

Policies. Procedures. HR Solutions.

Your Human Resources Partner

Our agency is dedicated to helping you create and maintain a positive work environment by offering solutions for your organization's Human Resources challenges.

Our Tools for Your Success

We have the resources and tools to help you manage all your HR responsibilities with ease.

Legislative Briefs

Our legislative materials can help you stay in compliance with COBRA, FMLA, Health Care Reform, ADA and more.

Employee Handbook

No need to worry about communicating company policies and procedures to employees; we have an employee handbook and individual employment policies to get you started.

HR Education and Forms

Easy-to-read articles can help you understand complex and sensitive HR issues, such as sexual harassment, substance abuse and recruiting practices. Plus, our HR forms will streamline your day-to-day HR duties.

Benefits Management

Manage employee benefits more efficiently with our supporting materials, including a monthly newsletter, forms, surveys and articles.

Employee Communication

Employee posters, payroll stuffers, e-mails and educational articles help you keep your employees educated and up to date on important benefits issues.



Creating and maintaining accurate employee personnel files is valuable to your business. These files contain important documents about each employee in one easily accessible place for use when making promotion and leave decisions, filing tax returns and when complying with government audits. It is wise to periodically review the contents of each of your employee's personnel files to ensure that the documents are accurate, timely and complete.

Use the chart below to determine if your personnel files are complete.

EMPLOYMENT DOCUMENTS	YES	NO	N/A
Request for an application or resume and cover letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Original employment application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescreening interview notes/College recruiting interview notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment interview notes and form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Background verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment offer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional email	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee handbook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans/Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relocation offers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Federal Family and Medical Leave

As an eligible employee of [c, officialname], you are allowed to take unpaid Family and/or Medical Leave under federal law, the Family and Medical Leave Act (FMLA).

Eligibility

To be eligible for leave, you must be employed by the Company for at least 12 months. In addition, in the 12 months immediately preceding the beginning of the leave, you must have worked at least 1,250 hours to qualify for federal FMLA. In addition, you must work in an office or work site where 50 or more employees are employed within 75 miles of that office or work site.

Amount of Leave Available

As stated above, eligible employees are generally eligible for up to a total of 12 weeks of protected leave within a rolling twelve-month period, measured backward from the date an employee uses any Federal leave for any combination of reasons listed below, except for noncomember family leave. Where leave is taken to care for a covered noncomember who is undergoing medical treatment, recuperation, or therapy, it otherwise is outpatient status or

Legislative Brief

EEOC Moves to Protect Retiree Health Benefits

The U.S. Equal Employment Opportunity Commission (EEOC) published in late December 2009 a new regulation that provides retiree benefits to continue the longstanding practice of benefits with Medicare or comparable state health benefits) without violating the Age Discrimination in Employment Act (ADEA).

By this action, the EEOC seeks to preserve and protect employer-provided retiree health benefits, which are available and less generous. Millions of retirees rely on their former employer's health benefits, and this rule will help employers continue to voluntarily provide and maintain important benefits in accordance with the law.

The EEOC proposed the rule in response to a controversial decision in 2008 by the U.S. Circuit Court of Appeals in *Erie County Retirees Association v. County of Erie*. The court held that the health insurance benefits received by younger retirees for the same, or the same, as the health insurance benefits received by Medicare-eligible retirees. After the *Erie C* decision and employee allies informed the EEOC that complying with the decision would reduce or eliminate the retiree health benefits they currently provided - leaving millions and over with less health insurance, or no health insurance at all.

The Commission's rule has the support of key members of Congress, as well as the employer community, including such major organizations as the Society for Human Resource Management, the American Federation of Teachers, the National Education Association, the AARP and other influential groups.

Employers who provide retiree health benefits generally "coordinate" these benefits with supplementing the government healthcare or by offering retirees a "bridge" benefits to use after employees retire until they become Medicare-eligible. Until the 2008 interpretation, that the ADEA permitted firms to coordinate any retiree health benefits they provided and having to ensure that the benefits received by Medicare-eligible retirees were the same as younger retirees.

To correct the problem, the new regulation provides an exemption for ADEA coverage for longstanding employer practice. The Commission voted to approve this regulation on April 2009 and the EEOC in early 2005 to prevent its publication. After several years of litigation emerged, the Third Circuit Court of Appeals found that the rule was "a reasonable exercise of EEOC's authority." The U.S. Supreme Court has refused to hear the matter. The EEOC had the authority to issue the rule.

Source: Equal Employment Opportunity Commission - www.eeoc.gov

EMPLOYEE HANDBOOK

An Equal Opportunity Employer

A Manual of Employee Benefits and Personnel Policies

Legal Disclaimer: The users of this Home Employee Handbook.

The materials presented herein are for general reference only. Federal, state or local laws or individual circumstances may require the adoption of specific provisions or additional provisions under the same discipline to meet specific situations. Being government employees, the handbook is intended to be used only as guidelines and should not be used, modified or construed without the advice of competent legal counsel. These materials are prepared, therefore, with the understanding that we are not engaged in rendering legal, accounting, or other professional services. If legal advice or other expert assistance is required, the services of a competent professional should be sought.

Stay Virtually Connected

We deliver documents on command, all from the convenience of your unique Web-based client portal. These tools allow you to access and share valuable resources, including handling personnel issues, employee policies and legal compliance assistance.



ALAN BENOY
INSURANCE SERVICES
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Interviews – What's Illegal to Ask?

Benefits and insurance issues important to you - brought to you by the insurance specialists.



Federal and state laws require that questions on the job application, during the interview and during the testing process be job-related. Employers should not ask about race, gender, religion, marital status, disabilities, ethnic background, country of origin or age. Illegal interview questions are those that single an individual out for reasons that are contrary to equal employment opportunity and anti-discrimination laws. It is important to be aware of the laws to avoid legal penalties and potential lawsuits.

Technically it is not illegal to ask these questions in a certain manner, but if a question has discriminatory implications and employment is denied based on the applicant's answer, the employer may have broken the law. The following are examples of illegal or inadvisable questions and legal or acceptable alternatives.

1. Subject: Relatives/Marital Status

Illegal: *What is your marital status? What is the name of your relative/spouse/children? With whom do you reside? Do you live with your parents? How old are your children? Do you plan to have a family? How many kids do you have? What are your child care arrangements?*

Legal: *What are the names of relatives already employed by the company or a competitor? Are you willing to relocate if necessary? Are you willing to travel as needed by the job? (Must be asked of all applicants) Are you willing and able to work overtime as necessary? (Must be asked of all applicants)*

2. Subject: Residence

Illegal: *With whom do you reside? Do you rent or own? Do you live in town?*

Legal: *Inquiries about address to the extent needed to facilitate contacting the applicant. Will you have problems getting to work by 9 a.m.?*

3. Subject: Pregnancy

Illegal: *Questions relating to pregnancy and medical history concerning pregnancy. Do you plan on having more children?*

Legal: *Inquiries to duration of stay on a job or anticipated absences which are made to males and females alike. Do you foresee any long-term absences in the future?*

4. Subject: Physical Health

Illegal: *Overall general questions which would tend to divulge handicaps or health conditions that do not relate reasonably to fitness to perform the job. Do you have any handicaps or disabilities? What caused your handicap? What is the prognosis of your handicap? Have you ever had any serious illness? Please complete the following medical history. Have you had any recent or past illnesses or operations? What was the date of your last physical exam? How is your family's health? Have you ever been treated for a*

mental condition? Are you taking prescribed drugs? Have you ever been treated for drug or alcohol addiction? Have you ever filed a workers' compensation claim?

Legal: *Can you lift 40 pounds? Do you need any special accommodations to perform the job you've applied for? How many days did you miss from work (or school) in the past year? The questions have to relate to the job. Are you able to perform the essential functions of this job with or without reasonable accommodations?*

5. Subject: Family

Illegal: Questions concerning spouse, or spouse's employment, salary, child care, arrangements or dependents. *How will your husband feel about the amount of time you will be traveling if you get this job? What kind of child care arrangements have you made?*

Legal: You may ask whether an applicant can meet specified work schedules or has activities or commitments that may prevent him or her from meeting attendance requirements. *Is there any reason why you can't be on the job at 7:30 a.m.? This job requires that you work overtime on occasion – would you be able and willing to work overtime as necessary?*

6. Subject: Name

Illegal: Any inquiries about an individual's name which would divulge marital status, lineage, ancestry, national origin or descent. *If your name has been legally changed, what was your former name?*

Legal: It's legal to inquire whether an applicant has worked for the company or a competitor under any other name and to ask what name it was. Also acceptable: *By what name do your references know you? Have you ever been convicted of a crime under another name?*

7. Subject: Sex

Illegal: Any inquiry that relates to sex. *Do you wish to be addressed as Mr., Mrs., Miss or Ms.? Do you have the capacity to reproduce? What are your plans to have children in the future?*

Legal: None

8. Subject: Photographs

Illegal: Requests that an applicant submit a photo at any time prior to hiring.

Legal: Photos may be requested after hiring for identification purposes.

9. Subject: Age

Illegal: Any question that tends to identify applicants age 40 or older. *How old are you? When did you graduate from college? What is your birthday?* Requests for birth certificate or record are illegal before employment.

Legal: *Are you 18 years of age? If hired, can you furnish proof of age?*

10. Subject: Education

Illegal: Any question asking specifically the nationality, racial or religious affiliation of a school.

Legal: All questions related to academic, vocational or professional education of an applicant, including the names of the schools attended, degrees/diplomas received, dates of graduation and courses of study. *What is the highest level of education you have completed?*

11. Subject: Citizenship

Illegal: Asking whether an applicant is a citizen or requiring a birth certificate, naturalization or baptismal certificate. Any inquiry into citizenship that would tend to divulge an applicant's lineage, descent, etc. *Are you a citizen of the U.S.? Are your parents or spouse citizens of the U.S.? On what dates did you, your parents and/or your spouse acquire U.S. citizenship? Are you, your parents or your spouse naturalized or native-born U.S. citizens? What is your native tongue?*

Legal: Questioning whether applicant is prevented from lawfully being employed in this country because of visa or immigration requirements is illegal. It is legal to ask an applicant to provide proof of citizenship (passport), visa and alien registration number after hiring. *If you are not a U.S. citizen, do you have the legal right to remain permanently in the U.S.? What is your visa status (if no to the previous question)? Are you able to provide proof of employment eligibility upon hire? Are you authorized to work in the U.S.? What languages do you read, speak or write fluently? (Ability must be relevant to performance of the job).*

12. Subject: National Origin/Ancestry

Illegal: *What is your nationality? How did you acquire the ability to speak, read or write a foreign language? How did you acquire familiarity with a foreign country? What language is spoken in your home? What is your mother tongue?*

Legal: *What languages do you speak, read or write fluently?* This is only legal when the inquiry is based on a job requirement.

