

A. Plan and Employee Demographics

2019 Annual Survey Questionnaire

Questionnaires must be postmarked or completed online by **August 9, 2019**. Those who complete the questionnaire will receive a free copy of the report — a \$595 value.

All information provided will be strictly confidential. Only aggregate data will be released publicly.

Please answer all questions as of December 31, 2018. If your company offers more than one plan, please complete a separate questionnaire for each one. It will be helpful if you have your 2018 year-end payroll report available before completing the survey.

Submission Options:

Online: Complete at www.pzca.org/research.

Fax: 312-275-7171

Mail to: PSCA's 2019 Annual Survey
4245 N. Fairfax Dr., Suite 750
Arlington, Virginia 22203

For questions on the survey, please contact us at 540.323.7828 or research@psca.org

Contact Information

Please provide your contact information to receive a free copy of the annual survey report. (You may attach a business card instead.)

Plan Name: _____

Contact Name: _____

Company: _____

Phone: _____

E-mail: _____

Address: _____

Who referred you to the survey (name and company), if applicable?

1. Please indicate which category most closely describes your industry. (Select one.)

- Construction
- Durable goods manufacturing
- Engineering
- Financial
- Healthcare
- Insurance
- Non-durable goods manufacturing
- Non-profit organization
- Real estate
- Retail trade
- Services
- Technology or telecommunications
- Transportation
- Utility or energy
- Wholesale distribution
- Other: _____

2. Approximately how many employees are eligible to participate in this plan?

- 1–49
- 50–199
- 200–999
- 1,000–4,999
- 5,000+

3. Who is the service provider for this plan?

4a. Do you offer any other retirement plans to essentially the same group of participants as reported in this plan?

- Yes
- No

b. If yes, which additional plans do you offer? (Check all that apply.)

- Profit sharing
- 401(k)
- Defined benefit, traditional
- Defined benefit, other (e.g., cash balance, etc.)
- ESOP
- Money purchase
- Retiree Health Plan
- Other: _____

Please submit a separate questionnaire for each qualified 401(k) or profit sharing plan.

c. If your company offers multiple retirement plans, are they administered by the same plan provider?

- Yes
- No
- Not applicable

5a. If you indicated in question 4b that you offer a defined benefit plan, is it active or frozen?

- Active
- Frozen/Closed
- Do not offer (Skip to question 6)

b. If active, are you planning to freeze or close it in the next 12 months?

- Yes
- No

c. If your DB plan is frozen or if you are planning on terminating it, have you made (or will you make) changes to your 401(k) plan to compensate?

- Yes
- No
- Not applicable

d. If yes, what changes?

6. Does your company offer a non-qualified deferred compensation (NQDC) plan to a select group of employees?

- Yes
- No
- No, but considering adding

7. Do you offer a Health Savings Account (HSA) option to employees?

- Yes No No, but considering adding one.

8a. Does your plan accept rollovers from:

- Profit sharing/401(k) plans
 IRAs
 Pension plans
 457 plans
 403(b) plans
 No rollovers accepted
 Other: _____

b. If rollovers are accepted, please indicate when they are accepted.

- When employees become eligible to make elective deferrals.
 Before employees become eligible to make elective deferrals.

c. Are participants able to roll assets into the plan after separation from service?

- Yes No

d. If rollovers are permitted, do you actively encourage new employees to roll assets from a previous plan into your plan?

- Yes No

9a. Are the following types of employees eligible to participate in your plan? If you do not have certain employee groups, please select N/A.

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| Salaried — Full-time (more than 1,000 hours per year) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Salaried — Part-time (less than 1,000 hours per year) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Hourly — Full-time (more than 1,000 hours per year) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Hourly — Part-time (less than 1,000 hours per year) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Temporary | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Leased | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Commissioned staff | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Union Workers/Davis Beacon | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

b. If the company employs union workers, which of the following applies?

- Union workers participate in this plan under a collective bargaining agreement.
 Union workers participate in this plan, but not under a collective bargaining agreement.

