



## RMH Compass Survey: Offline Version

This offline version of the Reproductive & Maternal Health Compass Survey (RMH Compass Survey) provides a preview of the survey Topics, Questions, Response Options and Question Weightings. For companies interested in a worksheet of the survey – to track question responses and documents for validation – email [support@rmhcompass.org](mailto:support@rmhcompass.org). We will share a worksheet version of the RMH Compass Survey.

The RMH Compass Survey covers 16 Topics – reproductive and maternal health-related benefits and policies – under four principles. The survey is organized under these four principles:

- #1: Comprehensive Reproductive and Maternal Healthcare
- #2: Flexible and Supportive Work Environment with Paid Leave Benefits
- #3: Transparent and Clear Communication of Benefits that Emphasizes Employee Confidentiality and Data Privacy
- #4: Aligned Political Giving and Transparency

RMH Compass Survey is out of 100 possible points. Points are allocated evenly across 15 Topics Areas; each of these Topics is worth 6.6 points. One Topic, Menstrual and Menopause Benefits, is worth 1 point on this version due to the fact that there are not clearly established norms and best practices around menstrual and menopause benefits. For Topics that are not relevant to a company (ie. shiftwork questions for companies with no shiftworkers), points are reallocated evenly across the whole survey.

**The survey should be completed on behalf of your whole U.S. workforce.**

### Principle #1: Comprehensive Reproductive and Maternal Healthcare

The questions in this section focus on workers in two categories: eligible workers, who qualify for health benefits as defined by your company, and ineligible workers, who do not qualify for health benefits as defined by your company. A few questions will also include "unenrolled" workers – these would include eligible workers who have opted out of an ESHP for a variety of reasons.

Topics included in Principle #1 are:

- \* Healthcare Affordability and Access to All Workers
- \* Alternative Cost Reimbursement Mechanisms
- \* Menstrual and Menopause Benefits
- \* Contraceptive Coverage
- \* Family Formation Benefits
- \* Mental Health Benefits
- \* Abortion Benefits and Related Travel Reimbursements
- \* Doula, Lactation and Midwifery Benefits

Topic	Question	Response Options	Help Text	Question Weight
ESHP Background Questions	How many employer-sponsored health plan (ESHP) options does your company offer to eligible workers?	[#]	When answering this question, do not include health-plans offered to union workers if the plan is not administered by your organization	Unweighted
	What % of your total workforce is benefits eligible and qualifies for an employer-sponsored health plan (ESHP)?	[%]	<b>What is a benefits eligible employee?</b> An Employee who has been hired to work the number of hours required to be covered for benefits and who has satisfied any waiting period required for a benefit. Do not consider temp, interns or other short-term workers in this figure.	Unweighted
	What % of your total qualified workforce has enrolled in an ESHP?	[%]	If your workforce includes union workers that receive health coverage through union health plans, do not include them in the figure. Some companies have union workers that qualify for ESHPs, if this is the case, include those workers in the "eligible worker" figure. <b>How to calculate:</b> Divide the number of employees who are enrolled in an ESHP by the total number of benefits eligible employees.	Unweighted

