□ Supplemental life

□ Basic AD&D

□ Optional AD&D  
□ Group universal life

11. Is the spouse/partner life insurance plan portable? (Report Label: Plan portability)

○ Yes

○ No

13.1. Does spouse/partner life insurance have a guaranteed issue amount? (Report Label: Guaranteed issue amount exists)  
○ Yes

○ No

13.2. Indicate the type of guaranteed issue amount for spouse/partner life insurance. *Show this question if Q13.1 = yes* (Report Label: Type of guaranteed issue amount)

○ Multiple of pay   
○ Fixed amount

○ Other

13.3. Provide the guaranteed issue amount for spouse/partner life insurance. *Show this question Q13.1 = yes* (Report Label: Amount for guaranteed issue)

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**Group universal life spouse/partner employee contributions** *Subsection of life insurance plan Show if Group universal dependent life general provisions Q1 = Spouse/Partner*

15. Does your organization require employees to contribute to the costs/premiums for spouse/partner life insurance? (Report label: Employee contributions required)

○ Yes  
○ No *– if this option is selected, skip remaining questions on Spouse/Partner EE contributions*

16. Indicate the type of employee contribution for spouse/partner life insurance. (Hidden for all non Survey level reporting) (Report label: Cost sharing type)

○ Employee pays entire amount

○ Employee pays a percentage of cost/premium

○ Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

17. Report the employee contribution for spouse/partner life insurance as a percentage of percentage of cost/premium Show if Q16= Employee pays a percentage of cost/premium (Report Label: Contribution amount – percentage of cost ) (Hidden for all non Survey level reporting – US only)

\_\_\_\_\_\_

18. Are employee contributions/premums for spouse/partner life insurance waived during periods of disability? (Report Label: Premiums waived during disability)

○ Yes

○ No

**[New survey page]**

**Group universal life dependent child coverage**  *Subsection of life insurance plan Show if Group universal dependent life general provisions Q1 = Child(ren)*

12. Indicate the type of child life insurance provided by your organization. (Report Label: Type of coverage)

○ Fixed amount(s)

○ Percentage of other coverage(s)

○ Other

13. Provide the dependent child life insurance. Enter the highest fixed amount of coverage available *Show this question if Q12 = Fixed amount(s)* (Report Label: Coverage – highest fixed amount)

\_\_\_\_\_\_\_\_\_\_\_

14. Provide the dependent child life insurance. Enter the highest amount of coverage available. *Show this question if Q12 = Percent(s) of other life coverage* OR Other (Report Label: Coverage - other)

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14a. Is the child life insurance plan portable? (Report Label: Plan portability)

○ Yes

○ No

**Group universal life dependent child employee contributions** *Subsection of life insurance plan Show if Group universal dependent life general provisions Q1 = Child(ren)*

15. Does your organization require employees to contribute to the costs/premiums for dependent child life insurance? (Report label: Employee contributions required)

○ Yes

○ No *– if this option is selected, skip remaining questions on Dependent child EE contributions*

16. Indicate the type of employee contribution for dependent child life insurance. Show this question if Q12 = yes (Hidden for all non Survey level reporting) (Report label: Cost sharing type)

○ Employee pays full cost

○ Employee pays a percentage of cost/premium

○ Other (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

17. Report the employee contribution for child life insurance as a percentage of pay. Show this question if Q13= Employee pays a percentage of cost/premium

(Hidden for all non Survey level reporting) (Report Label: Contribution amount – percentage of cost )

\_\_\_\_\_\_

15.b. Does your organization offer a premium waiver during periods of disability? *Show this question if Q15 = yes* (Report Label: Premiums waived during disability)

○ Yes

○ No

**[New survey page]**

**Retiree life insurance**

**Basic retiree life eligibility** *Subsection of life insurance plan**Show this section if Retiree life is selected (for yet to be determined question at the beginning of risk)*

1. Indicate the types of retiree life coverage offered to new hires. (Report label: Types of retiree life coverage offered)

□ Basic life (employer subsidized coverage) *(skip to end of survey if NOT selected)*

