



## 2009 Application

Thank you for your interest in participating in the **AARP Best Employers for Workers Over 50** program. At a time when the percentage of workers age 25 to 44 is declining, older adults are a more important component of America's workforce than ever before--a fact smart companies are well aware of. By recognizing the AARP Best Employers for Workers Over 50, AARP encourages all employers to create a mutually beneficial work environment that values the potential of these workers.

Listed below is information about the program as well as instructions for completing the application. All applications must be received by February 13, 2009.

### **Eligible Employers**

All employers with a total of at least 50 employees in the United States are eligible to apply.<sup>1</sup> AARP welcomes applications from private sector employers, including for-profits and nonprofits, as well as government employers. We recognize that all employers do not have the same level of resources. Factors such as organization size and industry are taken into consideration when evaluating the applications. In 2008, AARP recognized a variety of organizations, including not-for-profit organizations, small companies, and Fortune 500 companies. For more information about the organizations honored in 2008 as the AARP Best Employers for Workers Over 50, please go to [www.aarp.org/bestemployers](http://www.aarp.org/bestemployers).

Because policies that are good for mature workers are often beneficial for all workers, employers are not required to have programs dedicated exclusively to mature workers. However, employers who can demonstrate that their programs are particularly valued by mature workers may receive additional credit through the evaluation process.

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<sup>1</sup> In order to be eligible to apply, an employer must have had at least 50 employees (defined as full-time equivalents (FTEs)) on its payroll for the entire 12-month period prior to submitting an application and must expect to have at least 50 employees on its payroll for the next 12 months. For purposes of this application, employees in the 50 states and U.S. territories in the Caribbean and Pacific count toward the minimum of 50 FTEs.

## ***Application and Evaluation Process***

The application for the 2009 AARP Best Employers for Workers Over 50 program consists of eight sections: general information, recruiting, workplace culture, continued opportunities for career success, benefits, opportunities for your retirees, organization statistics, and final comments.

All completed applications received by the February 13, 2009 deadline will be analyzed by an independent survey firm, TNS NFO, on a range of criteria, including flexible work options, age-neutral policies and practices, training and development opportunities, and pension and health benefits.

After the initial analysis of the applications, AARP will determine which companies' applications are sent to the Best Employers judges for further evaluation. This independent panel of judges comprised of private sector, non-profit and government labor experts will then rate the applicants. Additional follow up questions may be asked of you during the evaluation process.

Finally, due to AARP's commitment to its overall mission of enhancing the quality of life for people as they age, this selection process also includes a due diligence component intended to ensure that any organization recognized as one of the AARP Best Employers for Workers Over 50 has practices that are generally consistent with AARP's public policies and values. The following questions represent some of the issues that AARP has explored during the due diligence process in previous years:

- If this employer converted a traditional defined benefit retirement plan into a cash balance plan, did it adequately protect the pension benefits of its older workers?
- If this employer provides retiree health benefits other than COBRA to retirees who are under the age of 65, does it also provide a health benefit to retirees who are over the age of 65?

Although the names of the 2009 honorees will not be publicly released until the fall of 2009, the evaluation process will be completed by July 2009. All applicants, including those organizations selected as the 2009 AARP Best Employers for Workers Over 50 and those who are not selected, will be notified of the outcome of their application by the end of August 2009.

## ***Feedback for Applicants***

### **Feedback Available Free of Charge**

All organizations that apply for the 2009 AARP Best Employers recognition will automatically receive a topline feedback report free of charge. This topline feedback report will show how your organization's score for each section of the application compared to the scores of all applicants, applicants within your industry, and applicants of a similar size.

## ***Recognition of the 2009 AARP Best Employers***

In the fall of 2009, the names of the AARP Best Employers for Workers Over 50 will be published in AARP The Magazine, which is distributed to more than 24 million households, and will be shared with other national media. If your organization is selected, you will be invited to join in the celebration by attending a recognition dinner. As a recognized AARP Best Employer, you will also be expected to respond to inquiries from the press and to permit AARP to publish information about your company's workforce practices. You will be given the opportunity to shield proprietary information from public disclosure by noting such information in Section 9 of the application. Through this recognition, selected employers will gain a powerful asset in their employee recruitment campaigns. AARP will provide guidelines about how this recognition may be used in your organization's advertising and publicity activities.

## **Instructions for Completing Your Application**

- 1. Unless otherwise instructed, please base your responses to all questions on practices and policies that will be in effect in 2009.** It is important that your responses reflect the practices and policies that will be in effect in 2009 because your responses will be used to select the 2009 honorees. **Additionally, unless otherwise instructed, do not include programs that are no longer accepting new participants, such as benefits that are only available to employees who were hired before a certain date.**
2. Print and review a paper copy of the application, first, and gather your data offline. DO NOT immediately begin to enter your information online before you have had an opportunity to review the entire application and collect some of the information that you will need to respond.
3. Use the available comments boxes in the application to explain and elaborate as requested. This is especially important if you leave an item blank because you do not track a program or you do not have specific data. Your answers to all questions, including the open-ended questions and the spaces for comments at the end of each section, will be considered in the evaluation of your application. The judges who review your application will examine your responses to the open-ended questions for any more information that you have to offer about **how your workforce practices and policies are relevant to the needs of older workers and why your organization is a good workplace for 50+ workers.** While we recognize that your organization may not have programs exclusively for older workers, we do encourage you to use the application to demonstrate why your organization is a good workplace for older workers.
- 4. To prevent overloading your system while completing this application, please close all non-essential programs.**
5. When you begin to enter your organization's information online, you can enter partial information, save it, and return at a later time to complete the application. You can edit information you already entered at any time before hitting the SUBMIT button.
6. When you want to suspend and save your work on the application, simply click on the Save Answers/Next Section button on the lower right portion of the screen.
7. When you want to resume work on the application or edit your previously entered information, simply go back to <http://www.aarp.org/bestemployers> and log back into the application. **It is important that you use the same email address you used when you first entered or you will not be able to access your application.**
- 8. Supporting materials are not permitted. If you submit supporting materials, they will be discarded and will have no impact on your company's evaluation.**
9. If you need technical support with the application or have other questions about filling out the application, please call **1-800-456-7485 between the hours of 8 A.M. and 5 P.M. E.T. on weekdays**, or send an email to [aarpbestemployershelp@tns-global.com](mailto:aarpbestemployershelp@tns-global.com).
10. Once you are satisfied that your application is complete and accurate, click on the FINISH tab at the top right portion of your screen and follow the screen instructions. Please make sure to submit your application by February 13, 2009.

CAUTION! Once you click the SUBMIT button, you will no longer be able to access your application.

11. Before you click the **SUBMIT** button, you may wish to **print a copy** of the application for your records. At the end of the application period you will receive an emailed copy of your completed application for your records.
12. If you do not wish to submit your application online, please mail it to:

**AARP Best Employers for Workers Over 50  
TNS NFO  
P.O. Box 315  
Toledo, OH 43697**

If you choose to mail your application rather than submit it online, please note that the application must **arrive** at the above address by **February 13, 2009**.

### ***Security and Confidentiality***

1. Once you submit your application, the data from your company's application are stored by TNS NFO in a secure database environment behind a firewall. Access to the database requires a unique username and password that is useable only while on the premises of TNS NFO by data services personnel assigned to this project. After TNS NFO processes your company's data, it provides your company's completed application to AARP.
2. Your company's application will not be viewed by anyone outside of AARP, AARP Foundation, TNS NFO, Inc., other external parties contracted by AARP, or the panel of judges selected by AARP. Any parties outside AARP who view your application will be required to sign strict confidentiality agreements.
3. The identity of all non-winning companies will remain strictly confidential. None of the information that AARP releases will identify the non-winning companies.
4. If you are recognized as one of the AARP Best Employers, certain information from your application may be published in venues including but not limited to AARP The Magazine and AARP's web site; shared with external parties; and/or shared with the media for education and publicity purposes. If any information you supply is especially sensitive or proprietary and you want to make sure it is not published, please indicate this when answering the questions in the "Proprietary Information" section (Section 9) of the application.
5. TNS NFO, Inc. is an independent survey consultant. It is providing application design, data processing, statistical analysis, report generation and confidential storage for AARP. TNS NFO is not part of the judging process and does not make policy decisions for this project.
6. Questions about security, filling out the application, or submitting your application should be directed to TNS NFO, Inc. The fastest way to communicate with TNS NFO and get a quick response is to send an email to [aarpbestemployershelp@tns-global.com](mailto:aarpbestemployershelp@tns-global.com). You may also call toll free at 800-456-7485 between the hours of 8 A.M. and 5 P.M. E.T. on weekdays.

