

EMPLOYER: City of Coral Springs

**General Information**

Do you have a Credit Union available to your employees?  
 Do you have Direct Deposit available to your employees?  
 If yes, is it available at any banking institution, or is it available at only specific banking institutions?  
 Are there any employee groups who do not have direct deposit available to them?

Yes	No
x	
x	
any bank	
mandatory for all	

If yes, which employee group(s)? \_\_\_\_\_

Do you offer flex time to:  
 management employees?  
 exempt non-management employees?  
 non-exempt employees?  
 sworn (fire and police) employees?  
 other \_\_\_\_\_

Yes	No
x	
x	
	x
	x

If yes, define (ie, come early/leave early; four day work week, etc.) \_\_\_\_\_

Do you staff more than one work shift?  
 If yes, is there a pay differential between shifts?

Yes	No
x	
midnight only	

If pay differential is a percentage of pay, specify the average percentage increase in base pay for each shift:

If yes, specify the average hourly differential for each shift.

	Evening/2nd shift	Midnight/3rd shift	Other
Police			
Fire			
General			
Other			

	Evening/2nd shift	Midnight/3rd shift	Other
Police		\$1,500 cash bonus after 26 weeks	
Fire			
General			
Other		Water Plant Operator \$1,200 cash bonus after 26 weeks	

**Insurance Benefits Information**

If your organization provides different levels of insurance benefits to different employee groups, please copy this section and report the information for each group. Please indicate which group the information pertains to.

Employee Group: \_\_\_\_\_ All      Check One: Full Time X      Part Time \_\_\_\_\_

Indicate that total monthly premium amount for each insurance listed below, and indicate the percent of each that is paid by the Employer and paid by the Employee. In addition, please indicate the cost to the employee of the following benefits. Provide information as if the service provided was at an In Network Cost for an employee with no dependents.

Insurance Benefits Offered to Employees:							
	Total Monthly Premium Amount	% paid by Employer	% paid by Employee	Annual Deductible	Annual Maximum Out of Pocket	Co-insurance % Paid by Employee	Office Visit Charge
Dental	\$ *						
Vision	\$ *						
Medical Indemnity	\$						
Mgd. CareNetwork	\$						
PPO	\$ 451	87%	13%	200	750	20%	20/25
EPO	\$						
HMO	\$ 335	98%	2%	200***	500		15/20
POS	\$						
Short Term Disability	\$ n/a						
Long Term Disability	\$ based on payroll	100%					
Life Insurance	\$ 16.51	100%					
AD&D	\$ **						
Optional Term Life	\$		100%				
Other	\$						

\*Premium includes medical, dental, vision  
 \*\*included in life insurance pymt  
 \*\*\*for hospital copay

If insurance coverage is offered to the dependents of this employee group, indicate the total monthly premium amount for each insurance listed below (if offered), and indicate the percent of each that is paid by the Employer and paid by the Employee:

**Insurance Benefits offered to Dependents of Employees:**

	1 Dependent			2 Dependents + More			3+ Dependents			Other (Define)		
	Total Monthly Premium	% Paid by Employer	% Paid by Employee	Total Monthly Premium	% Paid by Employer	% Paid by Employee	Total Monthly Premium	% Paid by Employer	% Paid by Employee	Total Monthly Premium	% Paid by Employer	% Paid by Employee
Dental	\$			\$			\$			\$		
Vision	\$			\$			\$			\$		
Medical												
Indemnity	\$			\$			\$			\$		
Mgd.Care Network	\$			\$			\$			\$		
PPO	\$891	86%	14%	1332	86%	14%	\$			\$		
EPO	\$			\$			\$			\$		
HMO	664	95%	5%	991	94%	6%	\$			\$		
POS	\$			\$			\$			\$		
Life Insurance	\$			\$			\$			\$		
AD & D	\$			\$			\$			\$		
Optional Term Life	\$			\$			\$			\$		
Other	\$			\$			\$			\$		

Does your dental insurance include orthodontic care for children? 