10a. Is compensation defined in your plan as all W2 compensation?

- Yes No

b. If no, which type(s) of compensation is (are) defined as compensation in your plan? (Check all that apply.)

- Regular salary and/or hourly wages
 Regular bonus payments
 Special bonus payments
 Overtime
 Commissions
 Shift differential
 Other: _____

11. What is the minimum age requirement to participate in the plan?

- None
 18 years old
 21 years old
 Other age requirement: _____

B. Company Contributions

12a. Does your plan design provide for a matching company contribution? If the plan provides for one, select "Yes", whether or not it was made this year. (A matching contribution requires a participant to contribute to the plan in order to receive a specified company contribution.)

- Yes No (Skip to question 13)

12b. If yes, indicate the type of formula used and then write in the numerical formula used (where appropriate). (Check all that apply.)

- Fixed Match (e.g., matches \$0.50 per \$1 up to 6% of pay contributed by the participant)
 Organization Contributes \$ _____ per \$1 up to _____% of pay.
 Graded Match (age based, service based, or tiered formula)
 Age based (describe): _____
 Service based (describe): _____
 Tiered formula (e.g., \$1 per \$1 on the first 3% then \$0.50 on the next 3% of pay contributed). Describe your formula: _____
 Dependent on DB plan eligibility
 Discretionary match (determined annually)
 Describe (if made in 2018): _____
 Safe harbor match — traditional
 Safe harbor match — automatic enrollment
 Enhanced Safe Harbor formula
 Formula-based profit sharing match
 Other matching formula: _____

c. What is the maximum effective company matching contribution (e.g., if the formula is \$0.50 per \$1 on 8% of pay, the maximum company contribution is 4% of pay)?

_____ %

13a. Does your plan provide for a non-matching company contribution? (A non-matching contribution does not require participant contributions in order to receive the company contribution.)

- Yes No (Skip to question 14)

b. If yes, indicate the type of formula used and then write in the numerical formula used (where appropriate). (Check all that apply.)

- Discretionary contribution
 If made in 2018, indicate the percent of pay contributed: _____ %
 Guaranteed Percentage of Participants' pay (Non-Safe Harbor)
 Percent contributed: _____ %
 Safe harbor contribution (3% of pay to all eligible employees)
 Formula based percentage of profits
 Other (describe): _____

c. What is the maximum possible non-matching contribution to the plan?

_____ %

Note: If you answered "No" to both questions 12 and 13, skip to question 19.

14. Did your company make contributions to the plan in 2018?

	Matching Contributions	Non-Matching Contributions
Yes, the same formula as last year was contributed.	<input type="checkbox"/>	<input type="checkbox"/>
Yes, but at reduced levels	<input type="checkbox"/>	<input type="checkbox"/>
Yes, but at a higher amount than last year.	<input type="checkbox"/>	<input type="checkbox"/>
No, it is suspended.	<input type="checkbox"/>	<input type="checkbox"/>
No, it is discretionary and not made in 2018.	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>

15a. When do employees become eligible to receive company contributions?

	Matching Contributions	Non-Matching Contributions
Immediately (1 month or less)	<input type="checkbox"/>	<input type="checkbox"/>
Between 1 and 3 months of service	<input type="checkbox"/>	<input type="checkbox"/>
After 3 months of service	<input type="checkbox"/>	<input type="checkbox"/>
After 6 months of service	<input type="checkbox"/>	<input type="checkbox"/>
After 1 year of service	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>
Other service requirements: _____		

b. Do participants have to be employed on the last day of the plan-year to receive employer contributions?

- Yes, for matching contributions.
 Yes, for non-matching contributions.
 Yes, for both matching and non-matching contributions.
 No

16a. How frequently are contributions made to the plan?

	Matching Contributions	Non-Matching Contributions
Annually	<input type="checkbox"/>	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>	<input type="checkbox"/>
Monthly	<input type="checkbox"/>	<input type="checkbox"/>
Payroll period	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>
Other:	_____	_____

b. If matching contributions are not made annually, is a true-up match made to ensure that all participants receive the full match?