13. Subject: Race or Color

Illegal: Any question that directly or indirectly relates to a race or color. *What is your race? What is your complexion?*

Legal: None

14. Subject: Religion

Illegal: Any question that directly or indirectly relates to a religion. *What religious holidays do you observe? What is your religious affiliation?*

Legal: *Can you work on Saturdays?* (Only if it is relevant to the job.)

15. Subject: Organizations

Illegal: *To what organizations, clubs, societies and lodges do you belong?*

Legal: *To what professional organizations do you belong which you consider relevant to your ability to perform this work?* (Exclude those names that indicate the race, religious

creed, color, national origin or ancestry of its members. These inquiries must only relate to the applicant's professional qualifications.)

16. Subject: Military

Illegal: The type or condition of military discharge or an applicant's experience in anything other than the U.S. Armed Forces. A request for discharge papers is illegal. *Were you honorably discharged? In what branch of the Armed Forces did you serve?*

Legal: Inquiries concerning education, training or work experience in the Armed Forces of the United States. *What type of training or education did you receive in the military?*

17. Subject: Height & Weight

Illegal: Any inquiries not based on actual job requirements. *How tall are you? How much do you weigh? What color are your eyes and hair?*

Legal: Inquiries about the ability to perform a certain job. Being of a certain weight or height will not be considered a job requirement unless the employer can show that no employee with the ineligible height and weight could do the work. *Are you able to lift a 50-pound weight, an essential function of the job?*

18. Subject: Arrests & Convictions

Illegal: All inquiries relating to arrests. *Have you ever been arrested?* (Arrests are not the same as convictions. An innocent person can be arrested.)

Legal: Legal inquiries about convictions. *Have you ever been convicted of any crime? If so, when, where and what was the disposition of the case? Have you ever been convicted under criminal law within the past five years (excluding minor traffic violations)?* It is permissible to inquire about convictions for acts of dishonesty or breach of trust. These relate to fitness to perform the particular job being applied for.

This article is not intended to be exhaustive nor should any discussion or opinions be construed as legal advice. Readers should contact legal counsel for legal advice. © Zywave, Inc. 2007-2011. All rights reserved.

Application for Employment

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Name _____
Last First M.I.

Street Address _____

City _____ State, Zip _____

Telephone _____ Social Security # _____

Type of work for which you wish to be considered _____

What source led you to make application with us? _____

Employment History

Please list your complete employment history. List present or most recent employer first. Use an additional page, if necessary.

Employer	Employed (mo./yr.)	Type of work performed	Present or last salary	Reason for leaving
	From: To:			

Address/City

Name of Supervisor

Employer	Employed (mo./yr.)	Type of work performed	Present or last salary	Reason for leaving
	From: To:			

Address/City

Name of Supervisor

Employer	Employed (mo./yr.)	Type of work performed	Present or last salary	Reason for leaving
	From: To:			

Address/City

Name of Supervisor

Education

Schools	Name/Location	Circle Last Yr. Completed	Major Courses	Diploma/Degree
High School		7 8 9 10 11 12		
College		1 2 3 4 more		
Business or Trade		Months Attended		

If you served in the United States Armed Forces, briefly describe the skills you acquired: _____

Personal Information

Are you legally authorized to work in the U.S.? Yes No

Note: you will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.

Are you at least 18 years of age? Yes No

Have you ever been convicted of a crime or are there any pending charges against you?

A conviction does not automatically bar you from employment)

Yes No If yes, include details _____

If you are an experience operator of any office machines or equipment, please list:

Typing speed _____ wpm

Short hand _____ wpm

Do you have any other skills you wish to mention? _____

Are you presently employed? Yes No If so, may we contact your present employer? Yes No

If hired, when would you be available? _____

What are your salary requirements? _____

References

Name _____

Occupation _____

Address _____

City, State, Zip _____

Telephone Number _____

**For additional references, please attach a separate sheet.*

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature _____ Date _____

New Employee Checklist

Employee Name	Position	Hire/Start Date
Department	Supervisor	ID# Assigned

Prior to start date: EMPLOYER CHECKLIST

- Create/provide employee with orientation schedule
- New employee announcement to staff
- Position description
- Test results (if applicable)
- _____
- _____
- _____
- _____

On/After start date: EMPLOYEE CHECKLIST

Orientation Forms

- Resume/Application
- New Hire/Change Form
- Employee Handbook Acknowledgement
- Non-Compete/Confidentiality Agreement
- I-9 Form
- W-4 Form
- Internet and Computer Usage Policy
- _____
- _____
- _____

Benefits Overview

- Life Insurance
- Health Insurance
- Dental Insurance
- AD&D
- Eye Care Plan
- Cafeteria Plan
- Long Term Care
- Long Term Disability
- Short Term Disability
- Automatic/Direct Deposit
- _____
- _____
- _____

General Information

- Parking
- Keys
- Name Plate
- Business Cards
- Phone/E-mail setup
- _____
- _____
- _____
- _____
- _____

Employee Signature

Date

Manager/Supervisor Signature

Date

FMLA Fraud

Benefits and insurance issues important to you
- brought to you by the insurance specialists at
Alan Benoy Insurance Services.



Every year the Family and Medical Leave Act (FMLA) helps employees across the nation manage serious health issues and care for ill family members. With this comes a major frustration for employers – the suspected abuse or direct appearance of an employee using this leave inappropriately under FMLA. In fact, suspected employee abuse is the number one FMLA-related concern for employers – with more than 60 percent believing they have granted unfounded leave to employees in the past.

Though many have encountered possible FMLA fraud, employers tend to be wary when confronting suspected abuse – and for justified reasons. According to the Equal Employment Opportunity Commission (EEOC), employees who successfully sue for wrongful termination based on an FMLA absence receive on average \$87,500 to \$450,000 in damages. Abusing the federally protected right to job leave is an issue that many employers are faced with, but there are ways to detect possible FMLA abuse in the workplace as well as steps to take to curb or even prevent fraud.

Signs Indicating Possible Abuse

- Frequent leave requests immediately preceding or following a weekend
- FMLA leave requests after denial of vacation on the same or similar days
- Very sudden or abrupt leave requests
- Increase in the number of leave requests
- Complaints from other employees that an individual is abusing leave
- Sightings of an employee on leave engaged in strenuous activities, or activities indicating the employee is capable of performing his/her job
- Repeated injuries/re-injuries shortly after returning from leave

Tips to Prevent and Head Off Abuse

- Require employees to use all paid leave before taking unpaid FMLA. Employees are less likely to abuse FMLA if they have to use up vacation time before doing so.
- Obtain medical certification directly from the doctor. The Seventh Circuit Court has held that an employer does not interfere with FMLA rights by requiring that the completed certification form be faxed or mailed directly by the doctor.
- Require medical certifications within 15 days of taking leave. Employers that are specific about the documentation needed to take FMLA leave as well as the penalties for not complying have a much easier time taking action if the employee fails to do so.
- Have employees provide notice for expected FMLA leave. Requiring advance notice gives the employer the time to plan around future absences, minimizing abuse.
- Establish attendance and call-in policies for all leave. Consistent enforcement of leave policies, including FMLA, can be designed to prevent fraud.

- Utilize private investigators if necessary. Courts have been reluctant to rule against an employer for terminating an employee when he/she is caught directly engaging in fraud.
- Obtain "fitness for duty" certifications for employees when they return from FMLA leave. However, this cannot be required of an employee if returning from intermittent FMLA leave.
- Establish a policy prohibiting an employee from working a second job while on FMLA leave. Note that the Sixth Circuit Court in 2003 ruled that there may be instances when an employee can lawfully take FMLA leave from an employer and still work a second job, and some state FMLA laws may also allow this practice.

Ways to Obtain Additional Medical Information if Fraud is Suspected

- Employers can directly contact employees' health care providers without the employees' permission to make certain that the health care provider is the person who actually signed the certification form.
- Clarifications regarding certification forms can be acquired from the health care provider, but only within the confines of the privacy rules of the Health Insurance Portability and Accountability Act.
- An employer may request the opinion of a second or third health care provider designated or approved by the employer, but not employed regularly by them. This will be at the employer's own expense.
- An employer is not required to obtain additional opinions and may deny the FMLA leave without a second or third opinion when the employer has credible reason to doubt the validity of the certification.
- An employer may request a recertification of the medical condition associated with the employee's absence every six months. If the employer has reason to doubt the employee's stated reason for leave, it may request recertification in 30 days or even less.

In order to minimize FMLA fraud in the workplace, measures can be taken by the employer without violating an employee's FMLA rights. By detecting possible signs of abuse, using tips to prevent abuse and obtaining additional medical information when fraud is suspected, you take effective steps as an employer toward eliminating FMLA abuse at your workplace.

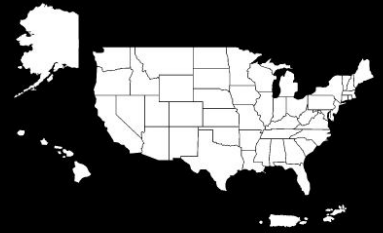
The Department of Labor (DOL) maintains several Web sites dedicated to providing information regarding the FMLA. General FMLA information can be found at www.dol.gov/whd/fmla/index.htm.

The DOL Web site dedicated to the discussion of the updated regulations and sample forms can be found at www.dol.gov/whd/fmla/finalrule.htm.

Please contact Alan Benoy Insurance Services at 559-734-4288 with any questions.

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Workplace Posters Required by the Federal Government



Job Safety and Health Protection Poster

The U.S. Occupational Safety and Health Administration (OSHA) requires all private employers to hang this poster in the workplace to inform workers of their rights under the OSH Act. If your main headquarters are in a state operating its own OSHA-approved plan, you should acquire and hang the state's version of this poster instead. Employers who fail to post the Job Safety and Health Protection notice may be cited and penalized by OSHA.

"Job Safety and Health Protection"
[\(English\)](#) ■ [\(Spanish\)](#)

Required for: All private employers engaged in business affecting commerce

Equal Employment Opportunity Poster

The U.S. Equal Employment Opportunity Commission (EEOC) asks certain employers to place this poster in a "conspicuous place" in the workplace that makes it available to employees, applicants and any labor organizations. The EEOC has the authority to take action against any employer who does not follow this regulation. This notice explains federal laws on discrimination to the readers. The latest version of this poster, which is available here, is updated with required information on the new Genetic Information Nondiscrimination Act (GINA), which went into effect in late 2009.

"Equal Employment Opportunity is the Law"
[\(English\)](#) ■ [\(Spanish\)](#) ■ [\(Chinese\)](#)

Required for: All private employers and select public employers

Fair Labor Standards Poster

This posting contains information on the Fair Labor Standards Act (FLSA), which explains federal standards for minimum wage, overtime, child labor, tipped employees and other hour division information. If all of your employees are exempt from the overtime provisions outlined on this poster, the DOL permits you to legibly and appropriately modify the notice as necessary.

