



Survey Deadline
November 1, 2018

NTMA Wage & Fringe Benefit Survey

Based on 2018 wage & benefit data

Your data will be treated confidentially by the Mackay Research Group.
No one from NTMA or its staff will have access to individual company data.
Participant data will be aggregated in a way that prevents identification of any individual company.

This survey covers plant wages in the precision custom manufacturing industry.

Wherever possible, please report 2018 actual data. If actual data is not available, please provide your best estimate. It is better to make an educated guess than to leave a field blank.

Please note: If this important survey has not reached the person responsible for this information, please forward this to their attention.

Please complete by **November 1, 2018** and mail to:

Mackay Research Group, P.O. Box 17668, Boulder, Colorado 80303 or Fax to 720-890-8719.

If you would prefer the survey in Excel, email John Mackay at john@mackayresearchgroup.com.

Questions? Contact John Mackay at 720-890-4255 or email john@mackayresearchgroup.com.

Please specify who is to receive your copy of the Wage & Fringe Benefit Report (type or print clearly):

Name/Title _____

Company _____

Street Address _____

City, State, ZIP Code _____

Telephone (____) _____ Fax (____) _____

Email Address _____

General Information

1. Sales by industry classification

- Tools & Dies %
- Molds _____
- General Precision Machining (not Aerospace) _____
- Aerospace Machining and Fabrication _____
- Special Machines _____
- Production Operation _____
- Sheet Metal Fabrication _____
- Other (please specify _____) _____
- Total Sales** **100%**

2. Annual sales volume \$ _____

3. Budgeted increase in hourly wages for this year %

4. Employee Turnover

- Report Full-Time Equivalents (FTE), Part-time employees should be converted to full-time equivalents based on a 40-hour week.
- Total employees at beginning of year (FTE)..... _____
- + number of employees hired during the year + _____
- number of employees who have left during the year - _____
- Total employees at the end of year (FTE)..... = _____

Plant Wages

5. Plant Wages

- **Low**—Lowest actual 1st shift straight time hourly wage being paid.
- **High**—Highest actual 1st shift straight time hourly wage being paid.
- **Average**—The total actual 1st shift straight time hourly wage of all employees in a classification divided by the total number of employees in this classification.
- **Important:** If only one person is performing the job classification, please use their hourly rate as the lowest, highest and average wage rate.

Job Classification	Number of Employees	Wage Rate (actual) - \$/hr.		
		Lowest	Highest	Average
Apprentice				
a. Apprentice (First Year)				
b. Apprentice (Second Year)				
c. Apprentice (Third Year)				
d. Apprentice (Fourth Year)				
Machining Operations				
e. Machinist, All Around (Journeyman)				
f. Machinist, All Around (CNC)				
g. Horizontal Machining Center				
h. Vertical Machining Center				
i. Five Axis Machining Center				
j. EDM, Electrode				
k. EDM, Wire				
l. Grinding, Blanchard				
m. Grinding, Cylindrical				
n. Grinding, Surface				
o. Turning Center				
p. Multi Axis Turning Center				
q. Swiss Machining Center				
r. Rotary Transfer Machine				
s. Saw Operator				
Tool and Die / Mold Operations				
t. Moldmaker/Die Cast Diemaker				
u. Stamping Die Toolmaker				
v. Deburring Specialist				
w. Polisher (Molds)				
x. Toolmaker (Jigs, Fixtures, Gages)				
Manufacturing Support Functions				
y. Assembler (Subassemblies, Controls, etc.)				
z. Engineer				
aa. Inspector (CMM Operator)				
bb. Machine Repair & Maintenance				
cc. Programmer**				
dd. Shipping/Receiving Clerk				
ee. Supervisor/Foreman				
ff. Department Lead				
gg. Welder, Combination				
hh. Purchasing Agent				

Employee Benefit Programs

6. Benefit Plans Offered

Check all that apply	% of premium paid by the Company	Annual Deductible Amount (Per Person)	Co-Pay Amount (Per Visit)
<input type="checkbox"/> Medical/Hospitalization – Employee coverage	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Medical/Hospitalization – Dependent/Family Coverage ..	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Prescription Drug Plan (even if included in medical plan)	_____ %	\$ _____	\$ _____ Branded \$ _____ Generic
<input type="checkbox"/> Dental Plan (even if included in medical plan)	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Visual/Optical Plan	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Group Term Life Insurance	_____ %		
<input type="checkbox"/> Long-term Disability Insurance	_____ %		
<input type="checkbox"/> Short-term Disability Insurance	_____ %		
<input type="checkbox"/> Employee Assistance Program (Program to handle personal & .. work related problems, i.e., drug dependency, mental health, financial, legal, etc.)	_____ %		

7. Do you offer a High Deductible Health Plan (HDHP) or Health Savings Accounts (HSA)? Yes No

8. Do you provide a "Cafeteria Plan" or flexible benefit program ("Section 125") that allows employees to select different levels of different benefits? Yes No

9. Medical insurance premium rate **per month** (based on a 40–44 year old employee)

Single rate \$ _____ Enter the monthly amount the insurance company bills

Single plus one rate

Employee + spouse \$ _____

Employee + child \$ _____

Family rate \$ _____

10. Number of deductibles for family coverage..... 2 3 4 or more

*A deductible is the amount you must pay out of pocket for medical care before the insurance company begins paying.
Individual deductibles are counted toward meeting the family deductible, generally 2 - 4 times larger than an individual deductible.*

11. Retirement Income Plans – Check all that are offered

- Defined Benefit Plan (pension plan, involving a fixed level of benefits upon retirement)
- SEP-IRA/SIMPLE IRA
- Profit Sharing Plan (fluctuating employer contribution)
- Money Purchase Plan (fixed employer contribution)
- 401(k) (with or without employer match)

Does the company contribute to the employee's 401(k) ? Yes No

If employer matches 401(k), what dollar (\$) amount is contributed for each \$1 the employee contributes? \$ _____

If contributions are limited to a percentage (%) of an employee's pay, what is the limit? _____ %

12. Other Employee Benefits – Check all that are offered

- Pre-tax spending accounts for medical or dental expenses
- Pre-tax spending accounts for dependent care expenses
- Educational assistance for employees
- Pre-retirement counseling
- Annual computerized benefits statement

13. Do you have a Personal Time Off (PTO) program? (combined vacation/sick days/personal leave program) Yes No

14. Vacation Policy – Employees are eligible for:

- 1 week paid vacation **after** _____ years of service
- 2 weeks paid vacation **after** _____ years of service
- 3 weeks paid vacation **after** _____ years of service
- 4 weeks paid vacation **after** _____ years of service
- 5 weeks paid vacation **after** _____ years of service

15. May employees **carry over vacation time** into the following year(s)? (check only one)

Yes (with or without limits) Yes (but management approval required) No

16. Are employees paid for **unused vacation accumulated**? Yes No

17. How many paid holidays (not vacation) do you allow employees per year? _____ days

18. Do you offer sick days or personal days with pay for production employees? Yes No

19. If yes, how many days are allowed each year? _____ days