Topic	Question	Response Options	Help Text	Question Weight
Healthcare Affordability and Access to All Workers	Does your company offer at least one employer-sponsored health plan (ESHP) that is: [Check all that apply]	<ul style="list-style-type: none"> <li>- Accessible to all workers that work 30+ hours per week and their dependents</li> <li>- Compliant with the ACA affordability limit</li> <li>- None of the above</li> </ul>	<p><b>What is a dependent?</b> A dependent is a person who is eligible for coverage under a policyholder's health insurance coverage. The policyholder is the individual who has primary eligibility for coverage – for example, an employee whose employer offers health insurance benefits. A dependent may be a spouse, domestic partner, or child.</p> <p><b>What is the Affordable Care Act (ACA) Affordability Limit?</b> A job-based health plan is considered "affordable" if a worker's share of the monthly premium in the lowest-cost plan offered by the employer is less than 9.12% (2023) of their household income. To calculate whether your organization's ESHP is compliant with the affordability limit, use this <a href="#">calculator</a> from ACAwise.</p> <p>Definitions from <a href="#">healthcare.gov</a></p> <p><b>What is a high-deductible health plan (HDHP)?</b> A HDHP is a plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs yourself before the insurance company starts to pay its share (also called your deductible).</p> <p><b>What is a Health Savings Account (HSA)?</b> An HSA is a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in an HSA to pay for deductibles, copayments, coinsurance, and some other expenses, you may be able to lower your out-of-pocket health care costs. HSA funds generally may not be used to pay premiums.</p> <p>Definitions from <a href="#">healthcare.gov</a></p> <p><b>What is income-based premium pricing?</b> According to <a href="#">SHRM</a>, income-based premium pricing can take a few forms. One way is for an employer to assess income-based premium contributions as a flat percentage of pay. A second, more common approach, is for employers to create multiple contribution tiers to ensure fairness and to make the changeover cost-neutral. Limiting the number of tiers also makes the change easier to deal with from an administrative standpoint. Employers generally subdivide employees by income and charge a set premium for that band or tier. While employers have used two to six bands, the most common approach is to use three or four. Tiers should be set to differentiate between low and highest-income earners.</p> <p><b>What is a co-pay only plan?</b> A co-pay only plan includes no deductibles, no coinsurance, and no cost-shifting.</p> <p>Definitions from <a href="#">healthcare.gov</a></p>	2.2
	Does your company's health plan offerings include: [Check all that apply]	<ul style="list-style-type: none"> <li>- All workers that work 20+ hours per week and their dependents are eligible</li> <li>- A high-deductible health plan (HDHP) with the employer annually funding the first \$500 (individual)/ \$1000 (family) of a HSA for workers (funding with incentives is considered)</li> <li>- No HDHP is offered</li> <li>- None of the above</li> </ul>	<p><b>What is a Health Savings Account (HSA)?</b> An HSA is a type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in an HSA to pay for deductibles, copayments, coinsurance, and some other expenses, you may be able to lower your out-of-pocket health care costs. HSA funds generally may not be used to pay premiums.</p> <p>Definitions from <a href="#">healthcare.gov</a></p> <p><b>What is income-based premium pricing?</b> According to <a href="#">SHRM</a>, income-based premium pricing can take a few forms. One way is for an employer to assess income-based premium contributions as a flat percentage of pay. A second, more common approach, is for employers to create multiple contribution tiers to ensure fairness and to make the changeover cost-neutral. Limiting the number of tiers also makes the change easier to deal with from an administrative standpoint. Employers generally subdivide employees by income and charge a set premium for that band or tier. While employers have used two to six bands, the most common approach is to use three or four. Tiers should be set to differentiate between low and highest-income earners.</p> <p><b>What is a co-pay only plan?</b> A co-pay only plan includes no deductibles, no coinsurance, and no cost-shifting.</p> <p>Definitions from <a href="#">healthcare.gov</a></p>	2.2
	Does your company offer at least one employer-sponsored health plan (ESHP) that includes the following: [Check all that apply]	<ul style="list-style-type: none"> <li>- An income-based approach to employer-sponsored health plan (ESHP) premium or deductible pricing</li> <li>- A HDHP is offered and the employer annually funds \$1000 (individual)/ \$2000 (family) of a HSA (with incentives is okay)</li> <li>- Co-pay only plan</li> <li>- Free employee-only plan</li> <li>- None of the above</li> </ul>	<p><b>What is income-based premium pricing?</b> According to <a href="#">SHRM</a>, income-based premium pricing can take a few forms. One way is for an employer to assess income-based premium contributions as a flat percentage of pay. A second, more common approach, is for employers to create multiple contribution tiers to ensure fairness and to make the changeover cost-neutral. Limiting the number of tiers also makes the change easier to deal with from an administrative standpoint. Employers generally subdivide employees by income and charge a set premium for that band or tier. While employers have used two to six bands, the most common approach is to use three or four. Tiers should be set to differentiate between low and highest-income earners.</p> <p><b>What is a co-pay only plan?</b> A co-pay only plan includes no deductibles, no coinsurance, and no cost-shifting.</p> <p>Definitions from <a href="#">healthcare.gov</a></p>	2.2
	Does your company have any of the following in place to support workforce health equity? [Check all that apply]	<ul style="list-style-type: none"> <li>- A stated commitment to the health equity of its workforce</li> <li>- Collects annual health and well-being assessments such as Health Risk Assessments (HRAs)</li> <li>- Surveys include self-reported race, ethnicity, gender, and sexual identity along with information on social determinants of health such as housing, transportation or food insecurity, and personal safety</li> <li>- Defined metrics to measure progress toward meeting health equity goals</li> <li>- None of the above</li> </ul>	<p><b>What is a Flexible Spending Account (FSA)?</b> A FSA is a special account you put money into that you use to pay for certain out-of-pocket health care costs. You don't pay taxes on this money. This means you'll save an amount equal to the taxes you would have paid on the money you set aside. Employers may make contributions to your FSA, but they aren't required to. With an FSA, you submit a claim to the FSA (through your employer) with proof of the medical expense and a statement that it hasn't been covered by your plan. Then, you'll get reimbursed for your costs.</p> <p><b>What is a Health Savings Account (HSA)?</b> A type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in an HSA to pay for deductibles, copayments, coinsurance, and some other expenses, you may be able to lower your out-of-pocket health care costs. HSA funds generally may not be used to pay premiums.</p> <p><b>What is a Health Reimbursement Arrangement (HRA)?</b> HRAs are employer-funded group health plans from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year. Unused amounts may be rolled over to be used in subsequent years. The employer funds and owns the arrangement. Health Reimbursement Arrangements are sometimes called Health Reimbursement Accounts.</p> <p>Definition from <a href="#">healthcare.gov</a></p> <p><b>What is a Lifestyle Spending Account (LSA)?</b> LSAs are a means for employers to help their employees pay for health and wellness expenses, and sometimes other costs that aren't typically covered under a group health plan. Employers who offer an LSA choose what expenses get reimbursed and how much each employee gets. LSA funds are taxable to the employee after they spend it.</p> <p><b>What is an Employee Assistance Fund (EAF)?</b> EAFs are a program to help employees cope with unexpected hardships that place undue financial stress on them and their families.</p> <p>Answer this question only if you select "Ineligible and unenrolled employees have access to employer-provided funds (such as LSAs or EAFs) of \$500+ per worker per year" in question 10.</p>	Unweighted