"FLSA Minimum Wage Poster"
[\(English\)](#) ■ [\(Spanish\)](#) ■ [\(Chinese\)](#) ■ [\(Russian\)](#) ■ [\(Thai\)](#) ■ [\(Hmong\)](#) ■ [\(Vietnamese\)](#) ■ [\(Korean\)](#) ■ [\(State/Local Government Employees\)](#) ■ [\(Agricultural Employees\)](#) ■ [\(North Mariana Islands Employees\)](#)

Required for: All employers

Workers with Disabilities Poster

You are required to provide information on employee rights for workers with disabilities that receive a special minimum wage under FLSA. This poster outlines employment standards, wage information and administrative details. However, should you find it inappropriate to post this information publicly, you may give the poster as a handout to affected employees individually. This distribution method is at your discretion.

"Employee Rights for Workers with Disabilities/Special Minimum Wage Poster"
[\(English\)](#) ■ [\(Spanish\)](#)

Required for: All employers with workers under special minimum wage certificates

Family and Medical Leave Poster

Outlining employee rights under the Family and Medical Leave Act (FMLA) for those employers that qualify, this must be posted prominently where employees and applicants can clearly see it. If your workforce's primary language is not English, the DOL also requires you to post it in a secondary language. According to the DOL, deliberate refusal or failure to post will result in a \$100 fine for each offense.

"Your Rights Under the Family and Medical Leave Act"
[\(English\)](#) ■ [\(Spanish\)](#)

Required for: Public agencies, all elementary and secondary schools, and private employers with 50 or more employees

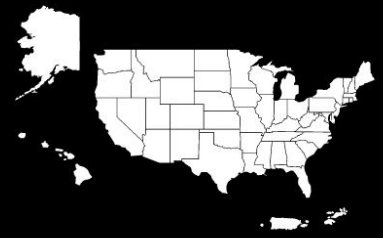
Uniformed Services Employment Poster

The department of Veterans' Employment and Training Service requires you to post information on the Uniformed Services Employment and Reemployment Rights Act (USERRA). Like the poster on rights for workers with disabilities under FLSA, you may distribute the contents of this poster individually to employees who qualify if you feel it is more appropriate. Failure to provide this information to qualified employees may prompt a compliance investigation by the DOL.

"Uniformed Services Employment and Reemployment Rights Act"
[\(English\)](#)

Required for: All employers with employees entitled to rights under USERRA

Workplace Posters Required by the Federal Government



Federal Construction Project Poster

If you are required to post the notice to employees working on federal or federally financed construction projects, it must be available on the site of work in a “prominent and accessible place.” Also known as the Davis-Bacon Act, this poster makes construction employees aware of minimum pay rates on federal projects.

“Notice to All Employees Working on Federal or Federally Financed Construction Projects”
([English](#)) ■ ([Spanish](#))

Required for: All contractors/subcontractors working with contracts of \$2,000 or more on a federally funded, public project

Government Contracts Poster

This poster outlines safety, health, labor and wage laws for employees working under government contract. Before you post this notice, you will need to specify whether you are performing government contract work subject to the Service Contract Act (SCA) or the Public Contracts Act (PCA). There is room on the form to make this distinction.

“Employee Rights on Government Contracts”
([English](#)) ■ ([Spanish](#))

Required for: All contractors/subcontractors engaged in contract of more than \$2,500 with the U.S. or District of Columbia government to furnish services in the U.S. through the use of service employees

Polygraph Protection Poster

The Employment Standards Administration, part of the Wage and Hour Division of the DOL, explicitly emphasizes that employers must hang this poster in a readily observable location because the Polygraph Protection Act applies to both employees and prospective employees regardless of their U.S. citizenship status. The DOL has the authority to bring court action and assess civil penalties for employers failing to post this notice in the proper manor. Foreign corporations operating in the United States are also required to comply.

“Notice: Employee Polygraph Protection Act”
([English](#)) ■ ([Spanish](#))

Required for: Employers engaged in or affecting commerce or the production of goods for commerce – except federal, state and local governments or circumstances covered by the national defense and security exemption

Migrant and Seasonal Worker Poster

Employers covered by the Migrant and Seasonal Agricultural Worker Protection Act, outlined in this notice, must display this poster in a visible location. Employers who provide housing to migrant workers covered by this act must also display information on the terms and conditions of the housing occupancy for the entire length of the workers’ stay. The DOL has the authority to assess civil penalties for failure to comply with this posting requirement.

“Notice: Migrant and Seasonal Agricultural Worker Protection Act”
([English/Spanish](#)) ■ ([English/Kreyol](#)) ■ ([English/Hmong](#))

Required for: Agricultural employers, associations and contractors

Temporary Agricultural Worker Poster

The U.S. Department of Labor sets specific standards for temporary, non-immigrant agricultural workers (H-2A workers) under the Immigration and Nationality Act (INA). The INA outlines special provisions on required transportation, housing, wages, insurance benefits and more. Beginning in March 2010, employers subject to the INA must display this poster where employees can readily see it.

“Employee Rights Under the H-2A Program”
([English](#)) ■ ([Spanish](#))

Required for: Those employing temporary agricultural worker

Federal Contractor – Employee Rights Poster

Effective June 21, 2010, federal contractors and subcontractors must notify employees of their rights under the National Labor Relations Act with this poster. It must be displayed conspicuously in and around plants and/or offices, and where other employee notices are typically posted.

“Notification of Employee Rights Under Federal Labor Laws”
([English – 8.5” x 11”](#)) ■ ([English – 11” x 17”](#)) ■ ([Spanish – 8.5” x 11”](#)) ■ ([Spanish – 11” x 17”](#))

Required for: Federal contractors and subcontractors

Please note that this document covers only the federal poster requirements. Each individual state government requires anywhere between 2 and 14 additional notices to be posted by the employer in the workplace. For more information on your state’s poster requirements, visit its Department of Labor website.

Employer Information Report (EEO-1)

Benefits and insurance issues important to you - brought to you by the insurance specialists at Alan Benoy Insurance Services.



The **Employer Information Report EEO-1**, otherwise known as the EEO-1 Report, is required to be filed with the U.S. Equal Employment Opportunity Commission's EEO-1 Joint Reporting Committee. The filing deadline for the 2010 EEO-1 Survey is **September 30, 2010**. Notification letters are mailed to employers beginning in July 2010.

The **preferred method** for completing the 2010 EEO-1 reports is the web-based filing system. Online filing requires you to log in to your company's database with a Login ID and Password. All companies should receive 2010 EEO-1 filing materials by mail no later than mid-August 2010. If you cannot locate your Login ID and/or Password, contact the EEO-1 Joint Reporting Committee at e1.techassistance@eeoc.gov.

No Installation: The online form is totally web-based. There is no software to download or install.

Data Reuse: As much as possible, information is pre-filled from the previous year to speed up data entry.

Secure: Data is transferred over the Internet using encryption, assuring your privacy.

Historical Access: Access up to 10 years worth of EEO-1 data for your establishments.

FREQUENTLY ASKED EEO-1 FILING QUESTIONS:

What is the EEO-1 Report?

The EEO-1 Report – formally known as the "Employer Information Report" – is a government form requiring many employers to provide a count of their employees by job category and then by ethnicity, race and gender. The EEO-1 report is submitted to both the EEOC and the Department of Labor, Office of Federal Contract Compliance Programs (OFCCP).

Who is required to file the EEO-1 report?

- (1) All employers with 100 or more employees
- (2) All federal government contractors and first-tier subcontractors with 50 or more employees **and** a contract amounting to \$50,000 or more

When must the EEO-1 report be filed?

The EEO-1 report must be filed annually with the EEOC by September 30. It must use employment numbers from any pay period in July through September of that year.

How can I confirm my company's Login ID and Password?

If you cannot locate the Login ID and Password, please contact the EEO-1 Joint Reporting Committee at 1-866-286-6440 (Toll Free), 202-663-7185 (Fax), or e-mail: e1.techassistance@eoc.gov.

Where should I send copies of the completed EEO-1 report?

If you file online, there is no need to send anything to us. If you use paper forms (by request only), mail the signed, original report to the EEO-1 Joint Reporting Committee. Retain a copy of the EEO-1 report for your files.

What is a company's EEO-1 identification number?

The number printed on the 'Company Name and Address' sheet or the EEO-1 form as CO=XXXXXXX is the unique identification number assigned to your company. The number indicated in a company's database located in the ***EEO-1 Online Filing System*** or printed on an EEO-1 form as U=XXXXXXX is the unique identification number for a company establishment. The Unit Number never changes for an establishment. Company Number and Unit Number are used together to identify an establishment within a company.

My company merged with another entity. How should I complete the EEO-1 report?

Please contact the EEO-1 Joint Reporting Committee and provide the name and address of the new parent company.

Does the EEO-1 report require data about job applicants?

No. The EEO-1 report only requires data by race/ethnicity, gender and job categories of employees.

For the paper EEO-1 form and EEO-1 data file, what general quick check can be made for accuracy of reported employment?

Single-establishment companies - The sum on Line 10, Column A, Section D - Employment Data, **must** equal the sum of Line 10 for Columns B-K.

Multi-establishment companies - The total sums indicated on the Headquarters Report, Establishment Report(s), and/or Establishment List (locations employing fewer than 50 employees) **must** equal the employment sums indicated on the Consolidated Report or EEOC Form 352B.

Are first-level supervisors, (i.e. supervisors of typing pools, maintenance crews, etc.), classified as "Officials and Managers"?

No. First level supervisors who regularly join employees under their supervision to do the work themselves, must be classified along with those employees they supervise. For help with assigning employees in the correct job categories, visit www.eoc.gov/employers/eo1survey/jobclassguide.cfm

How can I obtain EEOC-approved specifications for EEO-1 alternate reporting format, i.e., data file, a sample copy of the EEO-1 form, instructions, and the "EEO-1 Job Classification Guide"?

You may print each of the above named documents from the following website: www.eoc.gov/employers/eo1survey/index.cfm.

May I use employment data from any payroll period during the current survey year?

No. Employment data must be used from one (1) payroll period during the third quarter (July, August or September) of the current survey year.

How do employers file EEO-1 reports?

We strongly recommend that EEO-1 reports be submitted through the EEO-1 Online Filing System or as an electronically transmitted data file. Paper EEO-1 forms will be generated on request only, and only in extreme cases where Internet access is not available to the employer. Instructions on how to file are available on the EEOC's website at www.eeoc.gov/employers/eeo1survey/howtofile.cfm.

Is EEO-1 data confidential?

Yes. The Commission is required by law to keep individual employer EEO-1 reports strictly confidential. 42 U.S.C. 2000e-8(e).