□ Supplemental life

□ Group universal life

□ Dependent life

□ Dependent group universal Life

2. Indicate who is eligible for basic retiree coverage. (Report label: Retirees eligible for basic coverage)

□ Retirees under age 65

□ Retirees age 65 and over

2a. Indicate when basic retiree life insurance coverage ends. *Show if Q2 = Retirees age 65 and over* (Report label: Coverage termination)

○ At a specified age

○ Continued for life

○ Other \_\_\_\_\_\_\_\_

2b. Indicate the age when life insurance coverage for retirees ends. *Show if Q1a = At a specified age* (Report label: Age of coverage termination

\_\_\_\_\_\_\_\_

2c. Indicate the eligibility requirements for basic retiree life insurance. The eligibility selections are intended to be complete requirements and should not be combined with other selections. For example, if the eligibility requirement is age 55 with 10 years of service AND 65 age/service points, select other in order to provide this description *(Single Value - WWRefDataLookupEdit)* (Report label: Eligibility requirements)

□ Age 55 with 5 years of service

□ Age 55 with 10 years of service

□ Age 55 with 15 years of service

□ Age 55 with 20 years of service

□ Age 55 with 75 points

□ Age 55 with 10 years of service and 75 points

□ Age 55 with 15 years of service and 75 points

□ Age 60 with 5 years of service

□ Age 60 with 10 years of service

□ Age 60 with 15 years of service

□ Age 60 with 20 years of service

□ Age 65 with 5 years of service

□ Age 65 with 10 years of service

□ Age 65 with 15 years of service

□ Age 65 with 20 years of service

□ Other

3. Describe the earliestage or combined/age service point requirement. *Show this question if Q2 = Other (Single value – WW Text Edit)* (Report label: Earliest age or combined/age service point requirement – other)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Basic retiree life coverage – retirees under age 65** *Subsection of life insurance plan (Show section if Basic retiree life eligibility section Q1 = Retirees under age 65*

6. Indicate the type of basic retiree life insurance provided for retirees under age 65. (Report label: Type of basic retiree life insurance)

○ Multiple(s) of pay – benefit is constant once retired

○ Fixed amount(s) – benefit is constant once retired

○ Multiple(s) of pay – decreasing level of coverage once retired

○ Fixed amount(s) – decreasing level of coverage once retired

○ Other

7. Describe the basic retiree life coverage for retirees under age 65. *Show this question if Q6 = Multiple(s) of pay – decreasing level of coverage once retired OR Fixed amount(s) – decreasing level of coverage once retired OR Other* (Report label: Coverage description)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. Provide the most representative basic retiree life insurance as a multiple of pay for retirees under age 65.*Show this question if Q6 = Multiple(s) of pay – benefit is constant once retired (Properties: Allow 1 decimal place)* (Report Label: Most representative multiple of pay)

\_\_\_\_\_\_\_\_\_\_\_

10. Provide the most representative basic retiree life insurance fixed amount for retirees under age 65.*Show this question if Q6 = Fixed amount(s) – benefit is constant once retired (Properties: Allow no decimal places)* (Report Label: Most representative fixed amount)

\_\_\_\_\_\_\_\_\_\_\_

11. Indicate the type of minimum benefit for the most representative basic retiree life insurance for retirees under age 65. For benefits that are based on a decreasing level of coverage, this should not reflect the ultimate benefit amount. *Show this question if Q6 = Multiple(s) of pay – benefit is constant once retired, Multiple(s) of pay – decreasing level of coverage once retired OR multiple of pay plus fixed amount OR Q8= multiple of pay* (Report label: Type of minimum benefit)

* No minimum
* Fixed amount
* Other \_\_\_\_\_\_\_\_\_\_\_\_

12. Provide the most representative basic retiree life insurance minimum benefit amount for retirees under age 65: *Show this question if Q11 = Fixed amount* (Report Label: Minimum benefit amount)

\_\_\_\_\_\_\_\_\_\_\_\_

13. Indicate the type of maximum benefit for the most representative basic retiree life insurance for retirees under age 65. *Show this question if Q6 = multiple(s) of pay OR multiple of pay plus fixed amount OR Q8= multiple of pay* (Report Label: Type of maximum benefit)

* No maximum
* Fixed maximum amount
* Fixed maximum amount combined with coverage
* Other \_\_\_\_\_\_\_\_\_\_\_\_