Yes	No
x	

 adults? 

	x
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 If yes, what is the maximum amount paid for: children PPO- 50% max \$2k lifetime; HMO based on fee schedule adults \_\_\_\_\_

Do you provide vision insurance to your full-time employees? 

Yes	No
x	

 If yes, is your vision insurance included with your healthcare plan? 

x	

 If it is not part of your healthcare plan, is it a discount program? 


 Comments (if needed) \_\_\_\_\_

Does your vision plan include: eye check/care 

x	
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 hardware (ie., glasses etc.) 

x	
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 Lasik (or similar) surgery 

	x
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 Comments (if needed) \_\_\_\_\_

If an employee opts NOT to take any or all insurances: Do you pay a dollar amount in lieu of insurance? 

Yes	No
	x

 Or, Do you provide a different benefit? 

	x
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 If yes, describe: \_\_\_\_\_

Is your organization's health insurance program (check one): 

Fully Insured	Self Insured	Combination
	x	

 Name of your medical insurance carrier: \_\_\_\_\_ Name of your third party administrator: Cigna, Vision Care

For the following questions, answer each question as it relates to In-Network costs:

What is the annual deductible for each medical plan you offer?

	Employee Only	Employee Plus One	Employee Plus Two	Family	Other
Indemnity					
Mgd. Care Networks					
PPO	200	400	600		
EPO					
HMO	n/a				
POS					

What is the annual maximum out of pocket for the employee?

	Employee Only	Employee Plus One	Employee Plus Two	Family	Other
Indemnity					
Mgd. Care Networks					
PPO	750	1500	2250		
EPO					
HMO	500	1000	1500		
POS					

What is the Co-Insurance Percent paid by you, the employer? 

	Employee	Employee	Employee	
--	----------	----------	----------	--

	Only	Plus One	Plus Two	Family	Other
Indemnity					
Mgd. Care Networks					
PPO					
EPO					
HMO					
POS					

What is the Co-pay amount the Employee pays for an office visit?

	Employee Only	Employee Plus One	Employee Plus Two	Family	Other
Indemnity					
Mgd. Care Networks					
PPO					
EPO					
HMO					
POS					

What is the Maximum Life Time Benefit ?

	Employee Only	Employee Plus One	Employee Plus Two	Family	Other
Indemnity					
Mgd. Care Networks					
PPO	****				
EPO	****				
HMO	****				
POS					

\*\*\*\*unlimited

Do you offer a prescription plan? 

Yes	No
x	

If yes, does it utilize:

- a Pharmacy Network
- a Preferred Medication List
- a Generic drug cost savings
- a Supply limit per co-payment
- a Mail Away program

Yes	No
x	
x	
x	
x	
x	

Employee's co-payment amount: \_ PPO - 10/20/40; HMO - 10  
Employee's co-payment amount: \_\_\_\_\_

Do you offer any of the following insurance coverages to retirees of your organization? If yes, indicate the total monthly premium amount for each insurance listed below (if offered), and indicate the percent of each that is paid by the Employer and paid by the Retiree:

	Retiree			1 Dependent			2 Dependents			Other (Define)		
	Total Monthly Premium	% Paid by Employer	% Paid by Employee	Total Monthly Premium	% Paid by Employer	% Paid by Employee	Total Monthly Premium	% Paid by Employer	% Paid by Employee	Total Monthly Premium	% Paid by Employer	% Paid by Employee
Dental	\$			\$			\$			\$		
Vision	\$			\$			\$			\$		
Medical												
Indemnity	\$			\$			\$			\$		
Mgd.Care Network	\$			\$			\$			\$		
PPO	\$ 451			\$ 391			\$ 1332			\$		
EPO	\$			\$			\$			\$		
HMO	\$ 335	50%	50%	\$ 664	50%	50%	\$ 991	50%	50%	\$		
POS	\$			\$			\$			\$		
Life Insurance	\$			\$			\$			\$		
AD & D	\$			\$			\$			\$		
Optional Term Life	\$			\$			\$			\$		
Other	\$			\$			\$			\$		