What do the EEOC and OFCCP do with the EEO-1 survey data?

Both the EEOC and OFCCP have used the EEO-1 since 1966.

The EEOC uses the data to support civil rights enforcement. The EEOC also uses the data to analyze employment patterns, such as the representation of female and minority workers within companies, industries or regions.

OFCCP uses EEO-1 data to determine which employer facilities to select for compliance evaluations. OFCCP's system uses statistical assessment of EEO-1 data to select facilities where the likelihood of systematic discrimination is the greatest.

Where can employers find more information about the EEO-1?

General information about the EEO-1 can be found at the EEOC's website at www.eeoc.gov/employers/eeo1survey/index.cfm.

Source: The U.S. Equal Employment Opportunity Commission

The information and opinions provided are for informational purposes only and should not be construed as legal advice.

Readers should contact legal counsel for legal advice.

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Legislative Brief

Select Reporting and Disclosure Requirements for Group Health Plans



The following chart is an overview of basic federal reporting and disclosure requirements that apply to group health plans and/or employers, including the additional reporting and disclosure requirements created by health care reform. Note that not all reporting and disclosure requirements are reflected in this chart. State laws may impose additional reporting and disclosure obligations. Users of this chart should refer to the specific federal law at issue for complete information on the necessary reporting and disclosure requirements.

Law	Governs	Notice Requirement	Summary
Health Care Reform Effective for the first plan year beginning on or after Sept. 23, 2010, unless noted otherwise	Group health plans and health insurance issuers	Statement of grandfathered status - Plan administrator or issuer should provide first statement before the first plan year beginning on or after Sept. 23, 2010. Must continue to be provided on a periodic basis with any participant materials describing plan benefits.	Grandfathered plans are group health plans or health insurance coverage in which an individual was enrolled on March 23, 2010, (the enactment date for health care reform) that satisfy certain requirements. Grandfathered plans can avoid many of the new health care reform provisions. To maintain grandfathered plan status, a plan administrator or health issuer must include a statement of the plan's grandfathered status in plan materials provided to participants describing the plan's benefits (such as the summary plan description (SPD) and open enrollment materials). The DOL's model notice is available at: www.dol.gov/ebsa/healthreform/ .
		Special enrollment notice of dependent coverage up to age 26 – Plan administrator or issuer must provide the notice no later than the first day of the first plan year beginning on or after Sept. 23, 2010. This rule applies regardless of whether the plan or coverage offers an open enrollment period and regardless of when any open enrollment period might otherwise occur. One-time notice	Group health plans and health insurance issuers that provide dependent coverage of children must make coverage available for adult children up to age 26. However, for plan years beginning before Jan. 1, 2014, grandfathered plans are not required to extend coverage to children under age 26 if they are eligible for their own employer's coverage. Before the coverage requirement was effective, a child under age 26 who was covered under a group health plan or health insurance coverage as a dependent may have lost coverage due to age. Also, a child may not have been eligible for coverage if his or her parent first became covered under the plan when the child was under age 26 but older than the plan's eligible age. Plans must provide these dependents with an opportunity to enroll which continues for at least 30 days, along with written notice of the opportunity to enroll. The coverage for dependents that enroll through a special enrollment opportunity must take effect no later than the first day of the first plan year beginning on or after Sept. 23, 2010. Also, these dependents must be treated as HIPAA special enrollees. The DOL's model notice is available at: www.dol.gov/ebsa/healthreform/ .

Legislative Brief

Select Employee Benefit Compliance Timelines Regarding Disclosure Notices

Law	Governs	Notice Requirement	Summary
		<p>Special enrollment notice of no lifetime maximum benefit - Plan administrator or issuer must provide the notice no later than the first day of the first plan year beginning on or after Sept. 23, 2010. This rule applies regardless of whether the plan or coverage offers an open enrollment period and regardless of when any open enrollment period might otherwise occur.</p> <p>One-time notice</p>	<p>Group health plans and health insurance issuers may not establish lifetime limits on the dollar value of benefits for any participant. Before this restriction was effective, an individual who was covered under the group health plan or health insurance coverage as an employee or dependent may have lost eligibility because he or she reached the lifetime maximum benefit.</p> <p>Plans must provide these individuals with an opportunity to enroll which continues for at least 30 days, along with written notice of the opportunity to enroll. The coverage for individuals who enroll through a special enrollment opportunity must take effect no later than the first day of the first plan year beginning on or after Sept. 23, 2010. Also, these dependents must be treated as HIPAA special enrollees.</p> <p>The DOL's model notice is available at: www.gov/ebsa/healthreform/.</p>
		<p>Notice of rescission – Plan administrator or issuer must provide notice of rescission to affected participants at least 30 days before the rescission occurs.</p>	<p>Group health plans and health insurance issuers may not rescind coverage once the enrollee is covered, except in cases of fraud or intentional misrepresentation. Plan coverage may not be rescinded without prior notice to the enrollee.</p>
		<p>Notice of patient protections and selections of providers – Plan administrator or issuer must provide notice of new patient protections whenever the SPD or similar description of benefits is provided to a participant. The first notice should be provided no later than the first day of the first plan year beginning on or after Sept. 23, 2010.</p> <p>This requirement does not apply to grandfathered plans.</p>	<p>Group health plans and health insurance issuers that require designation of a participating primary care provider must permit each participant, beneficiary and enrollee to designate any available participating primary care provider (including a pediatrician for children). Group health plans and issuers that provide obstetrical/gynecological care and require a designation of a participating primary care provider may not require preauthorization or referral for obstetrical/gynecological care.</p> <p>The DOL's model notice is available at: www.dol.gov/ebsa/healthreform/.</p>
		<p>Uniform summary of coverage – Plan administrator or issuer must provide to applicants and enrollees before enrollment and re-enrollment. The Department of Health and Human Services (HHS) is to develop standards for the summary by March 2011, and plans may have to start using it by March 2012.</p>	<p>Group health plans will be required to provide a uniform summary of the plan's benefits and coverage to applicants and enrollees. The summary will have to be written in easily understood language and will be limited to 4 pages.</p>

Legislative Brief

Select Employee Benefit Compliance Timelines Regarding Disclosure Notices

Law	Governs	Notice Requirement	Summary
		<p>Waiver of Annual Limit Requirement – For applications for waivers covering plan years beginning on or after Feb. 1, 2011, the plan administrator or issuer must provide the notice to eligible participants as part of any informational or educational materials, and also in any plan or policy documents regarding coverage that are provided to enrollees (such as SPDs). For plans that received (or will receive) approvals for plan years beginning before Feb. 1, 2011, the deadline for providing the notice to current and eligible participants is Feb. 7, 2011.</p>	<p>Effective in 2014, health plans will be prohibited from imposing annual limits on essential health benefits. For plan years beginning before Jan. 1, 2014, health plans may impose “restricted annual limits” on essential health benefits. The restrictions on annual limits may be waived by HHS if compliance with the restrictions would result in a significant decrease in access to benefits or a significant increase in premiums.</p> <p>Any plans that receive a waiver approval must provide a notice informing current and eligible participants that the plan does not meet the annual limits and has received a waiver for the requirements. The notice must include:</p> <ul style="list-style-type: none"> • The dollar amount of the annual limit; • A description of the plan benefits to which the limit applies; and • A statement that the waiver was granted for only one year. <p>Plans must use HHS’s model language to satisfy the waiver notice requirement. HHS’s model notice is available at: www.hhs.gov/ocio/regulations/annual_limit_waivers.html</p>
Health Care Reform	Group health plan sponsors participating in the ERRP	<p>Early Retiree Reinsurance Program (ERRP) Notice – Plan sponsors must provide the notice to all plan participants, not just early retirees. The notice must be provided within a reasonable period of time after the sponsor receives its first ERRP reimbursement. Alternatively, the plan sponsor may provide the notice before receiving its first reimbursement.</p>	<p>Health care reform establishes a temporary reinsurance program to provide reimbursement to participating employment-based plans for a portion of the cost of providing health insurance coverage to early retirees and their spouses, surviving spouses and dependents. The ERRP ends no later than Jan. 1, 2014. (Funding for the program is limited to \$5 billion.)</p> <p>Plan sponsors participating in the ERRP must provide a notice to participants explaining the sponsor’s participation in the ERRP and noting that the sponsor may decide to use the reimbursements to reduce plan participants’ premium contributions, copayments, deductibles or other out-of-pocket costs.</p> <p>More information on the ERRP, including a model participant notice is available at: www.errp.gov/.</p>
Health Care Reform	Employers sponsoring group health plans	<p>IRS Form W-2 – Aggregate cost of applicable employer-sponsored coverage must be included. This requirement was originally effective for tax years beginning after Dec. 31, 2010. However, the IRS made reporting optional for the 2011 tax year, so the effective date is delayed and employers are not required to include this information on W-2 forms issued for 2011.</p>	<p>Employers must disclose the aggregate cost of applicable employer-sponsored coverage provided to employees on the employees’ W-2 forms. (This requirement does not mean that the cost of the coverage will be taxable to employees.)</p> <p>The IRS has issued the 2011 Form W-2 with Instructions including a new category for reporting the cost of employer-sponsored coverage. Form W-2 and its Instructions are available at: www.irs.gov/formspubs/index.html.</p>
COBRA	Employers that had 20 or more	<p>Initial/General COBRA notice – Plan administrator must provide generally within 90 days of when</p>	<p>Notice to covered employees and covered spouses of the right to purchase temporary extension of group health coverage when coverage is lost due to a qualifying event.</p>

Legislative Brief

Select Employee Benefit Compliance Timelines Regarding Disclosure Notices

Law	Governs	Notice Requirement	Summary
	<p>employees on more than 50% of the typical business days during the previous calendar year</p> <p>Government and church plans are exempt</p>	group health plan coverage begins	The DOL's model General COBRA Notice is available at: www.dol.gov/ebsa/compliance_assistance.html under COBRA guidance.
		Notice to plan administrator - Employer must notify plan administrator within 30 days of a) qualifying event or b) the date coverage would be lost as a result of the qualifying event, whichever is later.	Notice of certain qualifying events must be sent to plan administrator when employer is not plan administrator (e.g., employer has contracted with a third party to administer COBRA). The following qualifying events trigger the employer's notice requirement: (a) employee's termination or reduction in hours; (b) employee's death; (c) employee's Medicare entitlement; and (d) employer's bankruptcy.
		COBRA election notice – Plan administrator must generally provide within 14 days after being notified by the employer or qualified beneficiary of the qualifying event (or 44 days after qualifying event if employer is also plan administrator)	<p>Notice to qualified beneficiaries of their right to elect COBRA coverage upon occurrence of qualifying event. Qualified beneficiaries may be covered employees, covered spouses and dependent children.</p> <p>The DOL's model COBRA Election Notice is available at: www.dol.gov/ebsa/compliance_assistance.html under COBRA guidance.</p> <p>NOTE: The American Recovery and Reinvestment Act of 2009 (ARRA), as amended, mandated that plans notify certain current and former participants and beneficiaries about the COBRA premium reduction. The premium reduction generally applies to individuals who lost health plan coverage due to an involuntary termination of employment between Sept. 1, 2009, and May 31, 2010.</p>
		Notice of unavailability of COBRA – Plan administrator must provide this notice generally within 14 days after being notified by the individual of the qualifying event (or 44 days after qualifying event if employer is also plan administrator).	Plan administrator must send a notice that an individual is not entitled to COBRA coverage to those individuals who provide notice to the plan administrator of a qualifying event whom the plan administrator determines are not eligible for COBRA coverage.
		Notice of early termination of COBRA coverage – Plan administrator must provide as soon as practicable following the plan administrator's determination that coverage will terminate	Notice to qualified beneficiaries that COBRA coverage will terminate earlier than the maximum period of coverage. The notice must include the reason for early termination, date of termination and any rights that qualified beneficiary may have to elect alternative group or individual coverage, such as a conversion right. May be sent with HIPAA certificate of creditable coverage.
		Notice of insufficient payment – Plan administrator must provide reasonable period of time to cure deficiency before terminating COBRA (e.g., 30-day grace period).	Plan administrator must notify qualified beneficiary that payment for COBRA was not significantly less than the correct amount before coverage is terminated for nonpayment. A payment is not significantly less than the amount required if the deficiency is no greater than the lesser of \$50.00 or 10 percent of the amount the plan requires to be paid.