- Yes No Not applicable

17. Please indicate your plan's vesting schedule for company contributions.

	Matching Contributions	Non-Matching Contributions
Immediate Full Vesting	<input type="checkbox"/>	<input type="checkbox"/>
2-Year Cliff	<input type="checkbox"/>	<input type="checkbox"/>
3-Year Cliff	<input type="checkbox"/>	<input type="checkbox"/>
5-Year Cliff	<input type="checkbox"/>	<input type="checkbox"/>
3-Year Graduated	<input type="checkbox"/>	<input type="checkbox"/>
4-Year Graduated	<input type="checkbox"/>	<input type="checkbox"/>
5-Year Graduated	<input type="checkbox"/>	<input type="checkbox"/>
6-Year Graduated	<input type="checkbox"/>	<input type="checkbox"/>
7-Year Graduated	<input type="checkbox"/>	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>
Other:	_____	_____

18. Do you apply any of the following in terms of the employer financial contribution?

- Integrated with Social Security A new comparability plan
 Age-weighted Service-weighted
 None of the above

C. Participant Contributions

19. Indicate all types of participant contributions permitted in this plan. (Check all that apply.)

- Employee pretax — 401(k)
 Employee after-tax — Roth 401(k)
 Employee after-tax — traditional (non-Roth)
 None (Skip to section E)

20. What is the maximum percentage of pay that participants can contribute to the plan? _____%

21a. Does the plan sponsor provide a suggested savings rate to participants?

- Yes No

b. If yes, what percentage of pay? _____%

22. When do full-time employees become eligible to make elective deferrals to this plan?

- Immediately (1 month or less)
 Between 1 and 3 months of service
 After 3 months of service
 After 6 months of service
 After 1 year of service
 Other service requirements: _____

23a. Does the plan permit catch-up contributions to participants age 50 and older?

- Yes No

b. If yes, what percentage of participants age 50 or over made catch-up contributions in 2018? _____%

c. Does the plan match catch-up contributions?

- Yes No Not applicable (no match)

D. Automatic Features

24a. If this plan permits elective employee deferrals, does this plan have an automatic enrollment feature? (Check all that apply.)

- Yes, for new hires only. Yes, for certain employee groups only.
 Yes, one time for all non-participants. No (Skip to question 25)
 Yes, annually for all non-participants. Not applicable

b. If no, why not?

- Costs
 Corporate philosophy
 Employees don't want it
 Satisfied with participation rates
 Added administration/work
 Other: _____

c. What is the default deferral percentage?

- 1% 2% 3% 4% 5%
 6% Other: _____

d. What is the default investment option?

- Balanced fund Stable value fund
 Money market fund Target-date
 Managed account Target-risk
 Other: _____

e. Approximately what percentage of automatically enrolled participants (either new hires or all non-participants, depending on your plan design) opted out of the plan in 2018?

- None 5–10%
 0.01–1% 10–20%
 1–5% 20% or more

f. Approximately what percentage of employees automatically enrolled in the plan changed the default:

	Deferral Rate	Investment Option
None	<input type="checkbox"/>	<input type="checkbox"/>
0.01–1%	<input type="checkbox"/>	<input type="checkbox"/>
1–5%	<input type="checkbox"/>	<input type="checkbox"/>
5–10%	<input type="checkbox"/>	<input type="checkbox"/>
10–20%	<input type="checkbox"/>	<input type="checkbox"/>
20% or more	<input type="checkbox"/>	<input type="checkbox"/>
Unsure	<input type="checkbox"/>	<input type="checkbox"/>

25a. Does your plan have an auto-escalation feature in which deferral rates are automatically increased over time? (Check all that apply.)

- Yes, automatically for all participants.
 Yes, but only if the participant elects it.
 Yes, automatically for all under-contributing participants.
 No. (Skip to question 26)

b. How much are deferrals increased each year?

- 1% 2% 3% Other _____%

c. If yes, what is the increase based on?