Do you reduce the monthly premium amount for insurances for retirees on medicare? If yes, indicate the total monthly premium amount for retirees on medicare for each insurance listed below (if offered), and indicate the percent of each that is paid by the Employer and paid by the Retiree:

	Retiree			1 Dependent			2 Dependents			Other (Define)		
	Total Monthly Premium	% Paid by Employer	% Paid by Employee	Total Monthly Premium	% Paid by Employer	% Paid by Employee	Total Monthly Premium	% Paid by Employer	% Paid by Employee	Total Monthly Premium	% Paid by Employer	% Paid by Employee
Dental	\$			\$			\$			\$		
Vision	\$			\$			\$			\$		
Medical												
Indemnity	\$			\$			\$			\$		
Mgd.Care Network	\$			\$			\$			\$		
PPO	\$ 287		100%	\$ 574			\$ 727			\$		
EPO	\$			\$			\$			\$		
HMO	\$ 219		100%	\$ 438			\$ 548			\$		
POS	\$			\$			\$			\$		
Life Insurance	\$			\$			\$			\$		
AD & D	\$			\$			\$			\$		
Optional Term Life	\$			\$			\$			\$		

Yes	No
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Do you offer a prescription plan to retirees? 


If yes, does it utilize:

a Pharmacy Network

a Preferred Medication List

a Generic drug cost savings

a Supply limit per co-payment

a Mail Away program

Retiree's co-payment amount: same as employee

Retiree's co-payment amount: \_\_\_\_\_

**DISABILITY INSURANCES**

What is the duration for Short Term Disability benefits? n/a

What is the percentage pay replacement? \_\_\_\_\_

What offsets, if any, do you have? (ie., workers comp, social security, etc.) \_\_\_\_\_

What is the percentage pay replacement under your Long Term Disability policy? 60%

What offsets, if any, do you have? (ie., workers comp, social security, etc.) pension

Do you provide your employees with an opportunity to purchase Short Term or Long Term Disability Insurances (separate from what you, the employer, provide)? If so, please explain: No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If your organization provides different levels of insurance benefits to different employee groups, please copy this section and report the information for each group. Please indicate which group the information pertains to.**

Employee Group: \_\_\_\_\_ All Check One: Full Time  Part Time

What is the life insurance benefit? 

<input checked="" type="checkbox"/>	Uniform benefit for all employees (Amount: <u>75,000</u> )
<input type="checkbox"/>	Benefit is one times annual salary.
<input type="checkbox"/>	Benefit is two times annual salary.
<input type="checkbox"/>	Other (specify): _____

What portion of the life insurance benefit do you pay for? Percent: 100% Dollar amount: \_\_\_\_\_

Do you offer supplemental life insurance to employees? 

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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 If yes, what portion does the employee pay for? Percent: 100% Dollar amount: \_\_\_\_\_

Do you offer dependent life insurance to employees? 

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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 If yes, what portion does the employee pay for? Percent: 100% Dollar amount: \_\_\_\_\_

What is the waiting period for insured benefits to begin for a new employee? 

<input type="checkbox"/>	No waiting period.
<input type="checkbox"/>	One month
<input type="checkbox"/>	Two months
<input type="checkbox"/>	Three months
<input type="checkbox"/>	Six months
<input type="checkbox"/>	Over six months
<input checked="" type="checkbox"/>	Other First of the month following 30 days of employment

When may employees make changes to their insurances? (other than life events) 

<input checked="" type="checkbox"/>	Once per year
<input type="checkbox"/>	At will
<input type="checkbox"/>	Other _____

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If employees pay all or a portion of insurance premiums, do you offset the cost? N/A

		If yes, how are they offset?
		Supplemental money given to employees
		Amount of supplement: _____
		Other offset: _____
		Cafeteria plan:
		Health Insurance
		Flexible Medical Premiums
		Flexible Spending Accounts
		Retirement Benefits
		Short/Long Term Disability
		Life Insurance
		Dental Insurance
		Vision Insurance
		Dependent Health/Life Insurance
		Child/Elder Care
		Other: _____

**Retirement Benefits Information**

Are your employees members of the Florida State Retirement System?