This Alan Benoy Insurance Services Legislative Brief is not intended to be exhaustive nor should any discussion or opinions be construed as legal advice. Readers should contact legal counsel for legal advice.

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Creating and Maintaining Employee Personnel Files

Benefits and insurance issues important to you - brought to you by the insurance specialists at Alan Benoy Insurance Services.



Creating and maintaining accurate employee personnel files is valuable to your business. These files contain important documents about each employee in one easily accessible place for use when making promotion and layoff decisions, filing tax returns and when complying with government audits. It is wise to periodically review the contents of each of your employee's personnel files to ensure that the documents are accurate, timely and complete.

Use the chart below to determine if your personnel files are complete.

EMPLOYMENT DOCUMENTS	YES	NO	N/A
Request for an application or resume and cover letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Original employment application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescreening interview notes/college recruiting interview notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment interview notes and form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment verification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Background verification and reference checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment offer letter or rejection letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional employment agency agreement (if hired by an agency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee handbook acknowledgement form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans/disabled identification form filled out by employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relocation offers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security clearance status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE REVIEWS	YES	NO	N/A
Probationary employee progress reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appraisal forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance improvement records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYROLL FORMS	YES	NO	N/A
W-4 form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weekly/bi-weekly time sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay advance requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garnishment records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Release of private information authorization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorization for other payroll actions and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAINING AND DEVELOPMENT	YES	NO	N/A
Training schedule records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training applications and requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skill questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training notification letters (in-house and off-site)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training expense reimbursement receipts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEPARATIONS/TERMINATIONS/LAYOFFS	YES	NO	N/A
Exit interview form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee's final performance review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit interview notation form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copies of documents given with final compensation check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYEE BENEFITS	YES	NO	N/A
Emergency contact information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical/dental/vision coverage waiver or drop form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation accrual form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-medical leave requests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payroll deduction authorizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COBRA notification and/or election	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hazardous substance notification/reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition reimbursement requests and payment records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual benefit statement acknowledgement form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety training forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WAGES/SALARY DOCUMENTS	YES	NO	N/A
Job description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Payroll authorization form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fair Labor Standards Act exemption test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compensation history records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compensation recommendations by management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wage/salary increase/decrease notifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYEE RELATIONS DOCUMENTS	YES	NO	N/A
Coaching or counseling forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Assistance Program consent forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warning notices to employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee suggestions forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suggestion status reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

There are several documents that employers should not put in an employee's personnel file. Here is a list of items that should be filed separately from an employee's personnel file (predominantly for legal reasons):

MEDICAL RECORDS - <i>Employers have a legal obligation to keep medical records confidential as outlined by the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). Under this law, health care providers and employers must keep medical records separate and private from business records.</i>	YES	NO	N/A
Examination records provided by a physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnostic records and laboratory test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug screening results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any other medical records containing personally identifiable information about the employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INVESTIGATION DOCUMENTS	YES	NO	N/A
Discrimination complaints and investigation forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal case data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy and/or legal violation accusation documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECURITY CLEARANCE RECORDS	YES	NO	N/A
Background investigation documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal credit history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal criminal conviction history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arrest records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CITIZENSHIP FORMS	YES	NO	N/A
I-9 forms (Employers must complete an I-9 form for all employees certifying that they are legally able to work in the U.S. All employee I-9 forms should be placed in a separate folder in the event that the government audits your records).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

UNSUPPORTED OPINIONS	YES	NO	N/A
Notations of discrimination or bias. (References to an employee's personal life, political beliefs, race, gender, age, sexual orientation or religion do not relate to his/her job performance or qualifications. These items do not belong in a personnel file or any employment file.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This article is not intended to be exhaustive nor should any discussion or opinions be construed as legal advice. Readers should contact legal counsel for legal advice.

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Performance Evaluations: Best Practices

Benefits and insurance issues important to you
- brought to you by the insurance specialists at
Alan Benoy Insurance Services.



Employee evaluation is an important part of a company's quality assurance. Many companies formally evaluate an employee's performance and progress after an initial trial period and then again on an annual or semi-annual basis. Although performance evaluations can improve productivity and employee morale, many employers do not make them a high priority because they are time-consuming and are sometimes viewed by managers as having little practical value.

Why Conduct a Performance Evaluation?

1. To promote growth and competence and to increase employee productivity
2. To facilitate employer-employee communication and develop relationships
3. To hold all employees to the same standard of performance and identify high and low performers
4. To let employees know how they are doing
5. To document incidents of poor performance for future reference
6. To establish valid defenses for employment litigation and legitimate reasons for termination
7. To determine the level of salary increases

From a productivity perspective, regular performance reviews can help ensure that employees are meeting performance expectations. They can also help evaluate individuals, teams and managers and find underperformers that need to be addressed.

In addition, the increasing number of discrimination and wrongful termination lawsuits illustrate the importance of performance documentation as a means of justifying the legitimate business reasons underlying an employer's personnel decisions. A series of well-documented evaluations that clearly describe an employee's poor performance provides the employer with objective evidence of legitimate and nondiscriminatory reasons to support a job transfer, demotion, layoff or termination. Failure to conduct formal evaluations may leave an employer vulnerable in a discrimination or wrongful discharge lawsuit.

Best Practices When Implementing a Performance Evaluation Process

1. Perform formal evaluations at the same time for everyone each year. While this increases the workload of managers and supervisors during review time, it forces direct comparisons of employees and establishes a nonbiased system.
2. Have regular meetings with supervisory staff. Supervisors will learn from each other's experiences. Provide adequate training and insist on candid observations.
3. Clearly communicate to employees what their duties are and what is satisfactory performance. Accomplish this through periodic reviews of job descriptions, training, and both formal and informal appraisal.

4. Tell employees the criteria upon which their performance will be reviewed. Develop standards and establish reasonable goals for employees. Make sure that employees understand the consequences of their failure to improve.
5. Don't wait until the annual evaluation to provide feedback; offer it throughout the year. Give both positive and negative feedback.
6. Document poor performance in writing. This can be done in the form of coaching, training, discipline or assessment.
7. Ask employees to complete a self-assessment in addition to the review completed by the manager. This can identify areas where the employee and manager disagree on performance or expectations.
8. Give employees the opportunity to review, challenge, and comment on the evaluation.
9. Meet with employees to discuss all evaluations and expectations. Keep a record of the meeting.
10. Have employees sign the evaluation. While the employee may not agree with it, it provides evidence that the employee has seen it and has been given a copy. If the employee refuses to sign, the individual giving the evaluation should sign it along with a witness noting that the employee was given a copy.
11. Establish a review process for evaluations. This will keep the supervisor honest and ensure that supervisory staff is performing reviews consistently.
12. Give employees time to improve and offer resources and assistance if appropriate.
13. Follow established procedures strictly. Apply all procedures and standards equally to all employees.
14. Use other supervisory personnel in the process, if possible, to mitigate claims of personality conflict. This will enhance credibility if all evaluations point to the same conclusion.
15. Make sure employees understand the consequences for failure to perform at an acceptable level. There should be no surprises in employee supervision and evaluation.
16. Managers should be held responsible for helping subordinates develop and improve.
17. Maintain confidentiality in employee performance evaluations.

2011 Employee Absence Calendar

<p>Employee Full Name: _____</p> <p>Employee Identification Number: _____</p> <p>Hire Date _____</p> <p style="padding-left: 40px;">Vacation Days: _____</p> <p style="padding-left: 40px;">Personal Days: _____</p> <p style="padding-left: 40px;">Sick Days: _____</p> <p style="padding-left: 40px;">Other Leave Days: _____</p>	<p>Absence Codes:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>A – Accident</p> <p>B – Bereavement</p> <p>D – Discipline</p> <p>FH – Floating Holiday</p> <p>FM – Family/Medical Leave</p> <p>H – Holiday</p> <p>J – Jury Duty</p> <p>L – Lack of Work</p> <p>LA – Leave of Absence</p> <p>M – Military</p> <p>MA – Maternity</p> <p>P – Personal</p> <p>PA – Paternity</p> </td> <td style="width: 50%; vertical-align: top;"> <p>PH – Partial Hours Worked</p> <p>R – Recognition/Bonus</p> <p>S – Sick</p> <p>T – Tardy</p> <p>TR – Transportation</p> <p>UN – Unexcused</p> <p>UP – Unpaid</p> <p>V – Vacation</p> <p>W – Weather</p> <p>___ - _____</p> <p>___ - _____</p> <p>___ - _____</p> <p>___ - _____</p> </td> </tr> </table>	<p>A – Accident</p> <p>B – Bereavement</p> <p>D – Discipline</p> <p>FH – Floating Holiday</p> <p>FM – Family/Medical Leave</p> <p>H – Holiday</p> <p>J – Jury Duty</p> <p>L – Lack of Work</p> <p>LA – Leave of Absence</p> <p>M – Military</p> <p>MA – Maternity</p> <p>P – Personal</p> <p>PA – Paternity</p>	<p>PH – Partial Hours Worked</p> <p>R – Recognition/Bonus</p> <p>S – Sick</p> <p>T – Tardy</p> <p>TR – Transportation</p> <p>UN – Unexcused</p> <p>UP – Unpaid</p> <p>V – Vacation</p> <p>W – Weather</p> <p>___ - _____</p> <p>___ - _____</p> <p>___ - _____</p> <p>___ - _____</p>
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January							
S	M	T	W	T	F	S	Total
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	31						
Total Days (with codes) _____							