- Hire date Birthday
 Merit increases Participant choice
 Plan participation date Plan set date once a year
 Other: _____

d. What is the cap on automatic increases? _____%

26. Does your plan allow participants to automatically rebalance their portfolios?

- Yes No

E. Investments

27. Are your fund options the same for both company and participant contributions?

- Yes No Not applicable

28. For company and participant contributions, please indicate the investment fund structure. (Check all that apply.)

Investment Fund Type and Structure

	Mutual Fund	Co-mingled	Insurance Account	ETF	Separately Managed Account
a. Alternative asset class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Balanced fund/asset allocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Bond-actively managed, domestic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Bond-indexed, domestic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Bond, international	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. TIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cash equivalents (CD/money market)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Company stock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Emerging markets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Equity-actively managed, domestic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Equity-actively managed, international/global	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Equity-indexed, domestic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Equity-indexed, international/global	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. ESG Funds (socially responsible)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Real estate fund (including REITs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Sector funds/commodities (Other than real estate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Self-directed brokerage/mutual fund window	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Stable value	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Target retirement date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Target-risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. Participant loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. Other (describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29a. Does the plan offer a target-date investment?

Yes No (Skip to question 30)

b. If yes, what type do you use?

Packaged Product Customized Combination

c. What type of glide path does your target-date fund use?

To retirement Through retirement

d. Is your target-date fund actively or passively managed?

Actively managed Passively managed Hybrid

e. Do your target-date investment options currently include:

Only investments proprietary to the recordkeeper
 Only investments that are not proprietary to the recordkeeper
 Investments that are both proprietary and non-proprietary

30a. Does the plan offer a managed account in which participants have the option of having their plan assets allocated and managed for them?

Yes No (Skip to question 31)

b. If yes, who pays for it?

Employer Participant

c. If paid for by participants, which participants pay?

All participants Only participants who use it

d. Is the manager limited to funds available for participant direction?

Yes No

31. Does your plan have an in-plan annuity (lifetime income) payout option for participants?

Yes No

32a. Do you offer a robo-advisor to participants?

Yes No, but considering No

b. If no, do you anticipate adding one within the next year?

Yes No Unsure

33a. Does your plan have a Qualified Default Investment Alternative (QDIA)?

Yes No

b. If yes, what is the QDIA?

A managed account
 A target-date investment
 A balanced fund
 A stable value fund

F. Investment Advice

34a. Does your company provide investment advice to participants? Investment advice is not education (question 57) and is not a managed account (question 30).

Yes No (Skip to question 35)

b. Who provides the advice to participants? Check all that apply

Certified Financial Planner
 Registered Investment Advisor
 Financial Advisor affiliated with your plan provider
 Web-based provider (Independent Third-Party, e.g., Morningstar or Financial Engines)
 Other: _____

c. How is advice delivered to participants? (Check all that apply.)

One-on-one counseling in person
 Telephone hotline
 Online advice (internet provider)
 Web conference
 Other (describe): _____

d. Estimate the percentage of participants that used investment advice in 2018.

_____ %

e. If investment advice is offered, who pays for it?

Employer Participant Both

f. If paid for by participants, which participants pay?

All participants Only participants who use it

g. What is the fee for investment advice? \$ _____

h. Is the investment advisor limited to funds available for participant direction?

Yes No

G. Investment Monitoring

35. Does this plan have an investment policy statement?

Yes No Uncertain

36. How often does the plan allow participant-directed fund transfers (outside of any individual fund restrictions)?

Daily Quarterly
 Monthly Annually
 Other (describe): _____

37. Who directs how contributions are invested? (Check all that apply.)

	Participant	Company/Trustee
Company contributions	<input type="checkbox"/>	<input type="checkbox"/>
Participant contribution	<input type="checkbox"/>	<input type="checkbox"/>

38. How frequently are the plan's investments evaluated by the plan's fiduciaries?

Annually Quarterly
 Semi-annually Monthly
 Other (describe): _____

39a. Do you retain an independent investment advisor separate from your service provider to help you with your fiduciary responsibility?

