



Survey Deadline  
November 1, 2007

# NTMA Wage & Fringe Benefit Survey

## Based on 2007 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 2007 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, 2007** and mail to:

Mackay Research Group, P.O. Box 768, Lafayette, Colorado 80026 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 .....
- Other (please specify \_\_\_\_\_) .....
- Total Sales** ..... **100%**

**2. 2007 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**, excluding fringe benefits: Please report hourly wages prior to employee deductions. Report compensation for **one typical** employee in each position. Please report **only** the positions listed.

	<u>Number of Employees</u>	<u>Hourly Rate</u>	
a. Apprentice (First Year) .....	_____	\$ _____	
b. Apprentice (Second Year) .....	_____	\$ _____	
c. Apprentice (Third Year) .....	_____	\$ _____	
d. Apprentice (Fourth Year).....	_____	\$ _____	
<b>5. Manual Machining Operations</b>		<b><u>Beginning/Early Hire</u></b>	<b><u>Experienced</u></b>
	<b><u>Number of</u></b>	<b><u>1 – 4 Years</u></b>	<b><u>4+ Years</u></b>
	<b><u>Employees</u></b>	<b><u>Hourly Rate</u></b>	<b><u>Hourly Rate</u></b>
e. Boring Mill Operator .....	_____	\$ _____	\$ _____
f. Diemaker.....	_____	\$ _____	\$ _____
g. Drill Press Operator.....	_____	\$ _____	\$ _____
h. EDM Operator (Electrode).....	_____	\$ _____	\$ _____
i. Grinder Operator .....	_____	\$ _____	\$ _____
j. Jig Borer/Grinder Operator.....	_____	\$ _____	\$ _____
k. Lathe Operator (Automatic) .....	_____	\$ _____	\$ _____
l. Lathe Operator (Engine).....	_____	\$ _____	\$ _____
m. Machinist, All Around (Journeyman).....	_____	\$ _____	\$ _____
n. Milling Machine Operator .....	_____	\$ _____	\$ _____
o. Moldmaker/Die Cast Diemaker.....	_____	\$ _____	\$ _____
p. Polisher (Molds) .....	_____	\$ _____	\$ _____
q. Punch Press Set-up & Operator.....	_____	\$ _____	\$ _____
r. Special Machine Builder .....	_____	\$ _____	\$ _____
s. Toolmaker (Jigs, Fixtures, Gages).....	_____	\$ _____	\$ _____
<b>5. CNC Operations</b>		<b><u>1 – 4 Years</u></b>	<b><u>4+ Years</u></b>
	<b><u>Number of</u></b>	<b><u>Hourly Rate</u></b>	<b><u>Hourly Rate</u></b>
	<b><u>Employees</u></b>		
t. Drilling Machine Operator.....	_____	\$ _____	\$ _____
u. EDM Operator (Wire) .....	_____	\$ _____	\$ _____
v. Grinder (OD/ID) Operator .....	_____	\$ _____	\$ _____
w. Machining Center Operator (Horizontal) .....	_____	\$ _____	\$ _____
x. Machining Center Operator (Vertical).....	_____	\$ _____	\$ _____
y. Programmer/Engineer .....	_____	\$ _____	\$ _____
z. Turning Center Operator .....	_____	\$ _____	\$ _____
<b>5. Manufacturing Support Functions</b>		<b><u>1 – 4 Years</u></b>	<b><u>4+ Years</u></b>
	<b><u>Number of</u></b>	<b><u>Hourly Rate</u></b>	<b><u>Hourly Rate</u></b>
	<b><u>Employees</u></b>		
aa. Assembler (Subassemblies, Controls, etc.).....	_____	\$ _____	\$ _____
bb. Deburring Specialist .....	_____	\$ _____	\$ _____
cc. Designer (Control Systems) .....	_____	\$ _____	\$ _____
dd. Draftsman (CAD) .....	_____	\$ _____	\$ _____
ee. Electrical/Electronics Technician .....	_____	\$ _____	\$ _____
ff. Inspector .....	_____	\$ _____	\$ _____
gg. Inspector (CMM Operator) .....	_____	\$ _____	\$ _____
hh. Machine Repair & Maintenance.....	_____	\$ _____	\$ _____
ii. Shipping/Receiving Clerk .....	_____	\$ _____	\$ _____
jj. Supervisor/Foreman.....	_____	\$ _____	\$ _____
kk. Welder, Combination (Arc, Gas, MIG, Tig, SubArc) ...	_____	\$ _____	\$ _____