Alternative Cost Reimbursement Mechanisms	Does your company offer any of the following so that workers can get reimbursed for medical and related costs (childcare, etc) in a tax-advantaged way? [Check all that apply]	<ul style="list-style-type: none"> <li>- Medical and/or Dependent Care FSA</li> <li>- HSA</li> <li>- Other [describe]</li> <li>- None of the above</li> </ul>	<p><b>What is a Flexible Spending Account (FSA)?</b> A FSA is a special account you put money into that you use to pay for certain out-of-pocket health care costs. You don't pay taxes on this money. This means you'll save an amount equal to the taxes you would have paid on the money you set aside. Employers may make contributions to your FSA, but they aren't required to. With an FSA, you submit a claim to the FSA (through your employer) with proof of the medical expense and a statement that it hasn't been covered by your plan. Then, you'll get reimbursed for your costs.</p> <p><b>What is a Health Savings Account (HSA)?</b> A type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in an HSA to pay for deductibles, copayments, coinsurance, and some other expenses, you may be able to lower your out-of-pocket health care costs. HSA funds generally may not be used to pay premiums.</p> <p><b>What is a Health Reimbursement Arrangement (HRA)?</b> HRAs are employer-funded group health plans from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year. Unused amounts may be rolled over to be used in subsequent years. The employer funds and owns the arrangement. Health Reimbursement Arrangements are sometimes called Health Reimbursement Accounts.</p> <p>Definition from <a href="#">healthcare.gov</a></p> <p><b>What is a Lifestyle Spending Account (LSA)?</b> LSAs are a means for employers to help their employees pay for health and wellness expenses, and sometimes other costs that aren't typically covered under a group health plan. Employers who offer an LSA choose what expenses get reimbursed and how much each employee gets. LSA funds are taxable to the employee after they spend it.</p> <p><b>What is an Employee Assistance Fund (EAF)?</b> EAFs are a program to help employees cope with unexpected hardships that place undue financial stress on them and their families.</p> <p>Answer this question only if you select "Ineligible and unenrolled employees have access to employer-provided funds (such as LSAs or EAFs) of \$500+ per worker per year" in question 10.</p>	2.2
	Does your company fund at least \$500 (individual)/ \$1000 (family) of any of the following health reimbursement options on behalf of your employees? [Check all that apply]	<ul style="list-style-type: none"> <li>- Medical and/or Dependent Care FSA</li> <li>- HSA</li> <li>- HRA</li> <li>- None of the above</li> </ul>	<p><b>What is a Flexible Spending Account (FSA)?</b> A FSA is a special account you put money into that you use to pay for certain out-of-pocket health care costs. You don't pay taxes on this money. This means you'll save an amount equal to the taxes you would have paid on the money you set aside. Employers may make contributions to your FSA, but they aren't required to. With an FSA, you submit a claim to the FSA (through your employer) with proof of the medical expense and a statement that it hasn't been covered by your plan. Then, you'll get reimbursed for your costs.</p> <p><b>What is a Health Savings Account (HSA)?</b> A type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in an HSA to pay for deductibles, copayments, coinsurance, and some other expenses, you may be able to lower your out-of-pocket health care costs. HSA funds generally may not be used to pay premiums.</p> <p><b>What is a Health Reimbursement Arrangement (HRA)?</b> HRAs are employer-funded group health plans from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year. Unused amounts may be rolled over to be used in subsequent years. The employer funds and owns the arrangement. Health Reimbursement Arrangements are sometimes called Health Reimbursement Accounts.</p> <p>Definition from <a href="#">healthcare.gov</a></p> <p><b>What is a Lifestyle Spending Account (LSA)?</b> LSAs are a means for employers to help their employees pay for health and wellness expenses, and sometimes other costs that aren't typically covered under a group health plan. Employers who offer an LSA choose what expenses get reimbursed and how much each employee gets. LSA funds are taxable to the employee after they spend it.</p> <p><b>What is an Employee Assistance Fund (EAF)?</b> EAFs are a program to help employees cope with unexpected hardships that place undue financial stress on them and their families.</p> <p>Answer this question only if you select "Ineligible and unenrolled employees have access to employer-provided funds (such as LSAs or EAFs) of \$500+ per worker per year" in question 10.</p>	2.2
	Does your company offer any of the following options to employees to ensure all workers can afford reproductive and maternal health needs? [Check all that apply]	<ul style="list-style-type: none"> <li>- Ineligible and unenrolled employees have access to employer-provided funds (such as LSAs or EAFs) of \$500+ per worker per year</li> <li>- 100% of employees are eligible for an ESHP and employer annually funds \$1000+ (individual)/ \$2000+ (family) of a HRA, HSA or FSA (with incentives is acceptable)</li> <li>- None of the above</li> <li>- Childcare reimbursement</li> <li>- Doula services</li> <li>- Mental health services</li> <li>- OTC contraceptives</li> <li>- Surrogacy or adoption expenses</li> <li>- Travel related costs (non-medical)</li> <li>- None of the above</li> </ul>	<p><b>What is a Flexible Spending Account (FSA)?</b> A FSA is a special account you put money into that you use to pay for certain out-of-pocket health care costs. You don't pay taxes on this money. This means you'll save an amount equal to the taxes you would have paid on the money you set aside. Employers may make contributions to your FSA, but they aren't required to. With an FSA, you submit a claim to the FSA (through your employer) with proof of the medical expense and a statement that it hasn't been covered by your plan. Then, you'll get reimbursed for your costs.</p> <p><b>What is a Health Savings Account (HSA)?</b> A type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in an HSA to pay for deductibles, copayments, coinsurance, and some other expenses, you may be able to lower your out-of-pocket health care costs. HSA funds generally may not be used to pay premiums.</p> <p><b>What is a Health Reimbursement Arrangement (HRA)?</b> HRAs are employer-funded group health plans from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year. Unused amounts may be rolled over to be used in subsequent years. The employer funds and owns the arrangement. Health Reimbursement Arrangements are sometimes called Health Reimbursement Accounts.</p> <p>Definition from <a href="#">healthcare.gov</a></p> <p><b>What is a Lifestyle Spending Account (LSA)?</b> LSAs are a means for employers to help their employees pay for health and wellness expenses, and sometimes other costs that aren't typically covered under a group health plan. Employers who offer an LSA choose what expenses get reimbursed and how much each employee gets. LSA funds are taxable to the employee after they spend it.</p> <p><b>What is an Employee Assistance Fund (EAF)?</b> EAFs are a program to help employees cope with unexpected hardships that place undue financial stress on them and their families.</p> <p>Answer this question only if you select "Ineligible and unenrolled employees have access to employer-provided funds (such as LSAs or EAFs) of \$500+ per worker per year" in question 10.</p>	2.2
	Does the LSA or EAF policy contain language that explicitly states the funds can be used for the following purposes: [Check all that apply]	<ul style="list-style-type: none"> <li>- Childcare reimbursement</li> <li>- Doula services</li> <li>- Mental health services</li> <li>- OTC contraceptives</li> <li>- Surrogacy or adoption expenses</li> <li>- Travel related costs (non-medical)</li> <li>- None of the above</li> </ul>	<p><b>What is a Flexible Spending Account (FSA)?</b> A FSA is a special account you put money into that you use to pay for certain out-of-pocket health care costs. You don't pay taxes on this money. This means you'll save an amount equal to the taxes you would have paid on the money you set aside. Employers may make contributions to your FSA, but they aren't required to. With an FSA, you submit a claim to the FSA (through your employer) with proof of the medical expense and a statement that it hasn't been covered by your plan. Then, you'll get reimbursed for your costs.</p> <p><b>What is a Health Savings Account (HSA)?</b> A type of savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses. By using untaxed dollars in an HSA to pay for deductibles, copayments, coinsurance, and some other expenses, you may be able to lower your out-of-pocket health care costs. HSA funds generally may not be used to pay premiums.</p> <p><b>What is a Health Reimbursement Arrangement (HRA)?</b> HRAs are employer-funded group health plans from which employees are reimbursed tax-free for qualified medical expenses up to a fixed dollar amount per year. Unused amounts may be rolled over to be used in subsequent years. The employer funds and owns the arrangement. Health Reimbursement Arrangements are sometimes called Health Reimbursement Accounts.</p> <p>Definition from <a href="#">healthcare.gov</a></p> <p><b>What is a Lifestyle Spending Account (LSA)?</b> LSAs are a means for employers to help their employees pay for health and wellness expenses, and sometimes other costs that aren't typically covered under a group health plan. Employers who offer an LSA choose what expenses get reimbursed and how much each employee gets. LSA funds are taxable to the employee after they spend it.</p> <p><b>What is an Employee Assistance Fund (EAF)?</b> EAFs are a program to help employees cope with unexpected hardships that place undue financial stress on them and their families.</p> <p>Answer this question only if you select "Ineligible and unenrolled employees have access to employer-provided funds (such as LSAs or EAFs) of \$500+ per worker per year" in question 10.</p>	