Yes	No	If yes, which employee groups?
	x	General
		Police
		Fire
		Other

Do you have an employer sponsored Retirement Plan? If yes, is participation mandatory?

Yes	No	If yes, what type of plan is offered?				
x		General	Police	Fire	Other	
		Defined Contrib. Plan	x			
		Defined Benefit Plan		x	x	
		Both				

Are employee contributions required for participation in the Plan?

Yes	No	If yes, what percent are employee and employer contributions?				
x		General	Police	Fire	Other	
		Employer Contrib.	7%			
		Employee Contrib.	6% or 8%	9%	8.50%	

after 7 yr, City contribution increases by 2% for general employees

Is Employer's contribution a percent of base salary?

Yes	No	If no, what is the basis of the calculation of the Employer's contribution (i.e., base salary plus overtime, etc.):				
x		General				
		Police				
		Fire				
		Other				

Can employees make a voluntary/additional contribution to the retirement plan?

Yes	No	If yes, what is the maximum percent of additional contribution allowed?				
	x					

What is the waiting period before an employee can participate in the Retirement Plan?

General	Police	Fire	Other	
*	*	*		*immediate

What is the vesting period for the Retirement Plan?

General	Police	Fire	Other	
5 yr	10 yr	10yr	management	- immediately

What pay is included in determining Final Average Compensation?

	General	Police	Fire	Other
Base Pay		x	x	
Longevity		x		
COLAs				
Vacation, sick, holiday etc. pay		x		
Overtime pay		**not to exceed 300 hrs		
Special assignment/OT pay				
Shift premiums		x		
Educational Incentive payments		x		
Accumulated leave buyouts		x		

Yes	No
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Do you have a Deferred Retirement Option Plan (DROP)?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, which groups is it offered to?
		General
		Police <input checked="" type="checkbox"/>
		Fire
		Other

What is the maximum DROP period?

	5 years	No maximum	Other
General			
Police	<input checked="" type="checkbox"/>		
Fire			
Other			

If you DROP plan is **not** part of your retirement system, who is it handled through (ie., ICMA, etc.)?

General	
Police	
Fire	
Other	

Do you offer a separate Tax Deferred Savings Plan?

Yes	No	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, what type of plan is it?
		<input checked="" type="checkbox"/> 457 Plan
		<input type="checkbox"/> 401A Other

**Paid Leave Benefits Information**

Do you have a formal policy for paid leave?

Yes	No	If yes, indicate those items included in the policy for the various employee categories:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	

	General Hourly	Salaried	Police	Fire	Other
Sick Leave	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Vacation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Personal Days	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Holidays	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Family Illness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Bereavement Leave	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Military Leave	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Voting Time					
Jury/Subpoena Duty	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other					

How many sick days are earned annually?

General Hourly	Salaried	Police	Fire	Other
accruals same for all FT @ 2080 hrs = 96 hours; accruals for 2496 employees (Fire) = 120 hours				

When does an employee begin to earn sick leave?

Date of hire
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When is an employee eligible to use sick leave?

Immediately
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Can sick days accumulate from year to year?

Yes	No	If yes, what is the maximum number of days that may be accumulated?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	

General Hourly	Salaried	Police	Fire	Other
maximum accruals same for all FT @ 2080 hrs = 480 hours; accruals for 2496 hrs (Fire) = 576 hours				

**Paid Leave Benefits Information**

Are unused sick days compensable?  Yes  No

Within limits  If yes, when is unused sick time paid? (Check all that apply)

Event	Pay Out Formula
At year's end	First 32 hrs accrued annually for all FT @ 2080 hrs & first 40 hrs accrued annually for 2496 hrs (Fire) can be converted to cash or annual leave (sick leave incentive program)
Upon resignation	Paid for 25% of accruals up to 480 hours (576 for 2496 Fire); rate is average weighted base pay over period of employment
Upon retirement	Paid for 25% of accruals up to 480 hours (576 for 2496 Fire); rate is average weighted base pay over period of employment
When discharged	Paid for 25% of accruals up to 480 hours (576 for 2496 Fire); rate is average weighted base pay over period of employment
Reduction in Force	Paid for 25% of accruals up to 480 hours (576 for 2496 Fire); rate is average weighted base pay over period of employment
Other (do not include sick leave donation)	

