



# WESTERN GROCERS EMPLOYEE BENEFITS TRUST

## 2021 Grocery Employer Benefits Survey

Would you like to know how other store owners are managing their Employee Benefits? Participants in this survey will receive complete report of such findings. Your responses are confidential – only summary results are published.

To get the report, please take a few minutes to complete your survey and submit this information by **June 1<sup>st</sup>**.

Business Name		Contact Name	Name of Current Health Insurance Company	
Mailing Address		City	State	Zip
Phone	FAX	EMAIL		

How would you like to receive our summary report?  Email  Fax  Mail

### PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

- How many total employees do you have:  Less than 25  25-49  50-99  Over 100
- Are your employees in a Union health plan?  Yes  No | If yes, does management use the union plan too?  Yes  No
- Do you provide higher levels of employer paid benefits for managers or supervisors?  Yes  No
- Do you offer more than one health plan option to participating employees?  Yes  No
- Which of the Benefits listed below do you make available to your participating employees? (check all that apply)  
 Medical / Rx  Dental  Vision  Short Term Disability  Long Term Disability  Life Insurance  Retirement  None
- What is the annual employee deductible of your medical plan?  Less than \$1000  \$1000-\$1999  \$2000-\$3000  More than \$3000  
(If you offer more than one plan answer for the most popular choice)
- Your contribution to your employee's health insurance premium as a percent?  100%  90%  80%  70%  60%  50% or less (best est)
- What percent of your employee's family's health premium do you pay?  100%  90%  80%  70%  60%  50% or less (best est.)  None
- Please describe your paid vacation policy:
- Do you make available Supplemental, or Voluntary Benefits available to employees?  Yes  No
- How did your cost for Benefits change in the last year?  Cost went down  About the same  A little more  A lot more
- In what ways had the Covid-19 Pandemic affected your operations and health benefits plans? (check all that apply)  
 None  Increased sick time  More participation in health plan  More use of Telemedicine  Vaccination Incentives

Other Comments: \_\_\_\_\_

To participate in our survey and receive a full report of findings, SIMPLY RETURN THIS FORM by June 1<sup>st</sup>

**MAIL:** P.O. BOX 22166, Portland, OR 97269 | **FAX:** 503.968.2817 | **EMAIL:** info@westerngrocerstrust.com  
Or you can complete the survey on our website - [www.westerngrocerstrust.com](http://www.westerngrocerstrust.com) – employer access code wgt14