Topic	Question	Response Options	Help Text	Question Weight
Menstrual and Menopause Benefits	Does your company provide free menstrual products in company restrooms: [Check all that apply]	<ul style="list-style-type: none"> <li>- No</li> <li>- All women's restrooms</li> <li>- All gender neutral restrooms</li> <li>- Company is fully remote (no company-managed restrooms)</li> </ul>	<p><u>What are free menstrual products?</u> Free menstrual products include both sanitary napkins/pads and tampons.</p> <p>Respond in the affirmative if your company offers these products for free in women's and/or gender neutral restrooms across all offices/facilities managed by the company.</p>	1
Contraceptive Coverage	Is at least one employer-sponsored health plan (ESHP) compliant with ACA contraceptive provisions?	Yes / No	<p><u>What are the ACA compliant contraceptive provisions?</u> The ACA requires plans to cover contraceptive methods and counseling for all female employees, as prescribed by a health care provider. Plans must cover <a href="#">these services</a> without charging a copayment or coinsurance when provided by an in-network provider – even if the deductible hasn't been met.</p> <p>A health plan that fully covers these benefits would not charge a copayment or coinsurance when provided by an in-network provider – even if a deductible has not been met.</p>	2.2
	Does at least one employer-sponsored health plan (ESHP) fully cover the following: [Check all that apply]	<ul style="list-style-type: none"> <li>- A 12-month prescription of hormonal contraceptives filled at one time</li> <li>- FDA-approved over the counter (OTC) contraceptives without a prescription</li> <li>- Contraceptive services through telehealth, including prescription of birth control methods</li> <li>- Vasectomies</li> <li>- None of the above</li> </ul>	<p><u>What are OTC contraceptives?</u> Over-the-counter contraceptives include condoms, spermicides, emergency contraceptives and sponges. The ACA does not require health plans to cover OTC contraceptives with no cost sharing when purchased without a prescription.</p> <p>Instead of traveling long distances to access preferred birth control methods, individuals in <a href="#">contraceptive deserts</a> can have more options with OTC options available at a local pharmacy.</p> <p><u>What are vasectomies?</u> The ACA does not require health plans to cover services for male reproductive capacity, like vasectomies. According to the American Urological Association, <a href="#">vasectomies</a> are safer and simpler than tubal ligation, which is fully covered per ACA requirements.</p>	2.2
	Does at least one employer-sponsored health plan (ESHP) include the following: [Check all that apply]	<ul style="list-style-type: none"> <li>- Exceptions processes are automatic at the point of prescribing for all unique contraceptives</li> <li>- An ACA-compliant exceptions process is communicated clearly with employees who are on the health plan, through prominently displaying relevant information about the process in close proximity to contraceptive coverage information in health plan documents</li> <li>- The exceptions process is highlighted in any onboarding health plan information packets</li> <li>- None of the above</li> </ul>	<p><u>What is an exceptions policy?</u> The ACA requires insurance companies to make an exception for someone who needs a contraceptive that is not usually covered and waive cost-sharing, a process referred to as an exceptions policy. Exceptions policies (sometimes called waivers) help people get no-cost coverage of specific contraceptives even when an insurance plan would normally impose cost-sharing. Learn more about the exceptions process <a href="#">here</a>.</p> <p>The Departments of Labor, Health and Human Services (HHS), and the Treasury (collectively, the Departments) issued guidance on the ACA requirement for an easily accessible and transparent exceptions process <a href="#">here</a> (p. 10).</p>	2.2
Family Formation Benefits	Does your company provide comprehensive family formation benefits that include: [Check all that apply]	<ul style="list-style-type: none"> <li>- Fertility diagnostic services</li> <li>- In vivo fertilization (also called intrauterine insemination (IUI))</li> <li>- In vitro fertilization</li> <li>- Eligibility for benefits is consistent with ASRM definition of infertility</li> <li>- None of the above</li> </ul>	<p>For more information about fertility benefits and why they matter, visit <a href="#">Insight Global's fact sheet</a> or <a href="#">HBR's report</a>. <a href="#">ASRM Definition of Infertility</a></p> <p><u>What is intrauterine insemination (IUI)?</u> In these methods, donor sperm is inserted into the reproductive tract of the birthing parent. This can be an effective way for a lesbian couple to conceive, as it provides an opportunity for one partner to carry the pregnancy.</p>	2.2
	Does your company provide comprehensive family formation benefits that include: [Check all that apply]	<ul style="list-style-type: none"> <li>- Egg/sperm/embryo freezing</li> <li>- Adoption and surrogacy services</li> <li>- A lifetime maximum reimbursement amount of at least \$40,000</li> <li>- Other [describe]</li> <li>- None of the above</li> </ul>	<p><u>What is in vitro fertilization (IVF)?</u> In Vitro Fertilization (IVF) involves the fertilization of an egg with donor sperm in a laboratory setting. The resulting embryo(s) is transferred to the birthing parent's uterus, allowing them to carry the pregnancy.</p> <p><u>What is a fertility cycle?</u> A fertility cycle is a sequence of phases, each with separate steps. The phases are as follows: ovulation stimulation, egg retrieval, insemination and embryo implantation. Definition from Yale School of Medicine</p>	2.2
	Does your company's family formation benefit: [Check all that apply]	<ul style="list-style-type: none"> <li>- Include access to a third-party comprehensive family formation support (such as Carrot, Maven, Progyny or others that help to manage and reimburse for family formation services)</li> <li>- Provide coverage of at least two fertility "cycles"</li> <li>- None of the above</li> </ul>		2.2