- Yes, a 3(38) advisor
- Yes, a 3(21) advisor
- Yes, unsure of type.
- No

b. If yes, is the fee:

- A fixed fee
- A percentage of plan assets
- Both
- Other: _____

H. Company Stock

40a. Does this plan have company stock as an investment option for:

- Company contributions
- Participant contributions
- Both
- Neither (Skip to question 42)
- Company stock fund is frozen

b. What percentage of total plan assets are invested in company stock as of December 31, 2018?

_____ %

c. If there is a limitation as to the amount of assets that can be invested in company stock, what is the limitation?

- No more than 10% of assets
- No more than 20% of assets
- No more than 50% of assets
- Company contributions only
- No limit
- Other: _____

d. Are contributions to the plan made in company stock?

- No
- Yes, matching contributions only.
- Yes, non-matching contributions only.
- Both

e. If company stock pays a dividend, does the company take the dividend deduction?

- Yes
- No
- Not applicable

f. Do you have an outside, independent fiduciary on the company stock fund?

- Yes
- No

41a. Do you benchmark your company stock fund?

- Yes
- No
- Not applicable (Skip to question 42)

b. If yes, how frequently do you evaluate it?

- Annually
- Quarterly
- Semi-annually
- Every two years
- Other: _____

c. If yes, what type of benchmark do you use?

- Committee selected benchmark
- Advisor selected benchmark
- Other: _____

I. Plan Administration Practices

42. Who is the primary recordkeeper for the plan? (Choose one.)

- Bank (including trust companies)
- Brokerage firm
- Consulting firm
- Insurance company
- Other (describe): _____
- Internal staff
- Investment adviser
- Mutual fund
- Third party administrator

43. Who is the trustee for your plan?

- Self trustee
- Bank trustee
- Non-bank trustee
- None

44. If this plan allows 401(k) contributions, how was the ADP (nondiscrimination) test passed for 2018? (Check all that apply.)

- Passed because of safe harbor plan design.
- Non-safe harbor, passed without adjustment to elections or return of excess contributions for HCE.
- Elections of HCEs limited when contributions reached the maximum allowed by the test.
- Elections of HCEs limited by plan design.
- Excess contributions returned to participants after the plan year ended.
- Excess 401(k) amounts deposited into a nonqualified arrangement.
- Other (describe): _____

45. Is this plan top heavy? (Refer to form 5500.)

- Yes
- No, because of Safe Harbor plan design.
- No, more than 40 percent of assets are held by non-key employees.

46. How are forfeitures shared in this plan?

- In proportion to participants' share of company contribution.
- In proportion to employee contributions.
- In proportion to account balances.
- Applied to reduce company contributions.
- Used to pay plan fees.
- Other (describe): _____
- Not applicable

47. What changes did you make to the plan in 2018? (Check all that apply.)

- Minor changes to the investment menu (swapped a fund or two)
- Added or deleted an asset class
- Added plan loans
- Curtailed plan loan provisions (decreased number and/or amount allowed, etc.)
- Added Hardship Withdrawal provisions
- Curtailed Hardship Withdrawal provisions
- Added an automatic enrollment feature
- Added a Roth feature
- Changed or added company contribution formulas
- Other plan design changes (vestings, eligibility, etc.)
- Changed providers, advisors, or recordkeepers
- Put out a request for proposal (RFP) for the plan
- None
- Other: _____

48. What changes are you planning (or have you made) to the plan in 2019? (Check all that apply.)

- Minor changes to the investment menu (swapped a fund or two)
- Adding or deleting an asset class
- Adding plan loans
- Curtailing plan loan provisions (decreased number and/or amount allowed, etc.)
- Adding Hardship Withdrawal provisions
- Curtailing Hardship Withdrawal provisions
- Adding an automatic enrollment feature
- Adding a Roth feature
- Changing or adding company contribution formulas
- Other plan design changes (vestings, eligibility, etc.)
- Changing providers, advisors, or recordkeepers
- Putting out a request for proposal (RFP) for the plan
- None
- Other: _____

49a. Do you evaluate whether your plan is successful (meeting your goals for the plan)?