May unused sick time be converted to other leaves? (Do not report sick leave donation here. That will be covered in another section).  Yes  No

If yes, when is unused sick time converted? (Check all that apply)

Event	Conversion Formula
At year's end	First 32 hrs accrued annually for all FT @ 2080 hrs & first 40 hrs accrued annually for 2496 hrs (Fire) can be converted to cash or annual leave (sick leave incentive program)
Upon resignation	no
Upon retirement	no
When discharged	no
Reduction in Force	no
Other (do not include sick leave donation)	

Which best describes your vacation policy? (Check one)

Fixed for all employees

Varies with job level

Varies with years of service

Varies with job level and years of service

Indicate the number of vacation days earned annually based on level and years of service:

	Police	Fire	Hourly	Salaried	Mgt.
0-4 years	96	120	96	96	96
5-9 years	increases by 8 hrs every year 5-10, increases by 8 hrs in 12th yr, 14th yr and 16th yr for a maximum of 168 hrs accrued for 2080 FT; for 2496 Fire, increases 24 hrs 5th year & remains same until 8th year, then increases 24 hrs & remains same until 12th yr, then increases 24 hrs & remains same maximum of 192 hrs accrued for rest of employment.				
10-15 years					
16-20 years					
21+ years					

**Paid Leave Benefits Information**

Can vacation days accumulate from year to year?  Yes  No

If yes, what is the maximum accumulation?

	Police	Fire	Hourly	Salaried	Mgt.
0-4 years	maximum accruals for 2080 FT = 240 hrs; for 2496 Fire, maximum accruals = 288 hrs				
5-9 years					
10-15 years					
16-20 years					
20+ years					

When do employees begin to earn vacation?

When are employees eligible to use vacation?

Are unused vacation days compensable?  Yes  No

If yes, when is unused vacation time paid? (Check all that apply)

Event	Pay Out Formula
At year's end	no
Upon resignation	for all accruals @ current base pay
Upon retirement	for all accruals @ current base pay
When discharged	for all accruals @ current base pay
Reduction in Force	for all accruals @ current base pay
Other (do not include leave donation)	Employees can convert up to 40 hrs (2080 FT) or 48 hrs (2496 Fire) to cash at any time throughout the year

May unused vacation time be converted to other leaves? (Do not report vacation leave donation here. That will be covered in another section).  Yes  No

If yes, when is unused vacation converted? (Check all that apply)

Event	Conversion Formula
At year's end	
Upon resignation	
Upon retirement	
When discharged	
Reduction in Force	
Other (do not include leave donation)	

**Paid Leave Benefits Information**

Do you offer a Leave Donation Policy?

Yes	No	If yes, to which employee group(s) and what leave may be donated?																				
<input type="checkbox"/>	<input type="checkbox"/>																					
practice, not policy																						
for sick leave only																						
same for all employees																						
*donations over 16 hrs affects SL Incentive conversion		<table border="1"> <tr> <td></td> <td>Sick</td> <td>Vacation</td> <td>Other</td> </tr> <tr> <td>General</td> <td>unlimited*</td> <td>n/a</td> <td></td> </tr> <tr> <td>Police</td> <td>unlimited*</td> <td>n/a</td> <td></td> </tr> <tr> <td>Fire</td> <td>unlimited*</td> <td>n/a</td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> </tr> </table>		Sick	Vacation	Other	General	unlimited*	n/a		Police	unlimited*	n/a		Fire	unlimited*	n/a		Other			
	Sick	Vacation	Other																			
General	unlimited*	n/a																				
Police	unlimited*	n/a																				
Fire	unlimited*	n/a																				
Other																						

Check which bank donated time is deposited into:

Individual employee's bank:	<input checked="" type="checkbox"/>
Shared pool:	<input type="checkbox"/>

What is the maximum amount of time that may be donated?

unlimited*	<input type="checkbox"/>
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What is the minimum amount of time that may be donated?