Topic	Question	Response Options	Help Text	Question Weight
Mental Health Benefits	Does your company offer comprehensive mental health coverage to all eligible employees that includes: [Check all that apply]	<ul style="list-style-type: none"> <li>- Evaluations</li> <li>- Therapy (e.g. CBT)</li> <li>- Medication (e.g. SSRIs)</li> <li>- Medication management</li> <li>- Inpatient treatment</li> <li>- None of the above</li> </ul>	<p><b>What is the Mental Health Parity and Addiction Equity Act?</b> The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law that generally prevents group health plans and health insurance issuers that provide mental health or substance use disorder (MH/SUD) benefits from imposing less favorable benefit limitations on those benefits than on medical/surgical benefits. The Dept of Labor has a <a href="#">self-compliance tool</a>.</p>	2.2
	Does your company's mental health coverage include the following: [Check all that apply]	<ul style="list-style-type: none"> <li>- The health plan complies with the Mental Health Parity and Addiction Equity Act</li> <li>- Telehealth benefits cover mental health care, either through the existing medical plan, an Employee Assistance Program (EAP), or another third-party vendor</li> <li>- None of the above</li> </ul>		
	Does your company offer a program outside of an ESHP, such as an Employee Assistance Program (EAP), that includes the following: [Check all that apply]	<ul style="list-style-type: none"> <li>- Is free, confidential and available to all employees (including employees not eligible or enrolled in an ESHP)</li> <li>- Provides direct access to mental health professionals virtually and/or in-person</li> <li>- Includes at least 6 counseling sessions per issue</li> <li>- None of the above</li> <li>- Mental health workshops (e.g. stress management training)</li> <li>- Peer-peer support groups for mental health conditions</li> </ul>	<p><b>What is an employee assistance program?</b> An employee assistance program (EAP) is a benefit program that assists employees with personal or work-related problems that may impact their job performance, health and general well-being. EAPs usually offer free and confidential assessments, short-term counseling, referrals and follow-up services for employees.</p>	2.2
	Does your company offer a wellness program that includes: [Check all that apply]	<ul style="list-style-type: none"> <li>- Discounts for self-care mobile apps that can help with sleep and stress reduction (such as Talkspace, Headspace and Calm)</li> <li>- None of the above</li> </ul>	<p>Any workshops or programs offered to all employees and administered by third-party vendors would qualify.</p> <p><b>What is a self-care app?</b> Self-care apps are mobile applications designed to help individuals take better care of their mental, emotional, and physical well-being. These apps offer a wide range of features and tools to promote self-care, reduce stress, improve mental health, and enhance overall quality of life.</p>	2.2
Abortion Benefits and Related Travel Reimbursements	Does at least one employer-sponsored health plan (ESHP) cover the following: [Check all that apply]	<ul style="list-style-type: none"> <li>- Medically necessary abortions</li> <li>- Elective abortions</li> <li>- Travel expenses to cover the costs associated with obtaining abortion services</li> <li>- Telehealth benefits cover abortion care</li> <li>- None of the above</li> </ul>	<p>Skip the next question if you select <b>'No, does not have this policy'</b> OR did not select <b>'Travel expenses to cover the costs associated with obtaining abortion services'</b></p>	2.2
	Does your company have a travel reimbursement policy that ensures all workers can be reimbursed for abortion-care related costs of the following amount annually or per incident: [Select one]	<ul style="list-style-type: none"> <li>- No, does not have this policy</li> <li>- Less than \$2,500</li> <li>- \$2,500 to \$4,999</li> <li>- \$5,000 or more</li> </ul>		
	Is the travel reimbursement administered by a third-party vendor? [Select one]	<ul style="list-style-type: none"> <li>- Yes, and it is accessible to all employees</li> <li>- Yes, and it is accessible to only eligible and enrolled employees</li> <li>- Other [describe]</li> <li>- No</li> </ul>	<p><b>What is a third-party vendor?</b> Third-party vendors may include health plans, flexible spending accounts, or other travel reimbursement mechanisms that are not self-administered by the employer. Using a qualified third-party vendor, particularly vendors that are compliant with HIPAA data practices, ensures employee confidentiality and data safety. HSAs and FSAs that are funded by an employer would qualify. LSAs and EAFs that explicitly cover reproductive health needs would also qualify.</p>	4.4
	Does your company offer a Lifestyle Spending Account (LSA) or Employee Assistance Fund (EAF), that explicitly states that EAF and/or LSA funds can be used to supplement reimbursements needed for non-medical reproductive health needs and abortion-related travel expenses, with a minimum annual funding of the following amount per worker for ineligible workers: [Select one]	<ul style="list-style-type: none"> <li>- No, does not offer a LSA or EAF with specified language</li> <li>- Less than \$500</li> <li>- \$500 to \$1,499</li> <li>- \$1,500 or more</li> </ul>	<p><b>What is a Lifestyle Spending Account (LSA)?</b> LSAs are a means for employers to help their employees pay for health and wellness expenses. Employers who offer an LSA choose what expenses get reimbursed and how much each employee gets. LSA funds are taxable to the employee after they spend it.</p> <p><b>What is an Employee Assistance Fund (EAF)?</b> EAFs are a program to help employees cope with unexpected hardships that place undue financial stress on them and their families.</p>	
Doula, Lactation and Midwifery Benefits	Does at least one employer-sponsored health plan (ESHP) cover in-network midwifery services?	Yes / No	<p><b>What are doula services?</b> Doulas provide non-medical support to pregnant people and their families before, during and after childbirth. This support can help families handle the physical, emotional and practical issues that surround childbirth. Studies have found doula support leads to better labor and birthing experiences, as well as better birth outcomes. People giving birth with support from a doula are less likely to: have an instrumental vaginal birth or cesarean section; have their labor induced; receive pain medications. They are also more likely to: have a shorter labor; initiate breastfeeding earlier and breastfeed for longer; have positive feelings about their birth experience; have better mother-baby bonding. Doula services are considered non-medical expenses by most insurance plans. However, these services can be reimbursed through HSAs or FSAs, usually with a letter of medical necessity. From nyc.gov</p>	2.2
	Does an ESHP or third-party vendor (ie - Carrot, Maven, Progeny or other) cover the following: [Check all that apply]	<ul style="list-style-type: none"> <li>- Midwifery (in-network or out-of-network) services reimbursed at rates that are 150% or more of the medicaid reimbursement rates</li> <li>- Coverage of doula services</li> <li>- Coverage of lactation services</li> <li>- None of the above</li> </ul>	<p><b>What are lactation services?</b> Lactation services include lactation consultants and other services to support lactation; this <b>does not include breast-pump reimbursement</b>.</p>	2.2
	Are doula services covered up to \$1500 or more through a maternity bundle or similar benefit offered through an employer-sponsored health plan or third-party vendor (such as Progeny, Carrot, Maven, etc) available to all eligible workers and their dependents? [Select one]	<ul style="list-style-type: none"> <li>- Yes</li> <li>- Other [describe]</li> <li>- No</li> </ul>	<p><b>What are midwifery services?</b> A midwife is a clinician who provides a full range of pregnancy, birthing and primary health care services. Licensed midwives receive formal education and clinical training, and they use best practices to care for people at any point in their life and pregnancy. As recently as the early 1900s, midwives attended half of all births in the U.S. While they are not used as commonly now, midwives have long been key to the health and well-being of their communities. From nyc.gov</p>	2.2

