

A number of the Cooperative's members find that they are unable to offer Comprehensive Insurance benefits to their employees, owing to cost. Comprehensive Insurance benefits usually include insurance policies for Life, Accidental Death & Dismemberment (ADD), Long Term Disability (LTD), Extended Health (EH) and Dental. Other members report an appetite for preferential pricing for these benefits.

Based on this feedback, the BC Libraries Cooperative is currently investigating preferential pricing for Comprehensive Insurance across interested Cooperative member institutions. Initial indications suggest that the economy of scale we represent may well generate the types of discounts our members are interested in. With sufficient interest, the Cooperative would source a benefits provider and package, and administer the arrangements for a nominal fee.

We are not seeking commitments at this point. The purpose of this survey is to gauge interest and preference for plan packages. Please take a few minutes to complete the following survey. Upon closing the survey, we will tabulate the results and continue our conversations with benefits brokers.

Interested member institutions will be presented options and opt-in opportunities early this Spring.

Yours Co-operatively,  
Ben Hyman

**\*1. Is your organization interested in exploring purchasing Comprehensive Insurance packages for its employees through the Cooperative?**

- Yes
- No
- Maybe

**2. Please select your organization from the list**

Other (please specify)

**3. Does your organization currently provide Comprehensive Insurance to its employees?**

Yes

No

Other (please specify)

**\*4. Please indicate the employer paid coverage levels your organization currently provides for employees: Life Insurance and Accidental Death & Dismemberment**

	Life Insurance	Accidental Death & Dismemberment
Annual Salary for \$20.00/mo or less	<input type="checkbox"/>	<input type="checkbox"/>
Two x Annual Salary for \$25.00/mo or less	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>	

**5. Please indicate the employer paid coverage levels your organization currently provides for employees: Long Term Disability.**

- 66% of Annual Salary @ ~\$50/mo
- None

Other (please specify)

**6. Please indicate the rate your organization currently pays to provide Extended Health Care & Dental Care.**

	Extended Health Care	Dental Care
\$75/mo or more (Couples)	<input type="radio"/>	<input type="radio"/>
\$83/mo or more (Couples)	<input type="radio"/>	<input type="radio"/>
\$105/mo or more (Couples)	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**7. Does your organization offer a Health Spending Account (HSA) to its employees?**

- Yes (please provide annual amount per employee below)
- No

Other (please specify)

**8. Does your insurance provider set conditions for an employee to receive benefits – i.e. full time only, 20 hours or more, etc?**

- Yes (please specify below)
- No
- Other (please specify)

**9. Does your organization want to offer Comprehensive Insurance to its employees?**

- Yes
- Yes, but costs are a concern
- Maybe
- No

Other (please specify)

**10. Comprehensive Insurance is frequently part of compensation for employment. Cost sharing of the premiums with employees is common. Would your organization be interested in this option?**

- Yes
- No
- Maybe

**\*11. Please indicate the coverage levels your organization might like to offer to employees: Life Insurance & Accidental Death and Dismemberment.**

	Life Insurance	Accidental Death & Dismemberment
Annual Salary for \$20.00/mo or less	<input type="checkbox"/>	<input type="checkbox"/>
Two x Annual Salary for \$25.00/mo or less	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="text"/>	

**12. Please indicate the coverage levels your organization might like to offer to employees: Long Term Disability.**

- 66% of Annual Salary @ ~\$50/mo
- None

Other (please specify)

**13. Please indicate the rate level your organization would consider paying, perhaps with an employee contribution, to offer Extended Health Care & Dental Care.**

	Extended Health Care	Dental Care
\$75/mo or more (Couples)	<input type="radio"/>	<input type="radio"/>
\$83/mo or more (Couples)	<input type="radio"/>	<input type="radio"/>
\$105/mo or more (Couples)	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**14. Would your organization be interested in exploring the provision of a Health Spending Account (HSA) to its employees?**

- Yes
- No
- Maybe

Other (please specify)

**\* 15. If the Cooperative were able to secure an attractive package on behalf of interested member organizations, what would be the earliest date your organization would be willing / able to participate?**

	MM	DD	YYYY
Earliest Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Best Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

**16. Thank you for completing this survey. We welcome any other thoughts you may have in the comments box below.**