1 hr	<input type="checkbox"/>
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What basis is the donated time administered on?

Hour for Hour:	<input checked="" type="checkbox"/>
Dollar for Dollar:	<input type="checkbox"/>

What happens to donated but unused contributions?

Returned to donating employees	<input checked="" type="checkbox"/>
Forfeited	<input type="checkbox"/>
Remains in shared pool	<input type="checkbox"/>

Do you provide Personal Days (in addition to vacation days)?

Yes	No	If yes, how many personal days are earned annually?				
<input checked="" type="checkbox"/>	<input type="checkbox"/>					
General						
Police						
Fire						
Other		<table border="1"> <tr> <td>2 days, can't use for 6 months, must be used by Dec 31 annually or forfeited</td> </tr> <tr> <td>2 days, can't use for 6 months, must be used by Dec 31 annually or forfeited</td> </tr> <tr> <td>24 hrs, can't use for 6 months, must use before Dec 31 or forfeit</td> </tr> <tr> <td></td> </tr> </table>	2 days, can't use for 6 months, must be used by Dec 31 annually or forfeited	2 days, can't use for 6 months, must be used by Dec 31 annually or forfeited	24 hrs, can't use for 6 months, must use before Dec 31 or forfeit	
2 days, can't use for 6 months, must be used by Dec 31 annually or forfeited						
2 days, can't use for 6 months, must be used by Dec 31 annually or forfeited						
24 hrs, can't use for 6 months, must use before Dec 31 or forfeit						

**Paid Leave Benefits Information**

May Personal Days be accumulated?

Yes	No	If yes, what is the maximum accumulation?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
General		
Police		
Fire		
Other		

When are employees eligible to use Personal Days?

after 6 months
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May unused Personal Days be converted to cash?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Which paid holidays are provided to your employees?

	General	Police	Fire	Other	Other
New Year's Eve					
New Year's Day	<input checked="" type="checkbox"/>	cash bonus equal to 96 hours base pay paid to Police			
M. L. King Day	<input checked="" type="checkbox"/>	cash bonus equal to 100 hours base pay paid to Fire			
President's Day	<input checked="" type="checkbox"/>				
Memorial Day	<input checked="" type="checkbox"/>				
Independence Day	<input checked="" type="checkbox"/>				
Labor Day	<input checked="" type="checkbox"/>				
Columbus Day					
Veterans' Day	<input checked="" type="checkbox"/>				
Thanksgiving Day	<input checked="" type="checkbox"/>				
Day after Thanksgiving	<input checked="" type="checkbox"/>				
Christmas Eve Day					
Christmas Day	<input checked="" type="checkbox"/>				
Other					

**Paid Leave Benefits Information**

Is time used for family illness deducted from the employee's sick bank? 

Yes	No
x	

 If no, what bank is it deducted from?  

Vacation bank
Leave Pool
Other _____

What is the maximum number of paid days per year that employees may use for family illness (NOT FMLA)? 

40 hours maximum annually
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What is the maximum number of paid days for bereavement leave?  

_____	# of days for funeral within Florida
_____	# of days for funeral outside Florida
Other: _____	5 or 3 based upon immediate relative or defined relative, location not relevant

Do you have a policy that sets the maximum duration of leave (paid or unpaid) allowed before the employee is replaced (above and beyond the 12 weeks allowed under FMLA)? 

Yes	No
x	

 If yes, what is the duration of the maximum approved leave?  

Employee Group	Maximum Leave Permitted
Police	
Fire	
Hourly	
Salaried	
Mgt.	

What happens to any unused leave the employee may have once he/she is replaced?  
 All employees: 12 additional weeks of "Other" leave  
 Paid out in accordance with applicable policies as a termination (if unable to return and perform essential duties)

If an employee is injured on the job, do you supplement their workers' compensation payment? 

Yes	No
x	

 If yes, how is it supplemented and for how long?  


**Other Benefits Information**

Do you have an Educational Assistance policy? 

