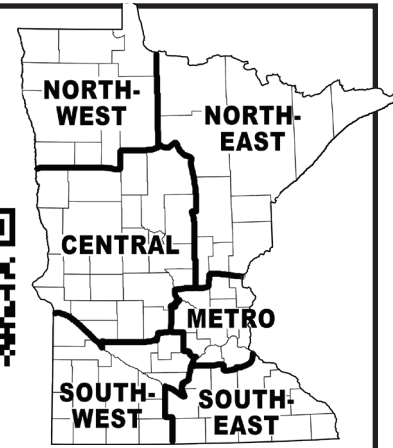


2023 WAGE & BENEFIT SURVEY

FREE copy of survey results will be emailed to all participants.

Members who choose not to respond may purchase a copy of survey results for \$49.

*OPTION: Take this survey online (www.surveymonkey.com/r/9L8WJSK) or scan the QR code below.



Owner's Name: _____
 Business Name: _____
 Address: _____
 City/St/Zip: _____
 Phone: _____ E-mail: _____



Region: (see map) NW NE Central Metro SW SE
Your shop is: Non-union IBEW CLA ABC Other: _____
Your shop is: Electrical Contractor PLT Contractor *If you have BOTH, please fill out one form for each group.

Journeyworker Base Pay

Number of Journeyworkers _____
 Lowest Journeyworker pay \$ _____ / hr
 Highest Journeyworker pay \$ _____ / hr
 Average Journeyworker pay \$ _____ / hr

What type of retirement plan do you have?
 None SEP
 401K Other: _____
 Employer Contribution _____ %
 Other: Bonuses Profit Sharing

Vacation policy: (e.g., 1 wk after 1 yr) _____

Sick leave policy: (e.g., 1 day/mo) _____

Apprentice Base Pay

Number of Apprentices _____
 Lowest Apprentice pay \$ _____ / hr
 Highest Apprentice pay \$ _____ / hr
 Average Apprentice pay \$ _____ / hr

What type of retirement plan do you have?
 None SEP
 401K Other: _____
 Employer Contribution _____ %
 Other: Bonuses Profit Sharing

Vacation policy: (e.g., 1 wk after 1 yr) _____

Sick leave policy: (e.g., 1 day/mo) _____

Journeyworker Training

Where do your JW's receive their CE credits? % Paid by company
 Electrical Association (In person Online) _____ %
 Other _____ %

Apprentice Training

Where do your Apprentices receive their training? % Paid by Company
 On the job _____ %
 Electrical Association Apprenticeship Program _____ %
 Other: _____ %

Vehicle Use

Is personal use of company vehicle allowed? Yes No
 If yes, do you charge employees for personal mileage? Yes No If yes, at what rate? \$ _____ /mile
 Do you pay employees for use of their personal vehicles? Yes No If yes, at what rate? \$ _____ /mile

Health Care & Insurance

What type of health insurance program do you provide?

None Group plan
 HMO Preferred Provider Plan Other: _____
 Point of Service (POS) (insurance pays set amt. no matter where you go)
 Electrical Association's Health Spark

Do you provide the following additional coverage?

Dental Yes No _____ % company paid
 Life Yes No _____ % company paid
 Short-term disability Yes No _____ % company paid
 Long-term disability Yes No _____ % company paid

Who does your health care program cover?

Employee only Yes No _____ % company paid
 Employee+one dependant Yes No _____ % company paid
 Family coverage Yes No _____ % company paid
 Health Savings Account Yes No
 Flexible Spending Account Yes No

Safety Program

Do you have a written employee handbook? Yes No
 Do you have a written safety handbook? Yes No
 Do you have a safety incentive program? Yes No

Do you pay employees to purchase individual health insurance? Yes No (If yes, \$ _____ /month)

Do you want to learn more about these Association offerings? Health Insurance (Health Spark) 401(k)

Benefits

event tickets flex scheduling uniforms parties/picnics sponsor teams tool allowance cell phone expenses
 Other: _____

Davis Bacon

Estimated percentage of yearly gross revenues that is Davis-Bacon work. _____ % /yr

DEADLINE: March 31, 2023. Thank You for Your Participation!

Return to FAX: 612-827-0920 or SCAN & EMAIL: rbrunlik@electricalassociation.com

here if you do not wish to receive information by fax.