**Principle #2: Flexible and Supportive Work Environment With Paid Leave Benefits**

The questions in this section focus on benefits available to all workers on payroll. Interns and short-term/temp employees are not considered for the following questions unless otherwise noted.

Topics included in Principle#2 are:

- \* Living Wage Commitment
- \* Workplace Accommodations
- \* Paid Time Off
- \* Paid Family Leave
- \* Shiftwork Best Practices

Topic	Question	Response Options	Help Text	Question Weight
Living Wage Commitment	Is your company's lowest minimum starting wage equal to a living wage for individuals? The benchmark standard is the <a href="#">MIT Living Wage Calculator's</a> "Living Wage" estimate for 1 adult and 0 children.	Yes / No	In nearly all parts of the US, the federal or local minimum wages set a standard that is below a living wage. Living wage is the minimum income standard that, if met, draws a very fine line between the financial independence of the working poor and the need to seek out public assistance or suffer consistent and severe housing and food insecurity. In light of this fact, the living wage is perhaps better defined as a minimum subsistence wage for persons living in the United States.	2.2
	Is your company's lowest minimum starting wage equal to a living wage for families with two working adults? The benchmark standard is the <a href="#">MIT Living Wage Calculator's</a> "Living Wage" estimate for 2 adults (both working) and 2 children.	Yes / No	How to calculate your response to these questions: 1) Identify the hourly wage rate (including salary/wage plus any guaranteed bonus) of your company's lowest paid worker. 2. Identify the Worksite location(not home address) by State and County - of worker(s) receiving the lowest minimum starting wage. If there are workers located in multiple locations that are paid this same rate, identify all of those Worksite locations by State and County. 3. Using <a href="#">MIT's Living Wage Calculator</a> , identify the Living Wage rate for 1 Adult/ 0 Children, 2 Adults Working/ 2 Children, and 1 Working Adult/ 2 Children. Repeat this process for all of the Worksite Locations of your lowest paid workers. 4. If the wages paid at all of those Worksite Locations meets or exceeds the Living Wage Calculator for 1 Adult/ 0 Children, select Yes for Row 57. If the wages paid at all Work Locations meets or exceeds the Living Wage Calculator for 2 working adults/2 Children, Select Yes for Row 58. If the wages paid at all Work Locations meets or exceeds the Living Wage Calculator for 1 working adults/2 Children, Select Yes for Row 59.	2.2
	Is your company's lowest minimum starting wage equal to a living wage for families with one working adult? The benchmark standard is the <a href="#">MIT Living Wage Calculator's</a> "Living Wage" estimate for 2 adults (1 working) and 2 children.	Yes / No		2.2
Paid Time-Off	Does your company offer paid time-off benefits for all workers that include the following: [Check all that apply]	<ul style="list-style-type: none"> <li>- Paid sick leave is offered to all workers and includes at least one hour of earned paid sick leave for every 30 hours worked, up to 56 hours per year (7 days per year based on a 40-hour work week)</li> <li>- Bereavement leave (paid or unpaid) is offered to all workers and includes a minimum of 3 bereavement leave days per death of an immediate family member or pregnancy loss</li> <li>- None of the above</li> </ul>	<p><u>What is paid sick leave?</u> Sick leave is paid time off from work that workers can use to stay home to address their health needs without losing pay. It differs from paid vacation time, because sick leave is intended for health-related purposes. As of 2021, fifteen states have laws that mandate paid sick leave for many or all businesses within their borders.</p> <p><u>What is bereavement leave?</u> Bereavement leave is a workplace-offered policy that provides time off to an employee following the loss of a family member or friend. The loss can impact a worker's emotional state and affect their ability to perform at their job.</p> <p>Skip questions related to bereavement leave if you do not select the <b>bereavement leave</b> option. Skip the question related to sick/PTO leave if you do not select the <b>paid sick leave</b> option.</p>	2.2
	Do you offer paid bereavement leave to all workers?	Yes / No		1.1
	Does your bereavement policy explicitly cover reproductive, pregnancy and maternal health related issues, including: [Check all that apply]	<ul style="list-style-type: none"> <li>- Stillbirth</li> <li>- Miscarriage</li> <li>- None of the above</li> </ul>		1.1
	Does your sick or PTO leave policy include written language indicating that employees are allowed to use leave to accommodate reproductive and maternal health-related issues, including: [Check all that apply]	<ul style="list-style-type: none"> <li>- General reproductive and maternal health needs</li> <li>- Menstrual symptoms</li> <li>- Menopause symptoms</li> <li>- Prenatal appointments</li> <li>- Fertility appointments</li> <li>- None of the above</li> </ul>		2.2
Does your bereavement policy explicitly cover reproductive, pregnancy and maternal health related issues, including: [Check all that apply]	<ul style="list-style-type: none"> <li>- An unsuccessful reproductive procedure</li> <li>- Failed adoption match or an adoption that is not finalized because it is contested</li> <li>- Failed surrogacy agreement</li> <li>- A diagnosis that negatively impacts pregnancy or fertility</li> <li>- None of the above</li> </ul>			