# SECTION 1. GENERAL INFORMATION

## **GENERAL INFORMATION: The Organization**

Your organization is submitting an application to be considered by AARP as one of the AARP Best Employers for Workers Over 50. **Remember that only employers with at least 50 employees in the United States are eligible to apply.** This means that the employer which this application is being submitted on behalf of (the employer that you name below in the space next to "Organization Name") must have a total of at least 50 employees based within the United States, including U.S. territories in the Caribbean and Pacific.

This section is the first of several sections that, taken together, constitute a complete application form. Please carefully read over and research each section so that you can provide complete and accurate data.

1. First, we would like for you to provide your organization's general information. Please write in the organization information **EXACTLY** as it should appear in AARP The Magazine if your organization is chosen as one of the AARP Best Employers for Workers Over 50. **(Write In For EACH)**
  - 1a. Organization Name \_\_\_\_\_
  - 1b. Organization (HQ) Address \_\_\_\_\_
  - 1c. Organization City \_\_\_\_\_
  - 1d. Organization State (please enter 2-letter state abbreviation) \_\_\_\_\_
  - 1e. Organization Zip Code \_\_\_\_\_
  - 1f. Organization Telephone (use the format: (700) 457- 8000) \_\_\_\_\_
  - 1g. Organization Fax (use the format: (700) 457-8000) \_\_\_\_\_
  - 1h. Organization Web Site (use the format: [www.domain.com](http://www.domain.com)) \_\_\_\_\_
  - 2a. Which of the following best describes your organization? **(X ONE Box)**
    - 1  Private Sector – For Profit
    - 2  Private Sector – Non-Profit or Not for Profit
    - 3  Public Sector / Government (Federal, State, or Local Government)
    - Other (Specify): \_\_\_\_\_
  - 2b. What is the total number of locations your organization has in the U.S.? This number should include U.S. territories in the Caribbean and Pacific. **(Write In Number)**  
# of locations: \_\_\_\_\_

3. Which of the following best describes the primary nature of your organization's business? (X ONE Box)

- 01  INDUSTRIAL SECTOR - Aerospace
- 02  INDUSTRIAL SECTOR - Apparel/Fabric Products
- 03  INDUSTRIAL SECTOR - Beverages
- 04  INDUSTRIAL SECTOR - Chemicals
- 05  INDUSTRIAL SECTOR - Computers or Information Technology
- 06  INDUSTRIAL SECTOR - Cosmetics
- 07  INDUSTRIAL SECTOR - Electronics
- 08  INDUSTRIAL SECTOR - Food
- 09  INDUSTRIAL SECTOR - Forest and Agriculture Products
- 10  INDUSTRIAL SECTOR - Furniture
- 11  INDUSTRIAL SECTOR - Industrial Equipment and Commercial Machinery
- 12  INDUSTRIAL SECTOR - Metal Products
- 13  INDUSTRIAL SECTOR - Metals
- 14  INDUSTRIAL SECTOR - Mining/Oil Production
- 15  INDUSTRIAL SECTOR - Motor Vehicles Production
- 16  INDUSTRIAL SECTOR - Petroleum Refining
- 17  INDUSTRIAL SECTOR - Pharmaceuticals
- 18  INDUSTRIAL SECTOR - Printing/Publishing
- 19  INDUSTRIAL SECTOR - Rubber/Glass/Stone and Plastics Products
- 20  INDUSTRIAL SECTOR - Scientific and Photographic Equipment
- 21  INDUSTRIAL SECTOR - Textiles
- 22  INDUSTRIAL SECTOR - Tobacco
- 23  INDUSTRIAL SECTOR - Toys and Sporting Goods
- 24  INDUSTRIAL SECTOR - Transportation Equipment
- 25  INDUSTRIAL SECTOR - Other
- 26  SERVICE SECTOR - Accounting
- 27  SERVICE SECTOR - Advertising
- 28  SERVICE SECTOR - Business Services (Not Elsewhere Classified)
- 29  SERVICE SECTOR - Commercial Banking
- 30  SERVICE SECTOR - Communications
- 31  SERVICE SECTOR - Construction/Building
- 32  SERVICE SECTOR - Consulting Services (All kinds)
- 33  SERVICE SECTOR - Engineering/Research
- 34  SERVICE SECTOR - Entertainment
- 35  SERVICE SECTOR - Financial Services (Commercial, Investment Advisory and Investment Banking/Savings Institutions)
- 36  SERVICE SECTOR - Hospitals/Healthcare
- 37  SERVICE SECTOR - Hotels/Lodging Places
- 38  SERVICE SECTOR - Insurance
- 39  SERVICE SECTOR - Management Advisory/Management Consulting
- 40  SERVICE SECTOR - Retailing/Direct Selling (Restaurants, Department-Drug-Consumer Stores, and Mail Order Houses)
- 41  SERVICE SECTOR - Savings Institutions
- 42  SERVICE SECTOR - Transportation Services
- 43  SERVICE SECTOR - Utilities
- 44  SERVICE SECTOR - Wholesale Trade
- 45  SERVICE SECTOR - Other
- 46  EDUCATION - Pre-secondary
- 47  EDUCATION - Secondary
- 48  EDUCATION - Post-secondary
- 49  EDUCATION - Other
- 50  NOT FOR PROFIT - Professional Membership Association
- 51  NOT FOR PROFIT - Philanthropic Organization
- 52  NOT FOR PROFIT - Constituency or Community Services and Programs
- 53  NOT FOR PROFIT - Labor Unions or Third-party Organizations
- 54  NOT FOR PROFIT - Other
- 55  GOVERNMENT – Federal
- 56  GOVERNMENT – State
- 57  GOVERNMENT – City or County
- 58  GOVERNMENT – Other
- 59  Other type not mentioned above



**GENERAL INFORMATION: Human Resources or Diversity Executive**

5. Please provide the information listed below for your highest-level executive or manager with responsibility for human resources or diversity policies and programs in your organization. **(Write In For EACH)**

5a. Highest-level Executive Name \_\_\_\_\_

5b. Executive Title \_\_\_\_\_

5c. Executive Work Address \_\_\_\_\_

5d. Executive City \_\_\_\_\_

5e. Executive State (please enter 2-letter state abbreviation) \_\_\_\_\_

5f. Executive Zip Code \_\_\_\_\_

5g. Executive Work Telephone (use the format: (700) 457-8000) \_\_\_\_\_

5h. Executive Fax Number (use the format: (700) 457-8000) \_\_\_\_\_

5i. Executive Work E-Mail Address (use the format: [name@domain.com](mailto:name@domain.com)) \_\_\_\_\_

**GENERAL INFORMATION: Primary Staff Contact**

6. Please provide the information listed below for the primary staff person you would like us to contact with any follow up questions. **(Write In For EACH)**

6a. Primary Contact Name \_\_\_\_\_

6b. Primary Contact Title \_\_\_\_\_

6c. Primary Contact Work Address \_\_\_\_\_

6d. Primary Contact City \_\_\_\_\_

6e. Primary Contact State (please enter 2-letter state abbreviation) \_\_\_\_\_

6f. Primary Contact Zip Code \_\_\_\_\_

6g. Primary Contact Work Telephone (use the format: (700) 457-8000) \_\_\_\_\_

6h. Primary Contact Fax Number (use the format: (700) 457-8000) \_\_\_\_\_

6i. Primary Contact Work E-Mail Address (use the format: [name@domain.com](mailto:name@domain.com)) \_\_\_\_\_

**GENERAL INFORMATION: Willingness to Provide Employees for Interviews**

7. Each year, AARP prepares outreach and promotion materials designed to showcase the organizations who are recognized as AARP Best Employers. Occasionally these materials include information obtained during interviews with actual employees of the recognized employers. If your organization is selected as an AARP Best Employer, will your organization be willing to provide AARP with the contact information for one or two employees ages 50+ who would be able to participate in an interview with members of our communications staff? (Check one.)

1  Yes

2  No

Other (specify): \_\_\_\_\_

## SECTION 2. RECRUITING

Your organization's recruiting policies are of interest to AARP because recruiting policies may reflect inclination to consider candidates of different age groups and backgrounds. Please tell us about your organization's recruiting policies by focusing on the areas specified below.

### RECRUITING: General Recruiting Policies

1. Which of the following sources, if any, do you use to target mature workers or retirees? X the appropriate boxes in columns A and B if you target mature workers or retirees in your recruitment efforts. X the appropriate boxes in column C if you have successfully hired mature workers or retirees through any of these sources. Leave blank if you have not used any of these sources to target or hire mature workers or retirees. **(X if Yes. Leave blank if No.)**

(For purposes of this question and question 2, "retirees" may include retirees from your organization or another organization's retirees.)