Yes	No
x	

 If yes, is reimbursement based on rates charged by:  

	Police	Fire	General
State college/university	All employees - state tuition levels		
School attended			

Is the reimbursement percentage based upon the grade received? 

Yes	No
x	

 If yes, provide percent:  

Grade	% Paid Police	% Paid Fire	% Paid General
A			
B			
C	All employees - C or better @ 100%STL		
D			

What types of courses are eligible?  

	Police	Fire	General
Degree/Job Related	All employees - degree job related or potential promotion; courses if non-degree that are job related.		
Degree/Not Job Related			
Non-Degree/Job Related			
Non-Degree/Not Job Related			

Which costs are reimbursable?  

Tuition	100% STL		
Textbooks	100%		
Course Materials			
Registration			
Parking			

Is there an annual maximum reimbursement amount? 

Yes	No
x	

 If yes, provide the maximum amount: \_\_\_\_\_

When are employees eligible to use educational assistance? 

after 1 yr. Initial probation, except for FF/EMT for Paramedic certification - eligible upon date of hire
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Are employees required to reimburse the employer within a certain period of time after separation of employment? 

Yes	No
x	

 If yes, please explain: 

Deduction from final pay for any tuition paid in the preceding 12 months
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**Other Benefits Informaiton**

Do you have a child care program available for your employees?

Yes	No
x	

If yes, what does it include?

<input type="checkbox"/>	In-house child-care facilities
<input type="checkbox"/>	Employer supplement to cost of outside care
<input checked="" type="checkbox"/>	EAP Referral services
<input type="checkbox"/>	Other

Do you have an elder care program available for your employees?

Yes	No
x	

If yes, what does it include?

<input type="checkbox"/>	In-house child-care facilities
<input type="checkbox"/>	Employer supplement to cost of outside care
<input checked="" type="checkbox"/>	EAP Referral services
<input type="checkbox"/>	Other

Do you provide wellness programs to your employees?

Yes	No
x	

If yes, what does it include?

<input type="checkbox"/>	Limited In-house fitness facilities
<input checked="" type="checkbox"/>	Employer supplement to cost of outside fitness facilities
<input type="checkbox"/>	On-site Health Services/Industrial Hygiene Dept.
<input checked="" type="checkbox"/>	Other Health Risk Assessment, variety of classes; vitamins & air purifiers @ cost; exercise for cash drawings;

What other wellness programs do you offer?

<input checked="" type="checkbox"/>	Smoking cessation
<input checked="" type="checkbox"/>	Health screening (blood pressure/cholesterol)
<input checked="" type="checkbox"/>	Mammogram/Prostate exam
<input type="checkbox"/>	Exercise time
<input checked="" type="checkbox"/>	blood profiles
<input checked="" type="checkbox"/>	Physicals
<input checked="" type="checkbox"/>	Stress management
<input checked="" type="checkbox"/>	Nutrition education
<input checked="" type="checkbox"/>	Other

**Other Benefits Informaiton**

Do you have an Employee Assistance Program?

Yes	No
x	

If yes, is your EAP?

<input type="checkbox"/>	In-house
<input checked="" type="checkbox"/>	Contracted out

What services does your EAP provide?

<input checked="" type="checkbox"/>	Marriage/couples counseling
<input checked="" type="checkbox"/>	Family counseling
<input checked="" type="checkbox"/>	Drug/alcohol addiction
<input checked="" type="checkbox"/>	Financial counseling
<input checked="" type="checkbox"/>	Legal counseling
<input checked="" type="checkbox"/>	Other

Do you provide any additional "innovative" benefits to your employees?

Yes	No

If yes, what are they?


Are you considering adding "innovative" benefits in order to assist you in your recruitment and retention efforts?

Yes	No

If yes, what are they?