- Yes
- No

49b. If yes, what measurements do you use?

- Participation rates
- Deferral rates
- Average account balances
- Projected income replacement ratios
- Other: _____

50a. Which of the following participant behaviors does the company monitor? (Check all that apply.)

- Investment of Roth deferrals
- Fund transfers
- Hardship withdrawals
- Loans
- Investment allocations
- Participant contribution levels
- None (Skip to question 51)
- Other: _____

b. Did you take any actions based on what you learned from those participant behaviors monitored?

- Yes
- No

51. Indicate how each of the following are provided to this plan's participants.

	Vendor Call Centers	Sponsor Benefit Staff	Internet	Mobile	N/A
Enrollments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan Inquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribution Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balance Inquiries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardship Distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final/Retirement Distributions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

J. Plan Expenses

52a. Who pays for each of the following plan expenses?

Expense	Source Paying Expense		
	Plan	Company	Shared
Audit fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication to employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compensation of internal administrative staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment management fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment consultant fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other consultant fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan recordkeeping fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustee fees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Does the allocation of fees change after a participant terminates employment?

- Yes
- No

53. How are recordkeeping and administration fees charged to the plan?

- Basis points (percentage of assets)
- Per capita fees for each account
- Combination of per capita and transaction fees
- Combination of basis points and fixed dollar amount
- Other: _____

54a. What type of investment pricing menu do you use?

- Institutional
- Revenue Sharing
- Combination

b. If you use revenue sharing, how is it allocated?

- Used for payment of recordkeeping and administration fees
- Credited back periodically to participant accounts
- Used for payment of other allowable plan expenses (auditor, investment consultants, ERISA compliance, etc.)
- Other: _____

55. Do you use an ERISA bucket? (Expense Budget Account (EBA); Plan Expense Reimbursement Account (PERA); Recapture account)

- Yes
- No

56. How frequently is a formal evaluation of plan fees conducted (i.e., by your investment committee, plan advisor, etc.)?

- Annually
- Quarterly
- Semi-annually
- Every two years
- Other (describe): _____

K. Plan Education

57a. Indicate all of the purposes for providing plan education in 2018. (Check all that apply.)

- a. To increase appreciation for the plan
- b. To increase participation
- c. To increase deferrals
- d. To improve asset allocation
- e. To introduce plan changes
- f. To make the transition of a merger/acquisition
- g. To reduce fiduciary liability
- h. Retirement planning
- i. Other (describe): _____

b. Which of the above educational purposes was your primary goal? (Pick one.)

58. Indicate the approaches used to accomplish the goals stated in question 57a. (Check all that apply.)

- 401(k) Day
- MP3s/Audio
- E-mail
- Enrollment kits
- Fund performance sheets
- Gap analysis
- In-Person seminars/workshops
- Individually-targeted communication
- Internet/Intranet sites
- Mobile apps
- Newsletters
- Online Guided Enrollment
- Other (describe): _____
- Other modeling software
- Posters
- Projected monthly income
- Retirement gap calculators
- Retirement health score, etc.
- Retirement income projections
- Slides/PowerPoint
- Social media
- Texting
- Videos
- Webinars

59a. Do you have a comprehensive financial wellness program beyond your standard 401(k) education programs?

- Yes
- No

b. What topics are covered in your financial wellness program?

- Budgeting
- Debt management
- Other: _____
- Emergency funds
- Student loans

60. If retirement planning education is provided, which of the following methods are used? (Check all that apply.)

- Third party education
- Third party advice
- None
- Current plan provider
- Plan sponsor created
- Other: _____

61a. Do you evaluate the effectiveness/successes of your educational campaigns?

- Yes
- No

b. If yes, what measurements do you use? (Check all that apply.)

- Participation rates
- Replacement ratios
- Monthly projected income streams
- Deferral rates
- Total savings rates
- Other: _____

L. Plan Loans and Distributions

62a. Does this plan allow participants to take loans?

