FMS Compensation and Benefit Survey 2019

Name: _____

Company: _____

Address: _____

City, Province, Postal Code: _____

Primary wholesaler: _____

Phone: _____ Fax: _____ Email: _____

Your participation in the survey is completely voluntary and all of your responses will be kept confidential. No personally identifiable information will be associated with your responses to any reports of these data. Thank you in advance for participating in this effort.

Section 1. General Information

Please provide total company data for each of the following AS OF 12/31/19:

1.1 Number of stores _____
1.2 Annual company retail sales _____
1.3 Do you have union employees? O Yes O No
If yes, is more than 50% of your work force unionized? O Yes O No
1.4 How many hours must an employee work to be considered full-time? _____

Section 2. Salary Information (Circle H for hourly or S for salary or fluctuating work week). Put N/A if you do not have.

2.1 What is the average salary of your:	Avg. Salary/ Hr. Rate	Circle	Avg. Bonus
District Manager:	_____	H | S	_____
Store Manager:	_____	H | S	_____
Assistant Store Manager:	_____	H | S	_____
Meat Manager:	_____	H | S	_____
Meat Cutter:	_____	H | S	_____
Meat Clerk:	_____	H | S	_____
Meat Service Counter Clerk:	_____	H | S	_____
Seafood Manager:	_____	H | S	_____
Seafood Clerk :	_____	H | S	_____
Produce Manager:	_____	H | S	_____
Produce Clerk:	_____	H | S	_____
Floral Manager:	_____	H | S	_____
Deli/Bakery Manager:	_____	H | S	_____
Deli/Bakery Clerk:	_____	H | S	_____
Grocery Manager:	_____	H | S	_____
	Avg. Salary/ Hr. Rate	Circle	Avg. Bonus
Grocery Clerk:	_____	H | S	_____
HBC/GM Manager:	_____	H | S	_____
HBC/GM Clerk:	_____	H | S	_____
Dairy/Frozen Manager:	_____	H | S	_____

Pharmacy Manager:	_____	H | S	_____
Pharmacy Tech:	_____	H | S	_____
Scan Coordinator:	_____	H | S	_____
Front End manager:	_____	H | S	_____
Receiving Clerk:	_____	H | S	_____
Cashier:	_____	H | S	_____
Bagger:	_____	H | S	_____
Night Crew Manager:	_____	H | S	_____

2.2 Are your stores under the IGA Banner?
O Yes O No O Some but not all

Section 3. Benefits

3.1 Annual Premium

	Employer Amount	Employee Amount
Single	$	$
Employee/Spouse	$	$
Family	$	$

3.2 Please indicate the minimum amount of service required to be eligible for health plan participation.
O Immediately eligible O 30 days O 90 days
O 6 months O One-year O Other: _____

3.3 If a retirement plan is offered please indicate the type of plan(s) available (Select all that apply)

O Defined contribution plan O Defined benefit plan O Profit sharing plan
O Employee stock ownership (ESOP) O Qualified employee stock purchase O Pension plan
O 401(k) salary reduction – w/o match O 401(k) salary reduction w/ company match
O No retirement plan offered O Other: _____

3.4 Please indicate the retirement plan cost sharing arrangement
O Employee contribution only
O Employer contribution only
O Employee and employer contribution plan

Section 4. Base Pay Increase Budgets

4.1 "Performance-based" increases are those awarded to employees based on individual merit. "across-the-board" increases refer to salary adjustments awarded identically to all employees (i.e., general increases or cost-of-living adjustments).

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In the tables below, provide the average actual 2018 and average estimated 2019 increases for exempt employees, nonexempt staff and overall awarded in your organization.

	Actual 2018		
	Exempt	Nonexempt	Overall
Performance-based (merit increase)			
Across-the-board (cost of living increase)			
Total Increase			

	Budgeted/Estimated 2019		
	Exempt	Nonexempt	Overall
Performance-based (merit increase)			
Across-the-board (cost of living increase)			
Total Increase			

Section 5. Management Incentives Plans

5.1 Which of the following best describes your plan? Select only one.
O Goal-oriented plan O Bonus plan O Discretionary plan

5.2 What is the percentage of exempt employees eligible to participate in **2019?** _____ %

Is that percentage O Higher O About the same or O Lower than in 2018?

5.3 What is the **target** percentage and **maximum** percentage for incentives/bonuses, expressed as a percentage of the salary or midpoint, for the jobs listed below?

	Target	Maximum
a. Chief Financial Officer	_____%	_____%
b. Company Senior Manager	_____%	_____%
c. Merchandise Buyer	_____%	_____%
d. Store Manager	_____%	_____%

Please complete your survey and submit it by **January 20, 2019**.

When completed you can email results back to survey@fmssolutions.com

or mail to 5511 Tomken Road, Suite 204 Mississauga, Ontario L4W 4B8

or fax to *1-855-388-4433*