	<b>Target Mature Workers?</b>	<b>Target Retirees?</b>	<b>Successfully Hired Mature Workers Or Retirees?</b>
	(A)	(B)	(C)
Newspapers .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Internet .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>
State or local employment agencies .....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Job fairs.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Senior placement agencies.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>
General placement agencies .....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	6 <input type="checkbox"/>
Employee referrals .....	7 <input type="checkbox"/>	7 <input type="checkbox"/>	7 <input type="checkbox"/>
Other .....	8 <input type="checkbox"/>	8 <input type="checkbox"/>	8 <input type="checkbox"/>

2. If you selected "Other" above, please list any other sources that you use to target mature workers or retirees. **(Please Be As Specific As Possible)**

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### RECRUITING: Recruiting Materials

3. Do your organization's recruiting materials (print, video, artwork and graphics) fully reflect the diversity of the people you wish to recruit, including mature workers?

- 1  Yes  
 2  No

**RECRUITING: Other Comments**

4. If you would like to elaborate on your responses to any of the questions in the **RECRUITING** section, particularly with respect to how your organization's practices and policies addressed in this section are relevant to older workers, please do so in the space below. **(Please Be As Specific As Possible)**

# SECTION 3. WORKPLACE CULTURE

AARP's research suggests that workplace culture is important to older workers. Factors such as a friendly work environment, respect from boss and coworkers, and training opportunities are all considered to be essential parts of an ideal job. Please tell us about your organization's culture as it relates to the areas outlined below.

## WORKPLACE CULTURE: Education and Job Training

1. For each training-related opportunity or program listed in the table below, indicate the following in the spaces provided:

- Does your organization offer this opportunity to full-time employees? (Column A)
- Does your organization offer it to part-time employees? (Column B)
- What are the minimum number of hours per week that an employee must work to be eligible for this opportunity/program? (Column C)
- Of all of your organization's U.S.-based employees (including full-time and part-time employees), what percentage is eligible for this opportunity/program? (Column D)
- Of all of your organization's U.S.-based employees (including full-time and part-time employees), what percentage has participated in this opportunity/program within the last 12 months? (Column E)

Learning & Development	Offered To Full-Time? (A)	Offered To Part-Time? (B)	Weekly Hours Required for Eligibility (C)	% Of Employees Eligible (D)	% Of Employees Used Program In Last 12 Months (E)
Tuition reimbursement ( <i>Company pays for external education</i> ) .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	_____	_____	_____
In-house classroom training ( <i>Company sponsors on-site formal training programs</i> ).....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	_____	_____
On-line training ( <i>Company provides access to online learning system</i> ).....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	_____	_____	_____
Certification classes ( <i>Company pays for employee certification</i> ).....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	_____	_____	_____
Other (Please describe in the space below and then complete A-E): _____ _____ _____	..... <input type="checkbox"/>	..... <input type="checkbox"/>	_____	_____	_____

2. Please provide the following information, in approximation, based on the past 12 months. (If you do not readily have utilization data for the past 12 months, you may report utilization data for the most recently completed calendar or fiscal year instead.) **(Write In)**

- a. Of all of your organization's U.S.-based employees, what percentage participated in at least one of the above training opportunities/programs within the past 12 months? ..... %
- b. Among those employees who participated in training within the past 12 months, what is the average number of hours that each employee spent in training? ..... hours

2c. On which of the following time periods are your responses to questions 2a and 2b based? **(X ONE Box)**

- 1  Past 12 months
- 2  2008 (Calendar or Fiscal Year)
- 3  2007 (Calendar or Fiscal Year)

3. Please describe what your organization's managers and supervisors specifically do to actively promote available training opportunities, particularly as it applies to workers over 50 years of age. Please provide examples. **(Please Be As Specific As Possible)**

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**WORKPLACE CULTURE: Recognition Awards and Celebration of Service**

4. Which of the following types of recognition programs does your organization offer to recognize exceptional employee performance or special achievements? **(X ALL That Apply)**

- 1  A **modest budget put into place for each department or team**, with flexible guidelines for managers to recognize special contributions or behaviors with rewards such as dinners out, theater tickets, golf games, or other modest, personally meaningful rewards
- 2  A **points program** - awarded points that can be accumulated and redeemed for prizes or discounts for merchandise
- 3  **Annual outings or company picnics**
- 4  **Cash awards** for exceptional performance on a project or task
- 5  **Increasing the frequency of a simple and sincere "thank-you" or "pat on the back"** from a manager when you do something well
- 6  **Public recognition from senior management** - Employee achievement acknowledged publicly by senior management or through an awards ceremony
- Other (Specify): \_\_\_\_\_
- +  None

5. How does your organization celebrate an employee's long-service anniversaries? **(X ALL That Apply)**

- 1  Announcement
- 2  Parties
- 3  Awards
- 4  My organization doesn't celebrate employee's long-service anniversaries
- 5  Other (Please specify in **Question 6**)

6. If you selected "Other" above, please list any other ways in which your organization celebrates an employee's long-service anniversaries. **(Please Be As Specific As Possible)**

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**WORKPLACE CULTURE: Employee Opinion Survey**

7. Does your organization regularly conduct **EMPLOYEE OPINION** surveys?

- 1  Yes
- 2  No

8. Within the last three years, if any improvements have been made in policies or benefits based on the results from the employee opinion survey, particularly improvements that relate to an older workforce, please list these improvements here. **(Please Be As Specific As Possible)**

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**WORKPLACE CULTURE: Grievance Procedure**

9. Does your organization have a formal procedure to handle employee grievances?

- 1  Yes
- 2  No

**WORKPLACE CULTURE: Other Comments**

10. If you would like to elaborate on your responses to any of the questions in the **WORKPLACE CULTURE** section, particularly with respect to how your organization's practices and policies addressed in this section are relevant to older workers, please do so in the space below. **(Please Be As Specific As Possible)**

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## SECTION 4. CONTINUED OPPORTUNITIES FOR CAREER SUCCESS

According to AARP's research, the majority of older workers believe that their best work years are ahead of them and feel that they still have a lot to accomplish, suggesting that these workers would value organizations that provide them with continued opportunities for career success. By answering the questions below, please tell us how your organization provides your employees with continued opportunities for career success.

### **CONTINUED OPPORTUNITIES: Performance Evaluations**

1. What percentage of the employees who have been with your organization for at least 12 months have received performance evaluations within the past 12 months? **(X ONE Box)**

- 1  100%
- 2  50% or more (but not all)
- 3  Less than 50% but at least some
- 4  None

2. When the performance of managers and supervisors is evaluated, do these evaluations examine their performance in the following areas? **(X ONE For EACH)**

	<b>Yes</b>	<b>No</b>
Managing work-life issues (e.g., flexible work arrangements, dependent care issues and resources, leave policies, etc.) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Hiring practices .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Discipline or termination.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Giving rewards (compensation, awards) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Providing opportunity (promotions, new assignments, training) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Performance evaluations .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Valuing and promoting diversity, including age .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>

### **CONTINUED OPPORTUNITIES: Development**

3. Do managers and supervisors provide workers with any of the following **OPPORTUNITIES** or **ASSIGNMENTS** that may help them gain new experiences or develop new skills? **(X ALL THAT APPLY)**

- 1  Temporary assignments in other departments
- 2  Team projects
- 3  Access to a formal job rotation program
- 4  Other

4. If you checked any items in Question 3 above, please describe these **OPPORTUNITIES** or **ASSIGNMENTS** that are offered to workers to help them gain new experiences or develop new skills, particularly as they apply to workers age 50 and over. **(Please Provide Specific Examples)**

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**CONTINUED OPPORTUNITIES: Workplace Accommodations**

5. Please give an example of an accommodation or job redesign that your organization has implemented within the past five years in response to the needs of an employee whose disability or other needs made it difficult for him or her to otherwise perform his or her assigned job. **(Please Be As Specific As Possible)**

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**CONTINUED OPPORTUNITIES: Other Comments**

6. If you would like to elaborate on your responses to any of the questions in the **CONTINUED OPPORTUNITIES** section, particularly with respect to how your organization's practices and policies addressed in this section are relevant to older workers, please do so in the space below. **(Please Be As Specific As Possible)**

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## SECTION 5a. BENEFITS – HEALTH

AARP's research indicates that the majority of older workers view benefits, such as health insurance coverage, retirement savings plans, adequate paid time off, flexible work schedules, and part-time work, as essential parts of their ideal job. Please tell us about the benefits that your organization offers.