- Yes
 No, but loans are being considered (Skip to question 63)
 No, and loans are not being considered (Skip to question 63)

b. What was the interest rate on plan loans as of December 31, 2018?

- Prime Prime +2
 Prime +1 Prime +3
 Other: _____

c. What is the minimum loan amount?

- No minimum
 \$500 or less
 \$501 – \$999
 \$1,000
 Other (describe): _____

d. How many loans does the plan allow participants to have outstanding at a time?

- 1 2 3 4 5 Other: _____

e. Check all loan fees that are charged to plan borrowers and indicate fee amounts.

- | | <i>Fee Amount</i> |
|--|-------------------|
| <input type="checkbox"/> Loan origination fee | \$ _____ |
| <input type="checkbox"/> Annual maintenance fee | \$ _____ |
| <input type="checkbox"/> Quarterly maintenance fee | \$ _____ |
| <input type="checkbox"/> Other (describe): _____ | \$ _____ |
| <input type="checkbox"/> No loan fee charged | |

f. Does the plan facilitate continued loan payments after separation?

- Yes No

g. Does the plan allow for new loans after separation?

- Yes No

h. Approximately how many participants had loans outstanding as of December 31, 2018.

i. What was the total dollar amount of outstanding plan loans as of December 31, 2018.

\$ _____

63a. Does this plan allow hardship withdrawals?

- Yes No (Skip to question 64)

b. Check all the reasons this plan allows for hardship withdrawals by employed participants.

- Purchase of primary residence or to prevent eviction or foreclosure
 Post-secondary educational expenses
 Medical expenses, deductible to the participant
 Major financial pressures
 Funeral expenses
 Natural disasters and/or casualty loss
 Other (describe): _____

c. How many participants took a hardship withdrawal in 2018? _____

d. What is the fee charged for a hardship withdrawal? _____

e. Do hardship withdrawals require the plan sponsor/plan administrator to authorize them?

- Yes, I approve them.
 No, they are processed automatically.
 Some types are processed automatically, and some require approval.

64a. Does this plan allow non-hardship in-service distributions?

- Yes No (Skip to question 65)

b. If yes, check all that apply:

- before age 59½ after age 59½

64c. What is the fee charged for in-service distributions? \$ _____

65a. Check all of the distribution methods permitted by this plan.

Option	Pre-retirement Distributions	Retirement Distributions
Retain in plan	<input type="checkbox"/>	<input type="checkbox"/>
Lump sum/cash	<input type="checkbox"/>	<input type="checkbox"/>
Annual or more frequent installments	<input type="checkbox"/>	<input type="checkbox"/>
Periodic/partial withdrawals	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>
Rollover to another plan	<input type="checkbox"/>	<input type="checkbox"/>
Rollover to Deemed IRA	<input type="checkbox"/>	<input type="checkbox"/>

b. If annuities are permitted for either pre-retirement or retirement distributions, please identify what annuity option(s) you offer. (Check all that apply.)

- "In-plan" immediate annuity
 "In-plan" deferred annuity
 A distribution to purchase an annuity
 An "in-plan" longevity annuity (typically commencing at age 85)
 Not applicable
 Other: _____

c. What is the fee charged for retirement distributions? \$ _____

66a. Do you actively encourage participants to keep their assets in the plan at retirement?

- Yes No

b. If yes, approximately what percentage of retirees kept their assets in the plan?

_____ %

67. Which of the following policies does your plan use for participants that terminate prior to retirement?

- Retain in plan regardless of balance.
 Retain in plan if the balance is over \$5,000, transfer balance to an IRA if the balance is between \$1,000 and \$5,000, and pay out balances less than \$1,000.
 Retain in plan if the balance is more than \$1,000 and pay out balances less than \$1,000.

68. Do you provide education to participants beyond the required government forms?

	Yes	No
Pre-retirement distribution	<input type="checkbox"/>	<input type="checkbox"/>
Retirement distribution	<input type="checkbox"/>	<input type="checkbox"/>

Numerical Data

1. Estimate the total number of active U.S. employees in your company as of December 31, 2018 (exclude separated, retired and other non-active employees).