**Bonuses/Incentives Information:**

Do you have a formal bonus program?		Yes	No							
		x		If yes, what types of bonuses are granted?						
				Police	Fire	Salaried	Hourly	Mgmt.		
				Individual performance						
				Team performance						
				Discretionary						
				Gainsharing						
				Other	All employees - all of above usually in cash					
Which types of bonuses are included in base pay?				Police	Fire	Salaried	Hourly	Mgmt.		
				Individual performance						
				Team performance						
				Discretionary						
				Gainsharing						
				Other	All employees - case by case basis					
Which types of bonuses are paid as a lump sum?				Police	Fire	Salaried	Hourly	Mgmt.		
				Individual performance						
				Team performance						
				Discretionary						
				Gainsharing						
				Other	Majority of bonuses paid in cash					
What is the maximum amount of bonus that can be earned?				Police	Fire	Salaried	Hourly	Mgmt.		
				Individual performance						
				Team performance						
				Discretionary						
				Gainsharing	equal amounts for all employees based on profit sharing					
				Other	All employees - varies on case by case basis					

**Bonuses/Incentives Information:**

Do you offer a longevity program to your employees?		Police	Fire	Hourly	Salaried	Mgmt.
Yes		All employees paid 1% base pay in cash annually				
No						
If yes, indicate the payment method:		Police	Fire	Hourly	Salaried	Mgmt.
Paid as lump sum						
Included in base pay						
Indicate the percent or dollar amount paid:		Police	Fire	Hourly	Salaried	Mgmt.
0 to 4 years						
5 to 9 years						
10 to 15 years						
16 to 20 years						
21 or more years						
Other		All employees hired prior to June 1993 - \$500 cash 10-14 yrs; \$1,000 cash 15-19 yrs; \$1,500 cash 20+ yrs				

**Other:**

Do you have part-time employee positions?		Yes	No						
		x		If yes, indicate which type(s):					
		x		Regularly scheduled, year-round (RS)					
		x		Casual/seasonal (CS)					
				Per diem (PD)					
Which, if any, benefits are provided to your part-time employees? No benefits paid other than longevity for budgeted part-time (very few)				Insurances	Time Off	Bonuses	Retiremnt	Other	Other
				RS					
				CS					
				PD					

**Executive Benefits**

Do you offer additional/different benefits to employees in your Executive Group?

Yes	No
x	

If yes, please outline the benefits that are provided to your Executive Group employees that are not offered to other employees (i.e., car allowance; take home car; medical premium benefits, etc.)  
Include a dollar amount, where applicable (i.e., \$350/mo. Car allowance)

Directors - \$4,200/yr car allowance \_\_\_\_\_  
 Division heads - \$2,700/yr car allowance \_\_\_\_\_  
 For both of above, 11% ICMA 401A contribution with/without employee contribution \_\_\_\_\_

Certain positions are assigned take home cars based upon responsibilities for "immediate return to work" or "Incident Command" responsibilities \_\_\_\_\_

Please list those positions that are included in your Executive Group:

All Directors \_\_\_\_\_  
 All Division heads \_\_\_\_\_  
 33 Total positions \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Retirement Health Savings Plan (RHS)**

A Retirement Health Savings Plan allows employees to set aside monies to pay for future medical expenses for themselves and/or their dependents after retirement on a tax-free basis.

**If your organization provides different levels of insurance benefits to different employee groups, please copy this section and report the information for each group. Please indicate which group the information pertains to.**

Employee Group: \_\_\_ All Check One: Full Time x Part Time \_\_\_

Do you offer an RHS Plan to your employees?  

Yes	No
x 1/1/05	

 If yes, does your plan offer Annual Prospective Leave elections?  

Yes	No

 If yes, does your plan offer Irrevocable elections?  


If your plan offers Annual Prospective Leave elections, please complete this information:

	% Max.	\$ Max	Max. # Days	Max. # Hours
Vacation Leave Accrual				
Sick Leave Accrual				
Other				
Other				

If your plan offers Irrevocable elections, please complete this information:

	% Max.	\$ Max.	Max # Days	Max # Hours
Pay per pay period				
Vacation				
Sick				
One Time Contributions:				
Sick Leave at Retirement				
Vacation Leave at Retirement				
Sick Leave at Resignation				
Vacation Leave at Resignation				
Other One Time:				

Who administers your RHS plan? (i.e., ICMA): ICMA