Topic	Question	Response Options	Help Text	Question Weight	
Paid Parental Leave	Does your company offer paid parental leave benefits for all workers that include the following: [Check all that apply]	<ul style="list-style-type: none"> <li>- Leave policy is explicitly gender-neutral and covers leave for surrogacy, foster and adoption</li> <li>- Paid parental leave is offered for at least 6 weeks per year at 100% compensation</li> <li>- An employee who is the birthing parent is offered an additional 2+ weeks (at least 8 weeks total) per year at 100% compensation</li> <li>- None of the above</li> </ul>	<p>Pro-rata paid-leave for part-time workers is considered full paid leave.</p> <p>If your company operates in a state(s)/city(ies) with a paid family leave program, these programs often compensate workers up to a specific dollar amount or % of full compensation (ie - 60% compensation or \$900/week). In this scenario, to select the responses that affirm 100% of compensation, your company must have a written policy stating that workers receive 100% of their full compensation during paid family leave period.</p> <p>If your company operates in a state(s) without a paid leave program, full compensation for leave would require the employer to continue to compensate the worker at their normal compensation rate for the duration of leave.</p>	2.2	
	Does your company offer paid parental leave benefits for all workers that include the following: [Check all that apply]	<ul style="list-style-type: none"> <li>- Employer covers the full premium cost of short-term disability insurance for all employees</li> <li>- Paid parental leave is offered for at least 12 weeks per year at 100% compensation</li> <li>- The paid parental leave policy does not have any tenure requirements (meaning there is no waiting period before qualifying for these benefits)</li> <li>- None of the above</li> </ul>		2.2	
	Is paid parental leave offered for at least 24 weeks per year at 100% compensation for all workers?	Yes / No			2.2
	If you have workers in any state with a paid leave program, does your company cover all of the required payroll deductions (both employer and employee deductions)? [Select one]	<ul style="list-style-type: none"> <li>- Yes, covers both employer and employee payroll deductions</li> <li>- Yes, covers employer payroll deductions (no employee payroll deduction is required)</li> <li>- No, does not cover employee payroll deductions</li> <li>- N/A, no workers in states with a paid leave program</li> </ul>	<p><u>How do I know if my company operates in a state or municipality with a paid leave program?</u></p> <p>While some state paid leave programs are funded through employee payroll deductions, employers may choose to provide additional benefits or cover these costs as an employment benefit. Covering employee payroll deductions ensures that the paid leave program is fully covered for the employee.</p> <p>Payroll taxes are either withheld or deducted from employees' wages, and employers are sometimes required to contribute additional amounts on behalf of employees. For example, Oregon's paid family leave program is funded through employer and employee contributions, with employees contributing 0.6% of their wages and employers contributing an additional 0.4%. <a href="#">Learn more.</a></p> <p>States with paid FMLA: California, Colorado (January 2024), Connecticut, D.C., Delaware (2026), Maine (2026), Maryland (2026), Massachusetts, Minnesota (2026), New Jersey, New York, Oregon (as of Sept. 3, 2023), Rhode Island, Washington</p>	Unweighted	
Workplace Accommodation	Tell us about your company's U.S. facilities: [Check all that apply]	<ul style="list-style-type: none"> <li>- Corporate office(s)</li> <li>- Satellite offices or facilities (may include offices or facilities in other cities)</li> <li>- Manufacturing facilities or retail locations</li> <li>- Other [describe]</li> <li>- Fully-remote organization/ no offices or other facilities</li> <li>- None of the above</li> </ul>	<p>Only select "fully-remote" if your organization does not have an office or physical location for workers. Companies that have hybrid work schedules or some (but not all) remote colleagues should not select the fully-remote answer option.</p> <p>Skip the next three questions if your organization is <b>fully-remote</b>.</p>	Unweighted; fully remote companies will only see the last question in this Topic.	
	Does your company offer the following accommodations to all workers at all offices/facilities: [Check all that apply]	<ul style="list-style-type: none"> <li>- A clean, safe and locked room that is shielded from view and is accessible to all workers is clearly marked for the designated purposes of lactation, hormone therapy and other reproductive and maternal health needs</li> <li>- The employer has a written policy that outlines lactation accommodations that allows for "as many as needed" lactation breaks</li> <li>- None of the above</li> </ul>		2.2	
	Do the following spaces/resources exist at all of your offices/facilities that are available to all workers: [Check all that apply]	<ul style="list-style-type: none"> <li>- A separate, designated lactation room equipped with a sink and refrigerator for milk storage is accessible to all nursing workers</li> <li>- All workers have access to at least one ADA accessible single-stall restroom for menstrual privacy</li> <li>- None of the above</li> </ul>		2.2	
	Does your company offer the following benefits to all workers: [Check all that apply]	<ul style="list-style-type: none"> <li>- Covers the cost to ship breast milk when nursing employees travel for work</li> <li>- On-site childcare</li> <li>- Subsidized childcare</li> <li>- Emergency back-up childcare services</li> <li>- A written policy that allows workers to skip non-essential travel to states that have banned reproductive health access</li> <li>- None of the above</li> </ul>	<p><u>What is subsidized childcare?</u></p> <p>A childcare subsidy is simply a sum of money provided by an employer that can be used to cover childcare payments based on specific parameters. One subsidy mechanism includes a childcare FSA program. If your company annually funds \$1500 or more of a dependent-care FSA for all employees, select the on-site or subsidized childcare option. If your company provides other mechanisms to subsidize the cost of childcare - including with on-site programs - you should also select that response.</p>	2.2	
	Does your company offer the following benefits to all workers: [Check all that apply]	<ul style="list-style-type: none"> <li>- A written policy confirms that lactation accommodations allow for "as many as needed" lactation breaks for nursing employees</li> <li>- Covers the cost to ship breast milk when nursing employees travel for work</li> <li>- Subsidized childcare</li> <li>- Emergency back-up childcare services</li> <li>- A written policy that allows workers to skip non-essential travel to states that have banned reproductive health access</li> <li>- None of the above</li> </ul>	Only companies that are <b>fully-remote</b> , with no corporate or physical offices, respond to this question.	6.6 (All points for this section; this question is visible only for fully-remote companies)	

Topic	Question	Response Options	Help Text	Question Weight
Shift-Work Best Practices	Does your company use a shift schedule for any workers?	Yes / No	If you select <b>No</b> , skip the rest of the questions related to shift-work best practices. The points for this Topic will be redeployed across other sections. <u>What is shift work?</u> Shift work is a work schedule that is performed in rotations. Different groups of workers often do the same jobs in rotation. For example, while some employees might fill a role during the day, others might work night or early morning shifts. In some cases, employees may work various eight-hour shifts throughout the week, others might work all their hours three days a week and have the next four days off. <u>Who is a shift worker?</u> Typically, shift workers are classified as non-exempt employees. Non-exempt employees are not exempt from the overtime provisions of the FLSA and are entitled to overtime pay for all hours worked beyond 40 in a workweek (as well as any state overtime provisions). Non-exempt employees may be paid on a salary, hourly or other basis. Definitions from SHRM.	Unweighted. Points for this section are reallocated across the whole survey if a company does not use shift scheduling with their workers.
	% of total workforce that are shift workers – meaning, their schedules are set for 8 hour periods that could cover any 24 hour period [Select one]	- 1-25% - 26-50% - 51-75% - 76%+		
	% of shift workers who identify as women [Select one]	- 0% - 1-25% - 26-50% - 51-75% - 76%+	While most persons in need of the benefits covered in this survey identify as women, we recognize that this identification is not universal. People who were born female who identify as trans men, non-binary, other gender identities, and some intersex people may also benefit from the policies and practices covered in this survey.	Unweighted
	Does your company have the following shift-work practices in place to support your shift workers: [Check all that apply]	- Schedules are set at least two weeks in advance - Managers check-in with employees each month regarding their preferred schedules and availability - Shift-swapping is allowed - On-call shifts are not utilized - Breastfeeding employees are allowed as many paid pumping breaks as needed for as much time as needed - None of the above		2.2
	Does your company have the following shift-work practices in place to support your shift workers: [Check all that apply]	- Show-up/reporting time pay is guaranteed - A guaranteed minimum number of hours of pay is provided for employees who are scheduled, even if the employee is sent home in the event of low customer traffic or demand - None of the above	<u>What is show up pay?</u> Show-up pay is guaranteed – if a worker is scheduled for a shift and they report to work, they are guaranteed payment. *California is one of a few states requiring employers to pay a certain minimum amount to nonexempt employees as 'reporting time' (also referred to as 'show-up pay') if the employee reports to work but does not actually work the expected number of hours." <a href="#">Learn more.</a>	2.2
Does your company have the following shift-work practices in place to support your shift workers: [Check all that apply]	- Employees are cross-trained to be familiar with multiple roles and utilize multiple skills as an investment in career progression - Workers are surveyed on their satisfaction with shift-scheduling practices - The survey includes a question about whether managers comply with all shift-schedule policies - None of the above		2.2	