2. How many employees were eligible to participate in this plan as of December 31, 2018?

3. How many employed participants had an account balance as of December 31, 2018?

4. How many non-employed participants (i.e., terminated vested employees, etc.) had an account balance as of December 31, 2018?

5. Do the non-employed participants reported in question 4 pay the same expenses as their employed counterparts?

Yes No

6. What was the total market value of plan assets as of December 31, 2018 (including any outstanding plan loans)?

\$ _____

7. What was the total (gross) annual payroll of the eligibles reported in question 2, before any employee salary deferrals for 2018?

\$ _____

8. Estimate the average number of years of plan participation for those who retired during 2018.

_____ years

9. What was the total company contribution to the plan for 2018 for matching and/or non-matching contributions (if you make both, please break it out by type of contribution, if available).

Matching contribution: _____ Not applicable

Non-matching contribution: _____ Not applicable

Total contribution: _____ Not applicable

10. Estimate your company contribution as a percentage of total net profit (after-tax), if applicable.

_____ % Not applicable

11. Please list the total number of participants that contributed to the plan in 2018 and the total dollar amount contributed. Then list the number of participants and amount contributed by contribution type (Note: the sum of pre-tax and after-tax does not necessarily equal the total).

	Number of Participants	Gross 2018 Contribution
Total contributions:	_____	_____
Pre-tax contributions:	_____	_____
After-tax — Roth 401(k):	_____	_____
After-tax — Traditional (non-Roth):	_____	_____

12. For non-safe harbor plans, please share your ADP and ACP test results.

	ADP	ACP
By the highly compensated?	_____ %	_____ %
By the non-highly compensated?	_____ %	_____ %

13. How many investment funds are available to participants for each type of contribution?

Company contributions _____ (# funds)

Participant contributions _____ (# funds)

Note: Target-date and target-risk families should be counted as a single fund.

14. Please indicate the 2018 year-end fund balance for each type of investment options offered in your plan and the number of each type offered. Alternatively, you may submit a list of your funds and the year-end fund balances for each.

Fund Type	Year-end Fund Balance	# of Funds
a. Alternative asset class	\$ _____	_____
b. Balanced fund/asset allocation	\$ _____	_____
c. Bond-actively managed, domestic	\$ _____	_____
d. Bond-indexed, domestic	\$ _____	_____
e. Bond, international	\$ _____	_____
f. TIPS	\$ _____	_____
g. Cash equivalents (CD/money market)	\$ _____	_____
h. Company stock	\$ _____	_____
i. Emerging markets	\$ _____	_____
j. Equity-actively managed, domestic	\$ _____	_____
k. Equity-actively managed, international/global	\$ _____	_____
l. Equity-indexed, domestic	\$ _____	_____
m. Equity-indexed, international/global	\$ _____	_____
n. ESG funds (socially responsible)	\$ _____	_____
o. Real estate fund (including REITs)	\$ _____	_____
p. Sector funds/commodities (Other than real estate)	\$ _____	_____
q. Self-directed brokerage/mutual fund window	\$ _____	_____
r. Stable value	\$ _____	_____
s. Target date investment	\$ _____	_____
t. Target-risk	\$ _____	_____
u. Participant loans	\$ _____	_____
v. Other (describe): _____	\$ _____	_____

I will submit my year-end investment report instead.

Thank you for completing this questionnaire!

Please keep a photocopy of your completed questionnaire(s) if mailing the original. PSCA will treat your information confidentially.

Submission Options

You may submit your completed questionnaire to us via online, fax, or mail.

Online: Complete the survey online at www.psc.org

Fax to: 312.275.7171

Mail to:

PSCA 2019 Annual Survey
4245 N. Fairfax Dr., Suite 750
Arlington, Virginia 22203

Questionnaires must be completed no later than **Friday, August 9, 2019.**

Please direct questions to research@psc.org, or call 540.323.7828