February							
S	M	T	W	T	F	S	Total
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28						
Total Days (with codes) _____							

March							
S	M	T	W	T	F	S	Total
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30	31			
Total Days (with codes) _____							

April							
S	M	T	W	T	F	S	Total
					1	2	
3	4	5	6	7	8	9	
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	
Total Days (with codes) _____							

May							
S	M	T	W	T	F	S	Total
1	2	3	4	5	6	7	
8	9	10	11	12	13	14	
15	16	17	18	19	20	21	
22	23	24	25	26	27	28	
29	30	31					
Total Days (with codes) _____							

June							
S	M	T	W	T	F	S	Total
				1	2	3	4
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30			
Total Days (with codes) _____							

July							
S	M	T	W	T	F	S	Total
					1	2	
3	4	5	6	7	8	9	
10	11	12	13	14	15	16	
17	18	19	20	21	22	23	
24	25	26	27	28	29	30	
31							
Total Days (with codes) _____							

August							
S	M	T	W	T	F	S	Total
	1	2	3	4	5	6	
7	8	9	10	11	12	13	
14	15	16	17	18	19	20	
21	22	23	24	25	26	27	
28	29	30	31				
Total Days (with codes) _____							

September							
S	M	T	W	T	F	S	Total
					1	2	3
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30		
Total Days (with codes) _____							

October							
S	M	T	W	T	F	S	Total
						1	
2	3	4	5	6	7	8	
9	10	11	12	13	14	15	
16	17	18	19	20	21	22	
23	24	25	26	27	28	29	
30	31						
Total Days (with codes) _____							

November							
S	M	T	W	T	F	S	Total
		1	2	3	4	5	
6	7	8	9	10	11	12	
13	14	15	16	17	18	19	
20	21	22	23	24	25	26	
27	28	29	30				
Total Days (with codes) _____							

December							
S	M	T	W	T	F	S	Total
					1	2	3
4	5	6	7	8	9	10	
11	12	13	14	15	16	17	
18	19	20	21	22	23	24	
25	26	27	28	29	30	31	
Total Days (with codes) _____							



EMPLOYEE HANDBOOK

An Equal Opportunity Employer

A Manual of Employee Benefits and Personnel Policies

LEGAL DISCLAIMER TO USERS OF THIS FORM EMPLOYEE HANDBOOK:

The materials presented herein are for general reference only. Federal, state or local laws or individual circumstances may require the addition of policies, amendment of individual policies and/or the entire Handbook to meet specific situations. Some government forms may be presented in altered size, font or format and may not, therefore, meet federal or state requirements. These materials are intended to be used only as guides and should not be used, adopted or modified without the advice of competent legal counsel.

These materials are presented, therefore, with the understanding that we are not engaged in rendering legal, accounting, or other professional service. If legal advice or other expert assistance is required, the services of a competent professional should be sought.

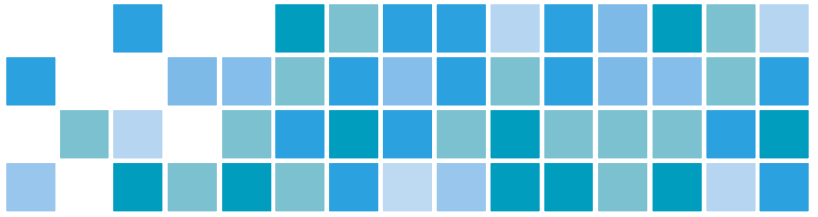
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Common and Costly EB and HR Mistakes



Brought to you by the insurance specialists at Alan Benoy Insurance Services.

Employee Benefits and Human Resources Mistakes I

Mistakes in human resources and employee benefits cost an employer “real money” - extra benefits, complaints, lawsuits, government-assessed fines and penalties, and attorney fees to name a few. Don’t learn the hard way what these mistakes are.

- 1. Not timely depositing employee contributions into employee benefit plan.** Employers sometimes wait too long to deposit salary deferrals into a qualified retirement plan. Salary deferrals become plan assets as soon as the contributions can be reasonably segregated from the employer’s general assets. According to the Department of Labor (DOL) such deposits should be made no later than the 15th business day of the following month. This is an outside guideline, and deposits should be made sooner. If deposits are not timely made, the DOL and Internal Revenue Service (IRS) may levy fines, penalties and retroactive earnings for late contributions. The deposit rule for elective deferrals applies to all types of participant contributions, including special deferrals (such as catch-up), after-tax contributions and loan repayments. The DOL has established a safe harbor for a small employer (fewer than 100 participants at the beginning of the plan year) to timely deposit such employee contributions. If the employer deposits the withheld amounts in the plan no later than the 7th business day following the date the employees would have received the contributions (payday), DOL regulations deem that the employer has satisfied the requirement to pay the contributions as soon as reasonably practical.

Solution: Deposit employee contributions as soon as reasonably possible following issuance of the paycheck from which the contribution was withheld – generally at the same time as other contributions are made but not more than seven business days from the issuance of the paycheck.

- 2. Not making matching and profit-sharing contributions on a timely basis.** Many employers make the mistake of not making these contributions on a timely basis. If your employee benefit plan provides for matching and profit-sharing contributions, the deadline for making these contributions and depositing them into the plan’s trust is determined first by looking to the plan document which may contain deadlines. If the plan document requires contributions be made by the date required by law, then the deadline generally will be determined by IRC 404(a) which requires that matching and profit-sharing contributions be made before the due date of its tax return including extensions. Tax exempt employers must make and deposit contributions by the 15th day of the sixth month following the close of a plan year. Plan documents may require depositing contributions sooner which is likely the case with matching contributions that are calculated on a payroll-by-payroll basis and deposited sooner by plan design. The same penalties as above apply.

Solution: Read your plan documents and understand when matching contributions must be made.

- 3. Incorrectly computing matching contributions.** A typical matching contribution provides that an employer will pay 50 cents for each \$1 an employee contributes to the plan on a pre-tax basis up to 6 percent of compensation, which results in a maximum employer contribution of 3 percent of compensation. It is most common for plan administrators and payroll systems to calculate matching contributions on a weekly payroll-by-payroll basis. If an employee earning \$60,000 a year makes the 6 percent contribution throughout the year on a payroll-by-payroll basis, the employee will contribute \$3600 to the plan, and the employer will provide a matching contribution equal to \$1800. Assume another employee earning the same base contributes 12 percent for 6 months. This employee has also contributed a total of \$3600 to the plan, but will only receive a \$900 match. This same scenario also often occurs with executives who receive large bonuses early in the year and request the maximum contribution be withheld from the bonus.

Solution: Some employers make “make-up” contributions at the end of the year to ensure that employees making the same annual employee savings contributions receive the same matching contributions. If employers are using a Prototype plan, make-up contributions may not be a viable option. In this case, educating employees on the implications of changing savings elections and limits is important. If matching contributions are not calculated correctly or in accordance with the plan document, the IRS’s Employee Plan Compliance Resolution System Program allows employers to correct errors with leniency at any time before they are identified by audit.

- 4. Late enrollment of employees into employee benefit plans.** Employers often fail to timely enroll employees in tax-qualified retirement plans, and sometimes even try to exclude part-time employees from participation. A tax-qualified plan may exclude an employee based on age (up to 21) or service (generally up to one year of service in which he/she is credited with at least 1,000 hours of service), but not based on part-time status. If you wrongfully exclude employees, the DOL and the IRS can levy retroactive employer contributions, elective deferrals, and earnings for employees that were wrongfully excluded. The IRS-approved correction for failing to allow an employee to make an elective deferral for part of a plan year is to make an employer contribution equal to 50 percent of the “average deferral percentage” of the employee’s group (either highly or non-highly compensated), multiplied by the employee’s compensation for that part of the year.

Former employees who are rehired who had completed the plan’s eligibility requirements before terminating may begin participating immediately upon rehire unless the employee’s original entry date would have been later, in which case the later entry date applies.

Solution: Include in the retirement plan all employees that work at least 1,000 hours in a 12-month period (unless such employees are excluded based on a “service-neutral” classification).



Life Events Notification

Please notify 's HR Department if you have any of the following life event changes:

- Beneficiary Change
- Birth/Adoption
- Change in Insurance Coverage
- Change of Address
- Death in the Family
- Dependent Child Graduates from High School or College
- Dependent Child Reaches Limiting Age
- Divorce/Annulment
- FMLA-related Leave
- Legal Separation
- Marriage
- Retirement
- Spouse Loss of Other Coverage
- Any other error corrections or changes

It is important that you notify us immediately upon any life event change so that we can ensure there is no interruption or error in your benefits. Feel free to contact the HR Department at [\[redacted\]](#) with any additional questions.



Employee Benefits Survey

strives to provide valuable, comprehensive and affordable benefit programs for our employees. Each year, we review our current programs — particularly our health and dental plans — to ensure they live up to these goals and are meeting our employees' needs.

Please take a few moments to complete this survey and help us with our annual benefits review process. Your input is important to us regardless of whether or not you currently participate in any of the programs.

Please return the completed survey to (HR contact).
Thank you.

1. Are you currently enrolled in the employee health care plan?

- Yes
No

2. If you answered no to question 1, are you:

- Covered under spouse's plan?
Covered under another plan?
Uninsured?

3. If you do not have health insurance, are you uninsured because of:

- Cost
Other - please explain: _____

4. Are you currently enrolled in the employee dental care plan?

- Yes
No

5. If you answered no to question 4, are you:

- Covered under spouse's plan?
Covered under another plan?
Uninsured?

6. If you do not have dental insurance, are you uninsured because of:

Cost

Other - please explain: _____

7. How would you rate the information you receive from about your benefit plans?

Excellent

Above average

Average

Below average

Poor

8. What is your preferred method for receiving benefits communication?

Written material

Easily accessible website

Slide or video presentations

Employee meetings

E-mail

Other - please explain _____

9. When you want detailed information about how your benefits work, where would you turn? Please rank your answers as 1 being the first place you would turn and 5 being the last place you would turn.

____ Supervisor

____ HR department

____ Company intranet

____ Insurance broker

____ Benefits booklet

10. How well do you currently understand how your benefits work? (1 meaning very well and 5 meaning not at all.)

1 2 3 4 5

11. How well do you want to understand how well your benefits work? (1 meaning very well and 5 meaning not at all.)

1 2 3 4 5

12. Which benefits are most important to you? Rank the following benefit plans in order of importance, with number 1 being most important, and number 6 being least important.