### BENEFITS: Employee Health Benefits

After reading the instructions below, please use the table that follows to indicate which benefits you will offer to your employees in 2009. If a benefit will not be offered, please leave the line blank. For each benefit that you will offer, please answer the following questions:

- Does your organization offer this to full-time employees? (Column A)
- Does your organization offer it to part-time employees? (Column B)
- What are the minimum number of hours per week that an employee must work to be eligible? (Column C)
- Of all of your organization's U.S.-based employees (including full-time and part-time employees), what percentage is eligible? (Column D)
- Of all of your organization's U.S.-based employees (including full-time and part-time employees), what percentage is currently enrolled? (Column E)
- For medical, prescription drug, short-term disability, and long-term disability only: What is the average percentage of the premium (or premium equivalent) that full-time employees will contribute for each benefit? (Column F)
- For medical, prescription drug, short-term disability, and long-term disability only: What is the average percentage of the premium (or premium equivalent) that part-time employees will contribute for each benefit? (Column G)

### **Instructions for Reporting Employee Contribution to Premium or Premium Equivalent (Columns F and G)**

#### **Percentage of Premium/Premium Equivalent Paid by Employee in 2009**

For medical, prescription drug, short-term disability and long-term disability benefits that will be offered in 2009, provide the average employee contribution (the percent of the total premium or premium equivalent paid by the employee).

When entering the percentage, enter a whole number between 0 and 100. If employees are not asked to contribute to the cost of their benefit premium, enter "0." If employees are required to pay half of their benefit premium, enter "50."

Please do not enter the "%" sign.

If you offer multiple plan types (PPO, POS, HMO, etc.) and/or levels of coverage (e.g., a choice of deductibles), provide the weighted average across all applicable plans. Weight the average by the number of employees enrolled in each plan. Further explanation is provided below.

#### **Example: Individual Coverage for Medical**

If your full-time employees are allowed to choose among a PPO plan, a POS plan, and an HMO plan for individual medical coverage, calculate the average as follows:

#### **Individual Medical Plans Offered to Full-Time Employees:**

	<b><u>% Of Premium (Or Premium Equivalent) Paid By Full-Time Employees</u></b>	<b><u>Of All Full-Time Employees With Company-Provided Health Benefits, % Who Are Enrolled In Each Plan</u></b>	<b><u>Weighted Average % Of Premium (Or Premium Equivalent) Paid By Full-Time Employees</u></b>
PPO Plan .....	38%	30%	
POS Plan .....	38%	10%	
HMO Plan .....	33%	60%	
<b>Average % to Enter in Table Below (do not enter percent sign) .....</b>			<b>35</b>

**Example: Employee + Family Coverage**

If your full-time employees are allowed to choose among a PPO plan, a POS plan, and an HMO plan for family health insurance coverage, and each plan offers benefits at "employee + spouse," "employee + children," and "employee + family" levels, include the premiums (or premium equivalents) for each of those different benefit levels in your weighted average calculation.

**Example: Plans (with) One Overall Premium for Multiple Benefits**

If your health plan includes multiple benefits, such as health insurance coverage AND prescription drug coverage, and one overall premium covers all included benefits, please report the same average percentage of premium (or premium equivalent) for each of the benefits included in the plan.

For example, if your employees receive both prescription drug coverage and medical insurance coverage through the same health plan AND neither you nor your employees pay a separate premium (or premium equivalent) for prescription drug coverage, then the average percent of the premium (or premium equivalent) that you report for prescription drug coverage should be the same as the average percent of the premium (or premium equivalent) that you report for medical coverage.

1a.						% of Premium (or Premium Equivalent) Paid by Employee	
	2009 Employee Health Benefits (for active employees):	Full-Time (A)	Part-Time (B)	Weekly Hours Required for Eligibility (C)	% Of Employees Eligible (D)	% Of Employees Enrolled (E)	Full-Time Average % (F)
Individual Medical Insurance Coverage .....	01 <input type="checkbox"/>	01 <input type="checkbox"/>	_____	_____	_____	_____	_____
Employee + Family Medical Insurance .....	02 <input type="checkbox"/>	02 <input type="checkbox"/>	_____	_____	_____	_____	_____
Individual Prescription Drug Coverage .....	03 <input type="checkbox"/>	03 <input type="checkbox"/>	_____	_____	_____	_____	_____
Employee + Family Prescription Drug Coverage .....	04 <input type="checkbox"/>	04 <input type="checkbox"/>	_____	_____	_____	_____	_____
Individual Vision Insurance .....	05 <input type="checkbox"/>	05 <input type="checkbox"/>	_____	_____	_____	_____	_____
Employee + Family Vision Insurance .....	06 <input type="checkbox"/>	06 <input type="checkbox"/>	_____	_____	_____	_____	_____
Individual Dental Insurance .....	07 <input type="checkbox"/>	07 <input type="checkbox"/>	_____	_____	_____	_____	_____
Employee + Family Dental Insurance .....	08 <input type="checkbox"/>	08 <input type="checkbox"/>	_____	_____	_____	_____	_____
Individual Long-Term Care Insurance .....	09 <input type="checkbox"/>	09 <input type="checkbox"/>	_____	_____	_____	_____	_____
Employee + Family Long-Term Care Insurance .....	10 <input type="checkbox"/>	10 <input type="checkbox"/>	_____	_____	_____	_____	_____
Short-Term Disability .....	11 <input type="checkbox"/>	11 <input type="checkbox"/>	_____	_____	_____	_____	_____
Long-Term Disability .....	12 <input type="checkbox"/>	12 <input type="checkbox"/>	_____	_____	_____	_____	_____

**1b.** Does your organization offer any health plans that require employee out-of-pocket payments to meet a deductible of \$500 or more before participants are eligible for full medical or prescription drug benefits? (Do not include deductibles for out-of-network service.)

- 1  Yes → **(Continue)**
- 2  No → **(Skip To Question 1d)**

**1c.** For those health plans that require your employee out-of-pocket payments to meet a deductible of \$500 or more before participants are eligible for full medical or prescription drug benefits, please report the average deductible and the percentage of employees who are enrolled in those plans. (Do not include deductibles for out-of-network service.)

	Average Deductible (Excluding Deductibles For Out-Of-Network Services)	% Of Total U.S. Employees (Full-time and Part-time) That Are Enrolled
Individual Coverage (Medical and Prescription Drug) .....	\$ _____	_____ %
Employee + Family Coverage (Medical and Prescription Drug) .....	\$ _____	_____ %

- 1d. What actions does your organization take to help your employees cover their out-of-pocket health care costs? **(X ALL That Apply)**
- 1  Employer offers a **health reimbursement account (HRA)** that is entirely employer-funded
  - 2  **Employer makes contributions to employee health savings accounts (HSAs)** (HSAs are savings accounts created by employees who are covered by high-deductible health plans.)
  - 3  **Employer encourages employees to set up health savings accounts (HSAs)**, but HSAs are funded entirely by employees.
  - 4  Employer offers **health flexible spending account (FSA)** (Employees are able to contribute pre-tax dollars to account. Employee contributions to account may be used to cover out-of-pocket health care expenses.)
  - Other (Specify): \_\_\_\_\_
  - +  Nothing

2a. **In 2008**, what was the average total \$ amount that your company paid **per employee** for health insurance costs including medical, prescription drugs, vision, and dental? Please include all company-paid costs for employees and dependents, including company contributions to premiums, claims, health care reimbursement accounts, health savings accounts, flexible spending accounts, and administrative costs. **(Write In \$ Amount)**

Average company-paid costs in 2008 per employee with individual coverage: .....\$ \_\_\_\_\_

Average company-paid costs in 2008 per employee with employee + family coverage: .....\$ \_\_\_\_\_

3. If your organization will make a distinction in 2009 in determining the level of an employee's contribution by level of compensation or some other criteria (unrelated to a part-time status) for the benefits identified in question 1a, please describe. (For example, will lower-paid employees pay a lower percentage of cost?) **(Please Be As Specific As Possible)**

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**BENEFITS: Retiree Health Benefits**

For purposes of this section, "retirees" refers to former employees of your organization who are currently receiving payments from your organization's retirement plan and/or social security payments.