**Principle #3: Transparent and Clear Communication of Benefits that Emphasizes Employee Confidentiality and Data Privacy**

Topics included in Principle #3 are:

\* Data Privacy

\* Communicating Benefits and Manager Training

Topic	Question	Response Options	Help Text	Question Weight
Data Privacy	Does your company use a data minimization approach to data collection that involves the following: [Check all that apply]	<ul style="list-style-type: none"> <li>- Employee data, including personal and health data, is only collected for a specific, clearly defined purpose</li> <li>- When that purpose(s) no longer exists, the data is deleted</li> <li>- When retained, personal data is encrypted for authorized access only</li> <li>- The company's approach to data minimization, including the data it collects, is clearly described in an employee handbook</li> <li>- A review of data security policies, procedures, and the effectiveness of security controls and monitoring is conducted annually</li> <li>- None of the above</li> </ul>	<p>The recommendations for data privacy have been developed with input from the Center for Democracy and Technology.</p> <p>For background and additional information about why these practices matter and how to implement them, visit CDT's <a href="#">Report on Reproductive Data Privacy</a>.</p>	2.2
	Does your company verify or require third-party benefit vendors to: [Check all that apply]	<ul style="list-style-type: none"> <li>- Use employee data only for limited purposes related to the service being performed</li> <li>- Conduct an annual review of data security policies, procedures, and the effectiveness of security controls and monitoring</li> <li>- Encrypt and anonymize all relevant data that might be traced back to specific individuals</li> <li>- Train their staff to understand the importance of data security and have awareness of policies and procedures for securely handling the data, as well as responding to potential cyber threats</li> <li>- None of the above</li> </ul>		2.2
	Does your company adhere to the following best practices around protecting worker data privacy: [Check all that apply]	<ul style="list-style-type: none"> <li>- Has a policy about how it will handle law enforcement and civil requests for information that commits to satisfying government data requests in the narrowest possible way and only if accompanied by a judicially enforceable order</li> <li>- All third-party benefit vendors who hold employee data are required to only respond to law enforcement and civil requests for information if a judicially enforceable order is presented</li> <li>- Whenever legally permissible, employees are notified before their data is turned over to law enforcement or a civil litigant so they may attempt to limit or prevent disclosure</li> <li>- Employees are able to access, edit, and delete their health data</li> <li>- None of the above</li> </ul>		2.2



Topic	Question	Response Options	Help Text	Question Weight
Communicating Benefits and Manager Training	Has your company adhered to best practices in communicating benefits to all workers by developing a resource portal and handbook that: [Check all that apply]	<ul style="list-style-type: none"> <li>- Is reviewed and updated annually or whenever a change is made to plan benefits</li> <li>- Outlines all benefits available to workers</li> <li>- Provides clear and specific instruction on how benefits are accessed/utilized via third-party vendors</li> <li>- Includes contact information for all third-party vendors so workers understand how to confidentially access the benefit</li> <li>- Includes language that clarifies how data will be kept confidential and safe for health-related benefits</li> <li>- None of the above</li> <li>- How to equitably ensure access and utilization of company's benefits by direct reports</li> <li>- How to respect privacy and have awareness of sensitive information</li> </ul>	<p>Worker benefits legislation should cover requirements included in the following policies:</p> <p><a href="#">FMLA</a>  <a href="#">FLSA</a>  <a href="#">PUMP Act</a>  <a href="#">PWFA</a></p>	2.2
	All people managers are required to go through an annual training that covers: [Check all that apply]	<ul style="list-style-type: none"> <li>- The range of potential reproductive, maternal and menopausal health needs of workers</li> <li>- The effects of postpartum depression on both the birthing and non-birthing parent</li> <li>- All worker benefit requirements included in FMLA, PWFA, PUMP Act, FLSA</li> <li>- None of the above</li> </ul>		2.2
	Does the company ask workers their language preference for benefits related information? [Select one]	<ul style="list-style-type: none"> <li>- Yes and benefits related information is provided in all preferred languages and/or translators are provided to explain benefits in preferred languages</li> <li>- Yes but we are not currently providing benefits-related information in all preferred languages</li> <li>- Other [describe]</li> <li>- No</li> </ul>		1.1
	Workers are surveyed at least annually about: [Check all that apply]	<ul style="list-style-type: none"> <li>- Their satisfaction with current benefits offerings</li> <li>- Their preferred benefits offerings</li> <li>- Their satisfaction with the employer's ability to manage workers' reproductive and maternal health benefits needs</li> <li>- Their satisfaction with their direct manager's support of reproductive and maternal health benefits needs</li> <li>- None of the above</li> </ul>		1.1

**Principle #4: Political Giving Practices**

The recommendations for political giving are loosely aligned with the CPA-Zicklin Index's [Guide to Corporate Political Spending](#).

Topics included in Principle #4 are:

\* Political Giving Practices

Topic	Question	Response Options	Help Text	Question Weight
Political Giving Practices	Does your company have a publicly-posted, written policy that prohibits any form of political giving, that includes a prohibition on corporate giving to political parties or candidates, including through intermediary organizations, such as political action committees, campaign funds, or trade or industry associations? [Select one]	- Yes [please share a link to the publicly-posted policy] - No	This does not cover restrictions on lobbying or policy activities, nor does this policy limit or restrict individual employees from political giving activities. Review <a href="#">IBM's policy</a> to understand what a publicly-posted written policy that prohibits any form of political giving looks like in practice. Skip the next three questions if you select <b>Yes</b> .	If yes is selected, the company earns full credit -- 6.6 points -- for this Topic.  If no is selected, companies respond to the questions below.
	Does your company adhere to these best practices related to political giving? [Check all that apply]	- Publicly discloses (via website or other public listing) all political donations – including both required disclosures and donations to third parties that are not subject to disclosure requirements – made from its treasury funds and through corporate PACs (SSFs) - Has a written political giving policy that establishes a process for evaluating potential recipients (individual candidates and organizations) of political donations - None of the above - Has formed a multi-stakeholder governance committee - with at least one employee representative - that reviews all political gifts using the evaluation process referenced in the previous question - The Board of Directors has oversight of all political giving activities	<u>What are third-party disclosures?</u> Third party disclosures should include all donations to trade associations, 501c4s, super PACs and 527 committees.	2.2
	Does your company adhere to these best practices related to political giving? [Check all that apply]	- The governance committee requires use-of-funds reports from third-party organizations (including trade associations, 501c4s, super PACs and 527 committees) to evaluate how donations are used and to affirm that those donations are values-aligned with the company - None of the above		2.2
	Does your company have a policy in place that states it will only make political contributions to candidates and organizations that support women's reproductive and maternal health rights?	Yes / No		2.2