____ Health/medical plan

____ Dental plan

____ Prescription plan

____ Employee Assistance Program

____ Short-term disability plan

____ Long-term disability plan

13. Is your spouse eligible for medical insurance and/or other benefits from his or her own employer?

- Yes
- No
- Not applicable

14. If your spouse is eligible for benefits from his or her own employer, does he or she participate in those benefit plans?

- Yes
- No
- Not applicable

15. If coverage were available for your spouse from his or her own employer, would you be willing to have your spouse use his or her employer's plan (rather than the dependent coverage offered by the plan) if you were paid a fee to do so?

- Yes
- No
- Not applicable

16. Please mark the answer that best describes your overall feeling about the indicated benefit plans or plan elements.

Medical Plan

- Excellent
- Above average
- Average
- Below average
- Poor

Medical Plan Provider Network

- Excellent
- Above average
- Average
- Below average
- Poor

Dental Plan

- Excellent
- Above average
- Average
- Below average
- Poor

Dental Plan Provider Network

- Excellent
- Above average
- Average
- Below average
- Poor

Accidental Death & Dismemberment Plan

- Excellent
- Above average
- Average
- Below average
- Poor

Short-Term Disability Plan

- Excellent
- Above average
- Average
- Below average
- Poor

Long-Term Disability Plan

- Excellent
- Above average
- Average
- Below average
- Poor

Prescription Drug Plan

- Excellent
- Above average
- Average
- Below average
- Poor

Life Insurance Plan

- Excellent
- Above average
- Average
- Below average
- Poor

17. What do you think is the annual cost per employee for providing medical and dental benefits?

- \$1,000 - \$2,500
- \$2,500 - \$5,000
- \$5,000 - \$7,500
- \$7,500 +

18. Would you prefer to pay more money from your paycheck for medical insurance (premium contributions) or more money when you actually go to the doctor or hospital (for example, pay higher deductibles and higher co-payments)?

- More money from my paycheck
- More money only when I go to doctor or hospital
- Do not understand

19. What is your impression of 's benefit plans compared to other local employers?

- Excellent
- Above average
- Average
- Below average
- Poor

20. On a scale of 1 to 5 where 5 equals "a lot" and 1 equals "not at all," how much of an impact did benefits have on:

Your decision to join the company? 1 2 3 4 5

If over 3, which benefits?

Your decision to stay with the company? 1 2 3 4 5

If over 3, which benefits?

21. Rate your benefits in terms of importance. Please circle the number that best corresponds to the degree of importance you place on the following benefits.

	Very Important	Important	Undecided	Not too Important	Not at all Important
Health (Medical) Plan	1	2	3	4	5
Prescription Drug Plan	1	2	3	4	5
Vision Plan	1	2	3	4	5
Dental Plan	1	2	3	4	5
Employee Assistance Program	1	2	3	4	5
Supplemental Life Insurance	1	2	3	4	5
Dependent Life Insurance	1	2	3	4	5
Accidental Death & Dismemberment	1	2	3	4	5
Short-term Disability	1	2	3	4	5
Long-term Disability	1	2	3	4	5
401(k) Plan	1	2	3	4	5
Tuition Reimbursement Plan	1	2	3	4	5
Holidays	1	2	3	4	5
Vacation	1	2	3	4	5
Sick Pay	1	2	3	4	5
Dependent Care Spending Account	1	2	3	4	5
Medical Care Spending Account	1	2	3	4	5

22. Please answer the following questions related to possible plan alternatives.

Would you like to have different medical plans to choose from? One may cost more and provide higher benefits, while another may cost less and provide lesser benefits.

Yes
No

Would you like the opportunity to trade some of your current benefits for others of more importance to you?

Yes
No

Would you consider trading (or giving up) some of your benefits in order to receive more money in your paycheck?

Yes
No

The IRS allows employees to establish an employee-owned health savings account (HSA) that secures pre-tax dollars in a fund for future medical needs. HSAs are established with high-deductible health plans that come with much lower premiums than traditional plans. If you had the option of participating in a high-deductible health plan in conjunction with owning a HSA, would you consider it?

Yes
No

The IRS allows employers to establish a Health Care Reimbursement Account (HRA) to help employees pay for certain health care costs with pre-tax income that they must otherwise pay for with after-tax income (for example, deductibles and non-covered medical expenses). If you could allocate a portion of your income to that account, would you choose to do so?

Yes
No

23. Please provide any additional comments on how we can improve upon our employee benefit plans, or how we can better meet your needs.

Thank you.

BenefitsBuzz

Benefits and HR tips brought to you by the insurance professionals at Alan Benoy Insurance Services.

DID YOU KNOW?

On Dec. 12, 2010, a federal judge in Virginia ruled that part of the health care reform law is unconstitutional – the individual mandate to obtain health insurance, which is set to go into effect on Jan. 1, 2014.

The Justice Department is expected to appeal the ruling, and it is likely that this case will eventually be heard by the Supreme Court.



HCR: 2010-2011 Compliance Update

Several provisions of the health care reform law affect employer-sponsored health plans in 2010 and 2011. The following items are effective for plan years, starting on or after Sept. 23, 2010:

- Extension of dependent coverage for adult children up to age 26
- Elimination of lifetime and annual limits
- Elimination of pre-existing condition exclusions for enrollees under age 19
- Limits on rescissions of coverage (except in the case of fraud or intentional misrepresentation)
- Coverage of preventive health services (except for grandfathered health plans)
- Several patient protections go into effect for non-grandfathered health plans
- Nondiscrimination rules for non-grandfathered, fully-insured plans
- Required new appeals process implemented for non-grandfathered plans

DOL Announces New Regulatory Agenda

The Department of Labor has published a new regulatory agenda called “Plan/Prevent/Protect.” The objective is a shift in thinking for companies regarding DOL compliance, with employers understanding that the burden is on them to obey the law, not on the DOL to catch violations.

The DOL wants employers to develop a “culture of compliance” in order to effectively protect workers’ rights and safety. Employers will be expected to develop compliance programs to this end; further regulations will be forthcoming.

Though specifics will vary by law, industry and individual company, this new agenda will require regulated entities to take these three steps to ensure compliance:

1. Create a plan to find and remedy violations of the law and other risks to workers.
2. Implement the plan in a manner that prevents violations of the law.
3. Ensure that the plan protects workers.

Total Compensation Statements

Benefits and insurance issues important to you - brought to you by the insurance specialists at Alan Benoy Insurance Services.



Though your benefits package may be quite substantial, your employees may not know it or may not understand some of the benefits you offer. To assist your employees in fully comprehending their benefits package, consider providing a total compensation (benefit) statement. This communication highlights the monetary value of your benefits package, including those perks that may be overshadowed by traditional benefits, to give an overall view of your benefits package. A typical total compensation statement may include information about the following:

- Salary
- Bonuses
- Commissions
- Stock Options
- Stock Grants
- Employee Stock Purchase Plan
- Retirement Plan
- Social Security Contributions
- 401(k) Matching Contributions
- Paid Time Off
- Coverages for Health, Life and Disability
- Wellness Rewards (Discounts, cash bonuses, etc.)

How can my Company Obtain Total Compensation Statements for our Employees?

Contact Alan Benoy Insurance Services for assistance with your Total Compensation Statements. We have a wide array of solutions for you to share with your employees.

Benefits of Total Compensation Statements

- Increase employee awareness of their benefits and how much those benefits cost the company
- Provide a dollar amount for benefits that do not seem to have a tangible monetary value, such as dry cleaning services
- Promote the idea of total compensation, beyond just the paycheck
- Raise employee morale because they tangibly see the array of benefits being offered by their employer
- Higher retention rates by employees
- Reduce the workload for Human Resources professionals by eliminating the need to manually prepare, print and mail statements to each employee

Drawbacks of Total Compensation Statements

- Employers must make an initial time commitment of gathering data and presenting it to a third-party vendor.
- There is usually a cost associated with compensation statements. Contact your broker for more information.

This article is not intended to be exhaustive nor should any discussion or opinions be construed as legal advice. Readers should contact legal counsel for legal advice.

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ABC Company 2010 Benefits Statement

January 1, 2010

Dear Joe Smith:

This personal benefits statement is a brief outline of the benefits ABC Company provides to you. It summarizes each benefit and illustrates the significance of your benefits package as part of your total compensation. Please review the information carefully and direct any questions to Jane Doe at (414) 444-4444 ext. 232.

Personal Information:		Employment Information:	
SSN:	088-88-8888	Date of Hire:	January 1, 2002
Name:	Joe Smith	Annual Base Salary:	\$37,562.00
Address:	123 Main Street	Job Title:	Electrician
City, State, Zip	Whitewater, WI 53190		

Benefit Name:	Benefit Description:	Annual Cost:	
		Employer Cost:	Employee Cost:
Medical	UnitedHealthcare Choice	\$4,684.42	\$783.90
Dental	MetLife Dental Plan	\$360.88	\$226.20
Vision	Vision Service Plan Discount Card	\$0.00	\$25.00
Employer-provided Short-term Disability	Company Provided STD benefit equal to 60% of your weekly rate for maximum benefit period of 13 weeks	\$125.10	\$0.00
Employer-provided Long-term Disability	Company provided LTD monthly benefit begins after 90 days of total disability. Benefit equivalent to 70% of basic monthly earnings while disabled up to age 65.	\$210.20	\$0.00
Employer-provided Basic Life & AD&D	One times salary to maximum benefit of \$100,000	\$174.10	\$0.00
Voluntary/Supplement Life	No Coverage	\$0.00	\$0.00
Dependent Life	No Coverage	\$0.00	\$0.00
Voluntary Long-term Care	Base plan covers \$1,000 per month facility for 3 years or \$500 per month homecare for 6 years.	\$0.00	\$0.00
Health Care Spending Account	2009 Contribution	\$0.00	\$364.00
Dependent Care Spending Account	Paid Yearly	\$0.00	\$5,000.00
Commuter Expense Reimbursement Account	Paid Yearly	\$0.00	\$800.00
401(k) Plan	Can elect to defer up to 25% of your income pretax. Company match is 50% of withholdings up to 4%.	\$1,302.48	\$2,604.96
Profit sharing	Determined annually by board of directors based on profitability	\$650.54	\$0.00
Employee Stock Purchase Plan	Shares of company stock can be purchased 2 times annually with a 15% discount (see plan document for more details).	\$0.00	\$650.54
Total Benefits Cost:		\$7,507.72	\$10,454.60
Plus Annual Base Salary:		\$37,562.00	



TOTAL COMPENSATION:	\$45,069.72
Cost of employer-sponsored benefits as a percentage of total compensation	22.3%