4. Does your organization offer any retiree health benefits **other than COBRA** to your retirees? **(X ONE Box)**
- 1  Yes, only for retirees under the age of 65 → **(Skip To Instructions For Question 6)**
  - 2  Yes, only for retirees ages 65 and older → **(Skip To Instructions For Question 6)**
  - 3  Yes, for retirees who are under the age of 65 and for retirees who are 65 and older → **(Continue)**
  - 4  No, no retiree health benefits other than COBRA → **(Skip To "Benefits-Financial" Section)**
- 5a. If you offer health benefits other than COBRA to your retirees who are under the age of 65 **and** you offer health benefits other than COBRA to your 65+ retirees: Including Medicare, is the level of benefits offered to your retirees ages 65 and older **approximately equivalent** to the level of benefits offered to your retirees who are under the age of 65?
- 1  Yes
  - 2  No

5b. If you answered "no" to Question 5a: Please explain how the level of health benefits provided to your retirees ages 65 and older differs from the level of benefits provided to your younger retirees. **(Please Be As Specific As Possible)**

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**Health Benefits Offered to Retirees (Excluding COBRA)**

6. After reading the instructions below, please use the tables that follow to indicate which benefits you will offer to your retirees in 2009. For benefits offered to retirees under the age of 65, please complete the first table below. For benefits offered to retirees ages 65 and older, please complete the second table below. Do not include COBRA. If a benefit will not be offered or will only be offered through COBRA, please leave the line blank. For each benefit that you will offer, please answer the following questions:

- Does your organization offer this to your retirees? (Column A)
- Is this benefit still offered to new hires? (Once new hires meet any eligibility criteria—such as years of service and age—, will they be eligible for this benefit upon retirement?) (Column B)
- How many of your organization's retirees participate in this benefit? (Column C)
- For medical, prescription drug, and life insurance or other death benefits: What is the average percentage of the premium (or premium equivalent) that retirees contribute for each benefit? (Column D)

**Instructions for Reporting Retiree Contribution to Premium or Premium Equivalent (Column D)**

**Percentage of Premium/Premium Equivalent Paid by Retiree in 2009**

For medical, prescription drug, and life insurance or other death benefits that will be offered in 2009, provide the average retiree contribution (the percent of the total premium or premium equivalent paid by the retiree).

When entering the percentage, enter a whole number between 0 and 100. If retirees are not asked to contribute to the cost of their benefit premium, enter "0." If retirees are required to pay half of their benefit premium, enter "50."

Please do not enter the "%" sign.

If you offer multiple plan types (PPO, POS, HMO, etc.) and/or levels of coverage (e.g., a choice of deductibles), provide the weighted average across all applicable plans. Weight the average by the number of retirees participating in each plan. Further explanation is provided below.

**Example: Individual Coverage for Medical, Pre-65 Retirees**

If your retirees under the age of 65 are allowed to choose among a PPO plan, a POS plan, and an HMO plan for individual medical coverage, calculate the average as follows:

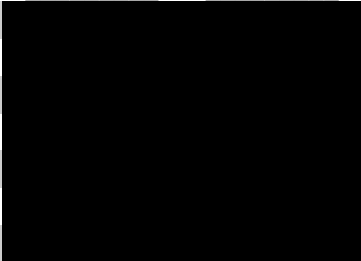
<b><u>Individual Medical Plans Offered to Pre-65 Retirees:</u></b>			
	<b><u>% Of Premium (Or Premium Equivalent) Paid By Pre-65 Retirees</u></b>	<b><u>Of All Pre-65 Retirees With Company-Provided Health Benefits, % Who Are Enrolled In Each Plan</u></b>	<b><u>Weighted Average % Of Premium (Or Premium Equivalent) Paid By Pre-65 Retirees</u></b>
PPO Plan .....	38%	30%	
POS Plan .....	38%	10%	
HMO Plan .....	33%	60%	

**Average % to Enter in Table Below (do not enter percent sign) ..... 35**

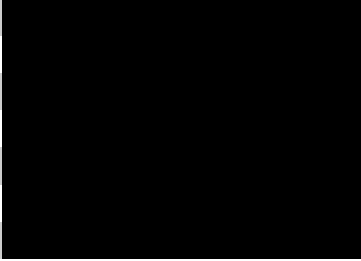
**Example: Plans with One Overall Premium for Multiple Benefits**

If your retiree health plan includes multiple benefits, such as health insurance coverage AND prescription drug coverage, and one overall premium covers all included benefits, please report the same average percentage of premium (or premium equivalent) for each of the benefits included in the plan.

**6a. RETIREES UNDER THE AGE OF 65**

Retiree Health Benefits, Pre-65 (Excluding COBRA):	Offered To	New Hires	# Of Your	Average % Of
	Retirees Under The Age Of 65? (A)	Eligible Upon Retirement? (B)	Retirees Under 65 Who Participate (C)	Premium (Or Premium Equivalent) Paid By Retirees Under 65 (D)
Individual medical insurance, Pre-65 .....	01 <input type="checkbox"/>	01 <input type="checkbox"/>	_____	_____
Retiree + spouse medical insurance, Pre-65 .....	02 <input type="checkbox"/>	02 <input type="checkbox"/>	_____	_____
Individual prescription drug coverage, Pre-65 .....	03 <input type="checkbox"/>	03 <input type="checkbox"/>	_____	_____
Retiree + spouse prescription drug coverage, Pre-65.....	04 <input type="checkbox"/>	04 <input type="checkbox"/>	_____	_____
Individual vision insurance, Pre-65.....	05 <input type="checkbox"/>	05 <input type="checkbox"/>		_____
Retiree + spouse vision insurance, Pre-65.....	06 <input type="checkbox"/>	06 <input type="checkbox"/>		
Individual dental insurance, Pre-65 .....	07 <input type="checkbox"/>	07 <input type="checkbox"/>		
Retiree + spouse dental insurance, Pre-65 .....	08 <input type="checkbox"/>	08 <input type="checkbox"/>		
Individual long-term care insurance, Pre-65.....	09 <input type="checkbox"/>	09 <input type="checkbox"/>		
Retiree + spouse long-term care insurance, Pre-65 .....	10 <input type="checkbox"/>	10 <input type="checkbox"/>		
The services of an Employee Assistance Program, Pre-65.....	11 <input type="checkbox"/>	11 <input type="checkbox"/>		
Individual life insurance or other death benefit, Pre-65.....	12 <input type="checkbox"/>	12 <input type="checkbox"/>		
Retiree + spouse life insurance or other death benefit, Pre-65.....	13 <input type="checkbox"/>	13 <input type="checkbox"/>		

**6b. RETIREES AGE 65 +**

Retiree Health Benefits, 65+ (Excluding COBRA):	Offered To	New Hires	# Of Your	Average % Of
	Retirees 65+? (A)	Eligible Upon Retirement? (B)	Retirees Age 65+ Who Participate (C)	Premium (Or Premium Equivalent) Paid By Retirees 65+ (D)
Individual medical insurance, 65+ .....	01 <input type="checkbox"/>	01 <input type="checkbox"/>	_____	_____
Retiree + spouse medical insurance, 65+ .....	02 <input type="checkbox"/>	02 <input type="checkbox"/>	_____	_____
Individual prescription drug coverage, 65+ .....	03 <input type="checkbox"/>	03 <input type="checkbox"/>	_____	_____
Retiree + spouse prescription drug coverage, 65+ .....	04 <input type="checkbox"/>	04 <input type="checkbox"/>	_____	_____
Individual vision insurance, 65+ .....	05 <input type="checkbox"/>	05 <input type="checkbox"/>		_____
Retiree + spouse vision insurance, 65+ .....	06 <input type="checkbox"/>	06 <input type="checkbox"/>		
Individual dental insurance, 65+.....	07 <input type="checkbox"/>	07 <input type="checkbox"/>		
Retiree + spouse dental insurance, 65+.....	08 <input type="checkbox"/>	08 <input type="checkbox"/>		
Individual long-term care insurance, 65+ .....	09 <input type="checkbox"/>	09 <input type="checkbox"/>		
Retiree + spouse long-term care insurance, 65+ .....	10 <input type="checkbox"/>	10 <input type="checkbox"/>		
The services of an Employee Assistance Program, 65+.....	11 <input type="checkbox"/>	11 <input type="checkbox"/>		
Individual life insurance or other death benefit, 65+.....	12 <input type="checkbox"/>	12 <input type="checkbox"/>		
Retiree + spouse life insurance or other death benefit, 65+ .....	13 <input type="checkbox"/>	13 <input type="checkbox"/>		

7. If you provide any other health benefits to your retirees, please describe those benefits in the space below, including the percentage of the benefit's cost that is contributed by retirees. **(Please Be As Specific As Possible)**

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8. How does your organization define a retiree for purposes of qualifying for the benefits in Question 6a (health benefits for retirees under the age of 65)? Please specify age, years of service, and/or any other criteria used. **(Please Be As Specific As Possible)**

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9. How does your organization define a retiree for purposes of qualifying for the benefits in Question 6b (health benefits for retirees ages 65 and older)? Please specify age, years of service, and/or any other criteria used. **(Please Be As Specific As Possible)**

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***BENEFITS: Changes in Retiree Benefits***

10. As a retiree ages or after a certain period of time has elapsed, are any of the benefits identified in Question 6a or 6b reduced or eliminated, or do the costs paid by a retiree increase?