## Employee Benefit Programs

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

### 21. Medical/Hospitalization Plans Offered

<b>a. Check all that apply</b>	<b>% of Premium Paid by Employer</b>	<b>Annual Deductible Amount (Per Person)</b>	<b>Co-Pay Amount (Per Visit)</b>
<input type="checkbox"/> Traditional (Indemnity health insurance) .....	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Health Maintenance Organization (HMO) .....	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Point Of Service HMO (POS).....	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Preferred Provider Organization (PPO) .....	_____ %	\$ _____	\$ _____
<input type="checkbox"/> Exclusive Provider Organization (EPO) .....	_____ %	\$ _____	\$ _____

b. Medical insurance premium rate **per month** (based on a 40–49 year old employee)

Single rate \$ \_\_\_\_\_

Single plus one rate

Employee + spouse \$ \_\_\_\_\_

Employee + child \$ \_\_\_\_\_

Family rate \$ \_\_\_\_\_

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

d. Does your carrier require a second opinion for major medical claims? .....  Yes  No

e. Does your carrier require pre-notification for non-emergency hospital admittance? .....  Yes  No

### 22. Additional Benefit Plans Offered

<b>Check all that apply</b>	<b>% of Premium Paid by Employer</b>	<b>Annual Deductible Amount (Per Person)</b>	<b>Co-Pay Amount (Per Visit)</b>
<input type="checkbox"/> Dependent Coverage (even if not paid by the employer).....	_____ %	\$ _____	\$ _____
<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"/> Retiree Medical Insurance Coverage (under FASB 106).....	_____ %	\$ _____	\$ _____
<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.)

### 23. 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)

If employer matches 401(k), fill in formula below – Enter "0" if no employer match

Employer matches \$ \_\_\_\_\_ per \$1.00 of **either:** \_\_\_\_\_ % of employee's salary (up to 25%)  
**OR** \$ \_\_\_\_\_ (matching contribution limit)

24. **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
  - Health Savings Accounts (HSA), high-deductible health insurance with a separate, employee-directed account to pay employee health care expenses.
  - Educational assistance for employees
  - Pre-retirement counseling
  - Annual computerized benefits statement
  - Child care (allowance or facilities)
  - Paid parental leave (maternity/paternity, adoption leave)
25. What, if anything, does your company give to its full-time employees at Christmas or year-end?  
**Check all that apply**
- Cash (nominal amount, not annual bonus)
  - Gift (including gift certificates, food items, etc.)
  - Party
  - Year-end Bonus (not tied to profits)
26. Do you have a combined vacation/sick days/personal leave program?..... Yes  No
27. 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
28. 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
29. Are employees paid for **unused vacation accumulated**?..... Yes  No
30. How many paid holidays (not vacation) do you allow employees per year? ..... \_\_\_\_\_ days
31. Which holidays do you observe? (Holidays your company is closed for business, paid or unpaid)
- |  |   |  |
|--|---|--|
| <input type="checkbox"/> New Year's Eve                | <input type="checkbox"/> Independence Day       | <input type="checkbox"/> Christmas Eve             |
| <input type="checkbox"/> New Year's Day                | <input type="checkbox"/> Labor Day              | <input type="checkbox"/> Christmas Day             |
| <input type="checkbox"/> Martin Luther King's Birthday | <input type="checkbox"/> Veteran's Day          | <input type="checkbox"/> Personal/floating holiday |
| <input type="checkbox"/> President's Day               | <input type="checkbox"/> Thanksgiving Day       | <input type="checkbox"/> Other religious holidays  |
| <input type="checkbox"/> Good Friday                   | <input type="checkbox"/> Day after Thanksgiving | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Memorial Day                  |   |  |
32. To be eligible for holiday pay, an hourly employee must work (check **only** one)
- Both the day before and the day after the holiday
  - Either the day before or the day after
  - Neither the day before nor the day after, regardless of number of hours worked during the week
  - No established policy
33. Do you offer sick days or personal days with pay for production employees?..... Yes  No
34. If yes, how many days are allowed each year? ..... \_\_\_\_\_ days
35. Does your company have an employee policy manual?..... Yes  No
36. Are the hourly production employees represented by a union? ..... Yes  No

**Thank you for your participation in this important association service.**

**SURVEY DEADLINE: NOVEMBER 1, 2007**