14 a. Provide the most representative basic life insurance fixed maximum benefit amount with evidence of insurability for retirees under age 65. *Show this question if Q13 = Fixed maximum amount OR Fixed maximum amount combined with other coverage* (Report Label: Fixed maximum benefit with EOI)

\_\_\_\_\_\_\_\_\_\_\_\_

**Basic retiree life coverage – retirees age 65 and over** *Subsection of life insurance plan (Show if Basic retiree life eligibility section Q1 = Retirees age 65 and over*

6. Indicate the type of basic retiree life insurance provided for retirees age 65 and over. (Report label: Type of basic retiree life insurance)

○ Multiple(s) of pay) – benefit is constant once retired

○ Fixed amount(s) – benefit is constant once retired

○ Multiple(s) of pay) – decreasing level of coverage once retired

○ Fixed amount(s) – decreasing level of coverage once retired

○ Other

7. Describe the basic retiree life coverage for retirees age 65 and over. *Show this question if Q6 = Multiple(s) of pay – decreasing level of coverage once retired or Fixed amount(s) – decreasing level of coverage once retired or Other* (Report label: Coverage description)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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9. Provide the most representative basic retiree life insurance as a multiple of pay for retirees age 65 and over.*Show this question if Q6 = Multiple(s) of pay – benefit is constant once retired OR (Properties: Allow 1 decimal place)* (Report Label: Most representative multiple of pay)

\_\_\_\_\_\_\_\_\_\_\_

10. Provide the most representative basic retiree life insurance fixed amount for retirees age 65 and over.*Show this question if Q6 = Fixed amount(s) – benefit is constant once retired (Properties: Allow no decimal places)* (Report Label: Most representative fixed amount)

\_\_\_\_\_\_\_\_\_\_\_

11. Indicate the type of minimum benefit for the most representative basic retiree life insurance for retirees age 65 and over. For benefits that are based on a decreasing level of coverage, this should not reflect the ultimate benefit amount. *Show this question if Q6 = Multiple(s) of pay – benefit is constant once retired, Multiple(s) of pay – decreasing level of coverage once retired OR multiple of pay plus fixed amount OR Q8= multiple of pay* (Report label: Type of minimum benefit)

* No minimum
* Fixed amount
* Other (\_\_\_\_\_\_\_\_\_\_\_\_)

12. Provide the most representative basic retiree life insurance minimum benefit amount for retirees age 65 and over: \_\_\_\_\_\_\_\_\_\_\_\_ *Show this question if Q11 = Fixed amount* (Report Label: Minimum benefit amount)

13. Indicate the type of maximum benefit for the most representative basic retiree life insurance for retirees age 65 and over. *Show this question if Q6 = multiple(s) of pay OR multiple of pay plus fixed amount OR Q8= multiple of pay* (Report Label: Type of maximum benefit)

* No maximum
* Fixed maximum amount
* Fixed maximum amount combined with coverage
* Other (\_\_\_\_\_\_\_\_\_\_\_\_)

14 a. Provide the most representative basic life insurance fixed maximum benefit amount with evidence of insurability for retirees age 65 and over. *Show this question if Q11 = Fixed maximum dollar amount OR Fixed maximum amount combined with other coverage* (Report Label: Fixed maximum benefit with EOI)

\_\_\_\_\_\_\_\_\_\_\_\_

**Basic retiree life contributions** *Subsection of life insurance plan*

14. Does your organization require retirees to contribute to the costs/premiums for basic retiree life insurance? Report label: Retiree contributions required)

○ Yes

○ No

15. Indicate the type of retiree contribution for basic retiree life insurance. Show this question if Q14 = yes; filter rows on Basic retiree life eligibility Q2 response option selected (Hide for all non Survey level reporting (Report label: Cost sharing type)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Type of contribution | | | |
|  | Retiree pays a percentage of cost/premium | Retiree pays a percentage of cost/premium based on years of service/participation | Retiree pays a percentage of cost/premium based on age | Other |
| **Retirees under age 65** | ○ | ○ | ○ | ○ |
| **Retirees age 65 and over** | ○ | ○ | ○ | ○ |

16. Report the retiree contribution for basic retiree life insurance as a percentage of cost/premium. *(Report Label: Cost sharing amount ) (Hidden for all non Survey level reporting)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_