- 1  Yes → **(Continue)**
- 2  No → **(Skip To Question 12)**

11. Please explain your response to Question 10. For example, identify which benefit(s) are reduced or eliminated, which cost(s) increase, the age(s) or timetables at which these changes occur, and the amount of the change. **(Please Be As Specific As Possible)**

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## SECTION 5b. BENEFITS - *Financial*

### BENEFITS: Retirement Savings Plans

12. For each category of **RETIREMENT PLAN** that your organization will offer in 2009, please answer the following questions using the table below. Only include plans that are active and are still admitting new participants. If you do not offer a plan or are no longer admitting new participants into a plan, leave the line blank. **(X ALL Boxes That Apply)**

- a. Does your organization offer this to full-time employees? (Column A)
- b. Does your organization offer it to part-time employees? (Column B)
- c. What are the minimum number of hours per week that an employee must work to be eligible? (Column C)
- d. Of all of your organization's U.S.-based employees (including full-time and part-time employees), what percentage is eligible? (Column D)
- e. Of all of your organization's U.S.-based employees (including full-time and part-time employees), what percentage is currently participating? (Column E)

	<u>Full-Time Employees</u>	<u>Part-Time Employees</u>	<u>Weekly Hours Required For Eligibility</u>	<u>% Of Employees Eligible</u>	<u>% Of Employees Who Participate</u>
	(A)	(B)	(C)	(D)	(E)
Defined-benefit (except cash-balance or other hybrid)..... 1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>	_____	_____	_____
401(k) or 403(b) defined contribution (employees contribute funds; employers may or may not match)..... 2 <input type="checkbox"/>	2 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	_____	_____
Money-purchase defined contribution (fully employer-funded; employees do not contribute funds)..... 3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>	_____	_____	_____
Cash-balance or other hybrid..... 4 <input type="checkbox"/>	4 <input type="checkbox"/>	4 <input type="checkbox"/>	_____	_____	_____
Stock options, profit sharing or similar plan..... 5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>	_____	_____	_____

**If your organization currently offers a cash balance or other hybrid retirement plan, go to Question 13a. Otherwise, go to Question 12b.**

12b. If your organization does not currently offer a cash balance or other hybrid retirement plan, has your organization **ever** offered a cash balance or other hybrid retirement plan?

- Yes → **(Go to Question 14a)**
- No → **(Skip to Question 15)**

13a. If your organization currently offers a cash-balance or other hybrid retirement plan, does the formula that you use to calculate this plan's retirement benefit vary based on an employee's age?

- 1  Yes, the formula varies based on employee age → **(Continue)**
- 2  No, the formula does not vary based on employee age → **(Skip to Question 14a)**

13b. If the formula varies based on employee age, how does it vary by age? **(X ALL That Apply)**

- 1  Higher interest rate for workers over the age of 40 than for younger workers
- 2  Higher pay credit for workers over the age of 40 than for younger workers
- 3  Other (Specify): \_\_\_\_\_

**14a.** If your organization currently offers (or has ever offered) a cash-balance or other hybrid retirement plan, was it converted from a traditional defined benefit plan?

- 1  Yes → **(Continue)**
- 2  No → **(Skip To Question 15)**

**14b.** Into what type of plan was your traditional defined benefit plan converted? (Check one.)

- 1  Cash Balance Plan
- 2  Other Hybrid Plan (please specify) \_\_\_\_\_

**14c.** When did this conversion take place? (Enter Month, Day, and Year)

Month: \_\_\_\_\_  
Day: \_\_\_\_\_  
Year: \_\_\_\_\_

**14d.** During the conversion to the cash balance or other hybrid plan, did your organization implement **transition protections for workers**?

- 1  Yes (transition protections for some or all workers) → **(Continue)**
- 2  No (no transition protections) → **(Skip To Question 14g)**

**14e.** Which, if any, of the following **transition protections** did your organization implement during the conversion to the cash balance plan or other hybrid plan?

- 1  Provided **additional interest credits** for workers who met certain eligibility criteria
- 2  Provided **additional pay credits** for workers who met certain eligibility criteria
- 3  **Grandfathered** workers into the traditional defined benefit plan if they met certain eligibility criteria
- 4  Provided **larger opening balances** in the cash balance/hybrid plan for workers who met certain eligibility criteria
- 5  Provided **the greater of the two benefits** at retirement (the traditional DB plan benefit OR the cash balance/hybrid plan benefit) to workers who met certain eligibility criteria
- 6  Other (Specify): \_\_\_\_\_

**14f.** For each of the transition protections that you implemented, please describe the criteria used to determine whether a worker would be eligible for the protection. (Please Be As Specific As Possible. For example, if eligibility for the transition protection was based on age, please specify the ages that were eligible. If eligibility was based on age and years of service, please specify the ages and years of service that were eligible.)

**14g.** During the conversion to the cash balance or other hybrid plan, was there a period of “wear-away” (i.e., a period of time during which workers did not accrue any new retirement benefits)?

- 1  Yes
- 2  No

**15.** If your organization offers a **401(k) or 403(b) DEFINED CONTRIBUTION** retirement plan, please indicate whether or not you match up to a certain amount of your full-time and part-time employees’ contributions. **(X ONE Box For EACH)**

	<u>Yes</u>	<u>No</u>
Do full-time employees receive an employer match? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Do part-time employees receive an employer match? .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>

**16a.** If your organization offers a **401(k) or 403(b) DEFINED CONTRIBUTION** retirement plan and matches up to a certain amount of your **FULL-TIME** employee's contributions, please describe how the match is calculated for **FULL-TIME** employees. (If you do not provide a match, please leave this area blank.) **(Please Be As Specific As Possible)**

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**16b.** If your organization offers a **401(k) or 403(b) DEFINED CONTRIBUTION** retirement plan and matches up to a certain amount of your **PART-TIME** employee's contributions, please describe how the match is calculated for **PART-TIME** employees. (If you do not provide a match, please leave this area blank.) **(Please Be As Specific As Possible)**

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**17.** Other than an employer match, what incentives or features, if any, does your organization offer to encourage employees to participate in your 401(k) or 403(b) plan? **(X ALL That Apply)**

- 1  All **new hires** are automatically enrolled into the plan
- 2  All **employees** are automatically enrolled into the plan
- 3  Employees may choose to invest in lifecycle funds that automatically re-allocate assets based on the employee’s age or proximity to retirement
- 4  Employees ages 50 and older are able to make “catch-up” contributions
- Other (Specify): \_\_\_\_\_

**BENEFITS: Financial Planning**

18. Within the past 12 months, has your organization offered **FINANCIAL PLANNING** information or training to your employees to help them manage their finances?

- 1  Yes → **(Continue)**
- 2  No → **(Skip to Question 21)**

19. Who provides this financial planning information or training to your employees? **(X ALL That Apply)**

- 1  Members of your staff
- 2  Staff from the financial services firm that administers your 401(k) or pension plan
- 3  External financial planning experts NOT affiliated with your 401(k) or pension plan
- 4  Other (Please explain in the next question)

19a. Please describe the financial planning information or training referred to in question 19 above. If you selected "other" in question 19, please explain who provides this information or training. **(Please Be As Specific As Possible)**

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20. Please answer the following questions about the financial planning assistance/training that your organization offers. **(Write In Below)**

- a. What percentage of your organization's total U.S.-based employees (including full-time and part-time employees) is eligible for financial planning assistance/training? ..... %
- b. What percentage of your total U.S.-based employees (including full-time and part-time employees) utilized financial planning assistance/training offered by your organization within the past 12 months? ..... %

**BENEFITS: Time Off**

21. What type of paid time-off policy provisions do you currently offer to your employees? **(X ALL That Apply)**

- 1  Ability to carry over a certain number of unused days from period to period
- 2  Ability to purchase additional days
- 3  Ability to sell unused days
- 4  Ability to bank all earned days / employees may carry over all earned days from period to period
- 5  Ability to donate unused days to a bank which other employees can use for emergencies or extended absences
- Other (please specify): \_\_\_\_\_