Miscellaneous Benefits:	Benefit Description:
401(k) and Profit Sharing	ABC Co. is pleased to partner with you in providing for your retirement. Our tax-deferred 401(k) plan offers you many advantages over a typical savings account. With a 401 (k) plan, the money you put in the account is tax-deferred. Additionally, the interest you earn on the money in your account grows without having taxes withheld, so the total grows much quicker than it would without this tax advantage.
Bereavement Pay	We have taken into consideration the personal needs which arise from the death of an immediate family member. Up to 5 days off may be granted with pay.
Credit union membership	As an employee you are eligible for membership in the Southeastern State Credit Union. See HR for details.
Direct Deposit	Direct Deposit to your financial institution is available for our convenience. See HR for details.
Employee Assistance Program	An employee assistance program is available for all employees and their families for confidential assistance in dealing with personal concerns.
Paid Holidays	ABC Co. recognizes 10 paid holidays each year, typically: New Year's Day and the day before or after; President's Day; Memorial Day; Independence Day; Labor Day; Thanksgiving Day and the day following; and Christmas Day and the day before or after.
Jury Duty Pay	If you are chosen for jury duty you will be provided with your regular pay minus any compensation from the court for up to 10 working days.
Onsite Child Care	Contact Great Kids at (800) 555-5555 for information.
Severance Pay	Negotiated upon hire.
Paid Sick Days	Our sick leave policy is established to assist you when you are unable to work due to illness, injury, or a medical condition.
Tuition Reimbursement	100% reimbursement of tuition and course-required books for classes pertinent to present position or next logical step. Course must be from accredited school, college or university. Reimbursement not to exceed \$1500 annually.
Uniform Expense	\$200 annually is allowed for purchase of uniforms.
Vacation	Each employee earns 10 days of vacation in the first year of employment. One vacation day is added for each additional year of employment up to a maximum of 25 days per year.
Voting Leave	ABC Co. provides up to 2 hours to vote in both the primary and general elections held each year.
Wellness Program	Up to \$100 annually for eligible wellness classes, health club membership or weight loss program. See HR for program details.

Please contact Human Resources with any questions or comments about your personal benefits summary. ABC Company is pleased to be able to offer these valuable benefits to you, and we thank you for being a partner in our success.

Every effort has been made to ensure that the information in this statement is accurate; however no warranty of complete accuracy is made. This report does not in any way constitute a contract of employment. ABC Company reserves the right to amend pay and benefits at any time without notice. If you feel an error has been made or have any questions, please contact Human Resources.



New Rules for Using Health Spending Accounts for Over-the-Counter Drugs

Per a provision of the health care reform legislation, after Jan. 1, 2011, you can no longer use health spending accounts (HSAs, FSAs, HRAs) for over-the-counter (OTC) drugs and medicines, unless you have a prescription. (You will not need a prescription for insulin or diabetic supplies.)

How to Comply

Health Reimbursement Accounts (HRAs) or Flexible Spending Accounts (FSAs)

In order to seek reimbursement from an HRA or FSA for OTC drugs, you must submit your doctor's prescription and your store receipt.

Health Savings Accounts (HSAs)

If you use your HSA to purchase OTC drugs, you should keep a copy of your prescription and store receipt, in case of an IRS audit.

OTC Drugs That Require a Prescription

The following is a list of the drugs and medicines that will require a prescription if

purchased after Jan. 1, 2011.

- Acid controllers
- Allergy and sinus
- Antibiotic products
- Anti-diarrheals
- Anti-gas
- Anti-itch and insect bite
- Anti-parasitic treatments
- Baby rash creams
- Cold sore remedies
- Cough, cold and flu
- Digestive aids
- Feminine anti-fungal/anti-itch
- Hemorrhoid treatments
- Laxatives
- Motion sickness
- Pain relief
- Respiratory treatments
- Sleep aids and sedatives
- Stomach remedies

OTC Items That Do Not Require a Prescription

The following items do not need a prescription in order for reimbursement from a health spending account.

- Adhesive bandages
- Braces and supports
- Catheters
- Contact lens solution and

supplies

- Contraceptives
- Denture adhesives
- Diagnostic tests and monitors
- Elastic bandages
- First aid supplies
- Insulin and diabetic supplies
- Ostomy products
- Reading glasses
- Wheelchairs, walkers and canes

The government may still release further guidelines regarding which OTC drugs need a prescription or not. Check the IRS website for updates:
www.irs.gov/newsroom/article/0,,id=222814,00.html.

This brochure is for informational purposes only and is not intended to replace the advice of an insurance professional.

Know Your Employee Benefits is written and produced for Alan Benoy Insurance Services. © 2011 Zywave Inc. All rights reserved.

EMPLOYEE POSTERS



A smile is worth a thousand words

Keep your smile looking and feeling good – be sure to enroll in the [C_Officialname] Dental Plan during our upcoming open enrollment. You'll receive [CUSTOMIZE WITH YOUR DENTAL BENEFITS – sample text: discounted rates and generous co-insurance amounts on a variety of services, including 100 percent coverage for preventive services].

Don't miss our open enrollment period: [OPEN ENROLLMENT DATES]

For more information regarding our Dental Plan or open enrollment, contact Human Resources today.

It's That Time AGAIN...



Open Enrollment!

The employee benefits open enrollment period for [c_officialname] is [event_location].


Employee meetings will be held at the following times:

- [Time_1]
- [Time_2]
- [Time_3]

Look for further information outlining the important changes and highlights for each of your Benefit plans in the [event_location].

You will have until [Deadline] to return your open enrollment forms to [event_location].

Please contact HR at [event_location].



IN CASE OF EMERGENCY:

- Call 911 immediately. Give the operator your name, location and phone number of where you can be reached.
 - The nearest phone is located here: _____
 - The address at the location: _____
 - The phone number at the location: _____
- If you are trained, a dispatcher directed to those who are injured and remain calm. Wait for emergency personnel to arrive.
 - The nearest first aid kit location: _____

[C_Officialname] wants you to remain healthy and safe on the job. Please contact your company safety officer for useful injury and disease prevention information.

- Safety Officer's name: _____
- Safety Officer's phone number: _____

© 2014 [Company Name]



Health Fair

[C_Officialname] will be hosting a health fair on [effective_date] at [event_location].

The health fair will include physicians, physical therapists, dietitians and massage therapists from [insert name of health care facility], waiting to help answer your health care questions and concerns.

- Wondering what your risk of heart disease is? Have a one-on-one chat with someone who knows.
- Not sure why your back has been hurting? Find out what could be causing your aches and pains, and get advice on what you can do to feel better.
- Have a healthy appetite? Seek to a professional about your dietary concerns.
- Stress from work, home, kids, etc. getting to be too much? Get a free five-minute chair massage and watch your worries fade away.

There will also be raffles going on throughout the day, so be sure to sign up so you qualify for all of the great prizes!

For more information about the health fair, contact Human Resources at [HR Phone Number].

This health fair is being sponsored by [Company Name] and [C_Officialname]. © 2014 [Company Name]



Open Enrollment

Open Enrollment Overview

Introduction/Message to Employees: (to be written by employer or broker. Include: Significant changes in benefits or cost sharing; open enrollment time frame, meeting dates/times; required forms from all employees; forms to be returned to whom by when.)

[Plan_Year] SUMMARY OF EMPLOYEE BENEFITS CHANGES

MEDICAL

- (Describe any changes to the medical plan carrier, benefits, or contributions.)
- (Indicate whether new identification cards will be issued.)
- (List any additional resources for information, e.g. the benefit summary, carrier website, carrier customer service department, human resources department, etc.)

The following employee contributions will be effective on [Effective_Date], and will be reflected on your (Insert Date) paycheck.

Election	(Current Year)	(New Plan Year)
Employee only	(\$/paycheck)	(\$/paycheck)
Employee & spouse	(\$/paycheck)	(\$/paycheck)
Employee & child(ren)	(\$/paycheck)	(\$/paycheck)
Family	(\$/paycheck)	(\$/paycheck)

DENTAL

- [Describe any changes to the dental plan carrier, benefits, or contributions.]
- [Indicate whether new identification cards will be issued.]
- [List any additional resources for information, e.g. the benefit summary, carrier website, carrier customer service department, human resources department, etc.]

The following employee contributions will be effective on [effective_date], and will be reflected on your [Insert Date] paycheck.

Election	(Current Year)	(New Plan Year)
Employee only	(\$/paycheck)	(\$/paycheck)
Employee & spouse	(\$/paycheck)	(\$/paycheck)
Employee & child(ren)	(\$/paycheck)	(\$/paycheck)
Family	(\$/paycheck)	(\$/paycheck)

SHORT-TERM & LONG-TERM DISABILITY COVERAGE

- (Describe any changes to the STD/LTD plan carrier(s), benefits, or contributions.)
- (List any additional resources for information, e.g. the benefit summary, carrier website, carrier customer service department, human resources department, etc.)

LIFE INSURANCE (company paid and voluntary)

- (Describe any changes to the life insurance carrier, benefits, or contributions.)
- (Explain enrollment forms to be completed to add coverage, and/or to elect coverage over the guarantee issue amount.)
- (List any additional resources for information, e.g. the benefit summary, carrier website, carrier customer service department, human resources department, etc.)

FLEXIBLE SPENDING PLAN

This benefit allows you to pay for your out-of-pocket medical, dental and vision expenses and dependent care expenses with pre-tax dollars, which lowers your tax liability.

- **If you currently contribute to the Flexible Spending Plan, you MUST RE-ENROLL FOR [Plan_Year].**
- (Describe enrollment form to be completed, other plan administration details and any additional resources for information.)

COMMUTER EXPENSE REIMBURSEMENT ACCOUNT (CERA)

- **If you currently contribute to the Commuter Expense Reimbursement Account, you must submit a new CERA election form.**
- (Describe enrollment form to be completed, other plan administration details and any additional resources for information.)

401(k) SAVINGS PLAN

- (Describe any changes in eligibility, fund offerings, loan administration or any additional resources for information.)

EMPLOYEE STOCK PURCHASE PLAN

- (Describe any changes in eligibility requirements, plan administration or any additional resources for information.)

What do you need to do during the OPEN ENROLLMENT period?

- If you don't want to make any changes to your current benefit elections, and you do not participate in the Flexible Spending Plan or the Commuter Expense Reimbursement Account, you don't need to take any action. All of your current benefit elections will automatically carry over and remain effective for [Plan_Year].
-
- If you want to change any of your current benefit elections, you will need to [describe forms to be completed and returned].

NOTE: After the Open Enrollment Period, you cannot make changes to your coverage during the year unless you experience a change in family status, such as:

- Loss or gain of coverage through your spouse

- Loss of eligibility of a covered dependent
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce, or legal separation
- Switch from part time to full time

You have **[Insert #]** days from a change in family status to make changes to your current coverage.

REMINDERS:

Open Enrollment Period: [Open_Enrollment]

Open Enrollment Meetings Schedule: [Time_1]; [Time_2]; [Time_3]

Open Enrollment forms are due to by (Deadline).