22. What is the starting amount of paid vacation per year for new hires? What is the maximum amount of paid vacation per year? (If your organization offers a designated number of paid vacation days, report that number. If your organization offers a paid-time-off plan (PTO) with a set number of paid vacation, sick, and personal days all in one plan; report the total number of PTO days.)

a. Starting amount of paid vacation per year for new hires ... **(X ONE Box)**

- 1  5 days
- 2  10 days
- 3  15 days
- Other (Specify): \_\_\_\_\_

b. Maximum amount of paid vacation per year ... **(X ONE Box)**

- 1  5 days
- 2  10 days
- 3  15 days
- 4  20 days
- Other (Specify): \_\_\_\_\_

23. What provisions does your organization have to allow an employee **TIME OFF FOR CAREGIVING** (caregiving for children or adults)? **(X ONE Box For EACH)**

	<u>Yes</u>	<u>No</u>
No special provisions (employee draws from PTO, vacation, personal, or sick leave) ....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Paid time off that is specifically designated for caregiving.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Time off <b>WITHOUT</b> pay (for short periods of time off as needed) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Leave of absence <b>WITHOUT</b> pay (longer-term leave) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>
Other .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>

23a. If you selected "Other" in Question 23 above, what other provisions does your organization have to allow an employee **TIME OFF FOR CAREGIVING** (care giving for children or adults)? **(Please Be As Specific As Possible)**

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24. How much **TIME OFF FOR CAREGIVING** (caregiving for children or adults) can an employee have in one year above and beyond requirements mandated by law? **(X ONE Box)**

- 1  1 - 4 days
- 2  5 - 9 days
- 3  10 - 14 days
- 4  15 days or more
- Other (please specify) \_\_\_\_\_
- +  No time off beyond what is required by law

**BENEFITS: Wellness Program**

25. During the last 12 months, which of the following wellness-related benefits, if any, have you offered to your employees? For each benefit that your organization has offered, please answer the questions in the table below. Please select only those items that were either subsidized by your organization or that were offered to your employees at a discount. **(X ALL That Apply)**

	Offer To Full-Time Employees?	Offer To Part-Time Employees?	% Of All U.S. Employees (Full-Time And Part-Time) Who Are Eligible	% Of All U.S. Employees (Full-Time And Part-Time) Who Utilized In The Past 12 Months
1 Flu shots.....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	_____	_____
2 Health screenings (blood pressure, cholesterol, specific disease, etc.) .....	2 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	_____
3 Health risk appraisals (questionnaires to assess employee's health history and promote early detection of preventable conditions).....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	_____	_____
4 Smoking cessation program or counseling.....	4 <input type="checkbox"/>	4 <input type="checkbox"/>	_____	_____
5 Discounts to local health clubs or to an employer-owned fitness facility.....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	_____	_____
6 Physical activity or exercise programs (other than discounts to fitness facilities).....	6 <input type="checkbox"/>	6 <input type="checkbox"/>	_____	_____
7 Weight loss program or counseling .....	7 <input type="checkbox"/>	7 <input type="checkbox"/>	_____	_____
8 Stress management training (relaxation techniques, yoga, etc.).....	8 <input type="checkbox"/>	8 <input type="checkbox"/>	_____	_____
Other (Specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

26a. Over the past 12 months, how many of your employees have utilized at least one of the wellness-related benefits identified in Question 25? **(Write In)**  
# of employees: \_\_\_\_\_

26b. Over the past 12 months, what was the total dollar amount paid by your company for all of the wellness-related benefits identified in Question 25? **(Write In)**  
\$ \_\_\_\_\_

27. Please select at least one of the wellness-related benefits that you offer (from the list in Question 25) and explain how your employees have benefited from taking advantage of this benefit and/or how your organization has benefited from offering this benefit. **(Please Be As Specific As Possible)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BENEFITS: Employee Assistance Program**

28. Does your organization offer an **EMPLOYEE ASSISTANCE PROGRAM (EAP)** to help employees cope in times of crisis with issues of health and mental health, stress, family tensions, etc.? **(X ALL That Apply)**

1  Yes – for full-time employees

2  Yes – for part-time employees

3  No

29. Can family members of employees use your organization's **EMPLOYEE ASSISTANCE PROGRAM (EAP)**?

- 1  Yes
- 2  No

**BENEFITS: Dependent Care**

30. Does your organization offer services or consultation to assist employees with issues related to childcare or elder care? **(X ALL That Apply)** For each that you offer, answer the questions below.

	<u>Offer To Full-Time Employees?</u>	<u>Offer To Part-Time Employees?</u>	<u>Offer To Employees To Care For Grand-children?</u>	<u>Weekly Hours Required For Eligibility</u>	<u>% Of Employees Eligible</u>	<u>% Of Employees Who Used Benefit Within Past 12 Months</u>
	(A)	(B)	(C)	(D)	(E)	(F)
On-site child care .....	1 <input type="checkbox"/>	1 <input type="checkbox"/>	1 <input type="checkbox"/>			
On-site elder care.....	2 <input type="checkbox"/>	2 <input type="checkbox"/>				
Referral services to assist with child care.....	3 <input type="checkbox"/>	3 <input type="checkbox"/>	3 <input type="checkbox"/>			
Referral services to assist with elder care .....	4 <input type="checkbox"/>	4 <input type="checkbox"/>				
Back-up care for child care .....	5 <input type="checkbox"/>	5 <input type="checkbox"/>	5 <input type="checkbox"/>			
Back-up care for elder care.....	6 <input type="checkbox"/>	6 <input type="checkbox"/>				

31. Please describe any other services or consultation that you offer to assist employees with issues related to child care or elder care, particularly as they apply to employees ages 50 or older. **(Please Be As Specific As Possible)**

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32. Can family members of employees use any of the dependent care or referral services identified in Question 30?

- 1  Yes
- 2  No

# SECTION 5c. BENEFITS – Alternative Work Arrangements

33. For each alternative work arrangement that your organization offers, please answer the questions in the table below. If you do not offer an arrangement, please leave the row blank.

	<u>Offer To Full-Time Employees?</u> (A)	<u>Offer To Part-Time Employees?</u> (B)	<u>Weekly Hours Required For Eligibility</u> (C)	<u>% Of All U.S. Employees (Full-Time And Part-Time Employees) Who Are Eligible</u> (D)	<u>% Of All U.S. Employees (Full-Time And Part-Time Employees) Who Participate</u> (E)
<b>Flex Time</b> ( <i>Ability to choose start stop times for the workday within established limits</i> ).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	_____	_____
<b>Compressed Work Schedule</b> ( <i>Ability to work more hours per day but fewer days per week</i> ) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	_____	_____
<b>Job Sharing</b> ( <i>Ability to split one full time job into two or more part time jobs</i> ).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	_____	_____
<b>Telecommuting</b> ( <i>Ability to work at home or a satellite location on a regular basis</i> ) .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	_____	_____
<b>Formal Phased Retirement Program</b> ( <i>Formal program through which employees may work a reduced schedule for a period of time prior to full retirement</i> ).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	_____	_____	_____

34. Does a full-time employee have an opportunity to move to PART-TIME work on a permanent basis?  
 1  Yes  
 2  No

35. Does a full-time employee have an opportunity to move to PART-TIME work on a temporary basis?  
 1  Yes  
 2  No

36. If your organization offers phased retirement, please describe your organization's phased-retirement option(s). **(Please Be As Specific As Possible)**

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37. If your organization offers phased retirement, are employees who take advantage of your phased retirement option(s) able to collect retirement benefits from your pension plan(s) or retirement savings plan(s) while in phased retirement? **(X ONE Box)**

1  No, employees may not collect retirement benefits until they are fully retired  
 2  Yes, they are eligible to receive benefits that are lower than they would receive if they were fully retired  
 3  Yes, they are eligible to collect the level of benefits that they would receive if they were fully retired  
 4  Other → **(Please Describe In Question 38, Below)**

38. If you selected "Other" in Question 37, please explain. **(Please Be As Specific As Possible)**

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**BENEFITS: Other Comments**

39. If you would like to elaborate on your responses to any of the questions in the **BENEFITS** section (including the Health Benefits section, the Financial Benefits section, and the Alternative Work Arrangements section), particularly with respect to how your organization's practices and policies addressed in this section are relevant to older workers, please do so in the space below. **(Please Be As Specific As Possible)**

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## SECTION 6. OPPORTUNITIES FOR YOUR RETIREES

AARP's research indicates that the majority of today's older workers plan to work in their so-called retirement years. These findings suggest that these workers would value organizations that demonstrate commitment to their retirees through such actions as providing them with work opportunities, benefits, and regular contact. Please tell us about your organization's relations with its retirees by focusing on the areas outlined below.

For purposes of this section of the application, a "retiree" is a former employee of your organization who is currently receiving payments from your organization's retirement plan and/or Social Security payments.

### OPPORTUNITIES FOR YOUR RETIREES: Retiree Relations

1. How many retirees does your organization currently have? **(Write In)**  
# of retirees: \_\_\_\_\_
  
2. Does anyone within your organization have direct responsibility for relations with your retirees?
  - 1  Yes
  - 2  No
  
3. What are the different ways you stay connected to your retiree population? **(X ALL That Apply)**
  - 1  Communicate on a regular basis with your retirees
  - 2  Invite your retirees to organization events or celebrations
  - 3  Provide your retirees with ongoing access to retirement planning workshops or retirement planning information
  - 4  Formally acknowledge employees on the occasion of their retirement
  - 5  Other
  
- 3a. If you selected "Other" in Question 3, please describe any other ways that your organization stays connected to your retiree population. **(Please Be As Specific As Possible)**  

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4. Does your organization offer discounts on organization products to your retirees?
  - 1  Yes
  - 2  No

**OPPORTUNITIES FOR YOUR RETIREES: Work Opportunities**

5. Does your organization maintain a contact list of your retirees who are available for work assignments?

- 1  Yes
- 2  No

6. For each of the work arrangements identified below, please indicate whether your organization offers it to your retirees. Additionally, please indicate how many of your organization's retirees have taken advantage of each of the following employment opportunities within the past 12 months. **(X ALL That Apply)**

	Offer To Retirees?	# Of Your Retirees Who Used This Within Past 12 Months
1 Temporary work assignments .....	1 <input type="checkbox"/>	_____
2 Consulting or contract work .....	2 <input type="checkbox"/>	_____
3 Telecommuting .....	3 <input type="checkbox"/>	_____
4 Part-time work .....	4 <input type="checkbox"/>	_____
5 Full-time work .....	5 <input type="checkbox"/>	_____
6 Other	6 <input type="checkbox"/>	_____

7. If you selected "Other" in Question 6 above, please describe any other employment opportunities that are offered to your organization's retirees. **(Please Be As Specific As Possible)**

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8. When your organization rehires your retirees, may your retirees continue to receive retirement benefits through your pension and/or retirement savings plans while working? **(X ONE Box)**

- 1  No, your rehired retirees may not collect retirement benefits while they are working
- 2  Yes, your rehired retirees are eligible to receive retirement benefits that are lower than they would receive if they were fully retired
- 3  Yes, your rehired retirees are eligible to collect the same level of retirement benefits that they would receive if they were fully retired
- 4  Other (Specify): \_\_\_\_\_

**OPPORTUNITIES FOR YOUR RETIREES: Other Comments**

9. If you would like to elaborate on your responses to any of the questions in the **OPPORTUNITIES FOR YOUR RETIREES** section, please do so in the space below. **(Please Be As Specific As Possible)**

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## SECTION 7. ORGANIZATION STATISTICS

### ORGANIZATION STATISTICS: Number of U.S.-Only Employees

In this section, you will be asked to provide statistics for four categories of employees in the United States:

- HOURLY, NON-MANAGEMENT
- SALARIED, NON-MANAGEMENT
- MANAGEMENT OR SUPERVISORY
- EXECUTIVE

(An executive is defined as a person in a top position of a strategic or functional area(s); functional responsibility overlays entire organization. This executive advises and counsels top decision makers on organizational initiatives and represents a body of knowledge that substantially impacts and is essential to making sound decisions for the organization.)

1. For each of the identified categories, please enter the number of employees in each of the specified age ranges who are employed at sites located in the U.S. and U.S. territories. (If none, enter zero.) **(Write In A Number For EACH)**

	<u>Hourly, Non-Management</u>	<u>Salaried, Non-Management</u>	<u>Management Or Supervisory</u>	<u>Executive</u>	<u>Total Employees</u>
Under 40 years of age.....	_____	_____	_____	_____	_____
40 to 49 years of age .....	_____	_____	_____	_____	_____
50 to 59 years of age .....	_____	_____	_____	_____	_____
60 to 64 years of age .....	_____	_____	_____	_____	_____
65 years and older .....	_____	_____	_____	_____	_____
<b>Total Employees</b> .....	_____	_____	_____	_____	_____

### ORGANIZATION STATISTICS: U.S. - Only Hiring

2. For each of the identified categories, please enter the number of individuals HIRED in the last 12 months in each of the specified age ranges who are employed at sites located in the U.S. and U.S. territories. (If none, enter zero.) **(Write In A Number For EACH)**

	<u>Non-Management</u>	<u>Executive Management Or Supervisory</u>	<u>Total Employees</u>
Under 40 years of age .....	_____	_____	_____
40 to 49 years of age .....	_____	_____	_____
50 to 59 years of age .....	_____	_____	_____
60 to 64 years of age .....	_____	_____	_____
65 years and older .....	_____	_____	_____
<b>Total Employees</b> .....	_____	_____	_____

**ORGANIZATION STATISTICS: Tenure Among Employees Ages 50+**

3. Among all of your current U.S.-based employees who are ages 50 or older, what is the average tenure per employee? (Answer in years. For example, an average tenure of 6 months would be 0.5 years.) **(Write In)**  
Average tenure per employee ages 50+: \_\_\_\_\_

**ORGANIZATION STATISTICS: Other Comments**

4. If you would like to elaborate on your responses to any of the questions in the **ORGANIZATION STATISTICS** section, particularly with respect to older workers, please do so in the space below. **(Please Be As Specific As Possible)**

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# SECTION 8. FINAL COMMENTS

- 1. Please use this space to tell us, in no more than 250 words, why your organization should be named one of the **AARP Best Employers for Workers Over 50**, paying particular attention to why your organization should be recognized as a 'best' employer for this segment of the workforce. (Please Be As Specific As Possible)

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# SECTION 9. PROPRIETARY INFORMATION

If you are selected as one of the AARP Best Employers for Workers Over 50, you agree that AARP shall be allowed to publish any information from this application as well as your company's name in venues including but not limited to AARP The Magazine and AARP's web site, and to share any information from the application with external parties and with the media for education and publicity purposes. However, any information that you identify in Question #1 below will not be published, except under the conditions you describe in Question 2.

- 1. Please use this space to identify any especially sensitive or proprietary information on the application that you do not want AARP to publish or share. Include the section and question number that corresponds to the data provided. **(Please Be As Specific As Possible)**

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- 2. If you identified any especially sensitive or proprietary information in Question #1: Do you give AARP permission to publish the information identified in Question #1 if the information is published without any references to your company name?

- 1  Yes
- 2  No
- Other (please specify):

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## SECTION 10. HOW YOU LEARNED ABOUT THIS PROGRAM

**1a.** Please tell AARP how you learned about the AARP Best Employers for Workers Over 50 program.  
**(X ALL That Apply)**

- 01  Received an announcement in the mail
- 02  Received an email invitation
- 03  Ad in Human Resource Executive magazine
- 04  Ad in HR Innovator magazine
- 05  Ad in HR Magazine
- 06  Ad in Workforce Management magazine
- 07  Ad in Employment Management Today magazine
- 08  Ad in Fortune magazine
- 09  Ad in Business Week
- 10  Coverage in AARP The Magazine
- 11  Coverage in other media
- 12  Referral from colleague
- 13  My organization participated last year
- 14  Internet
- 15  Other

**1b.** If you selected "Internet" in Question 1a above, please explain (which website, etc.).  
**(Please Be As Specific As Possible)**

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**1c.** If you selected "Other" in Question 1a above, please explain. **(Please Be As Specific As Possible)**

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**Finish**

Thank you for your time.

After you have reviewed your answers, please follow the instructions below to submit your application.

Please be aware that all questions, including those that you answer and those that you leave blank, will be considered in our evaluation of your application. Please review all questions before submitting your application form, so that your application will be as complete as possible. If you do leave an item blank because you do not track a program or you do not have specific data, we encourage you to use the available comment space at the end of each section to explain.

If you choose to mail your application rather than submit it online, please note that the application must **ARRIVE** at the address below by February 13, 2009.

If you choose to submit this application by mail, please mail it to:

**AARP Best Employers for Workers Over 50  
TNS NFO  
P.O. BOX 315  
TOLEDO, OH 43697**

At the end of the application period, you will receive an e-mailed copy of your application for your records.