**Directors’ Benefits**

**Survey Questionnaire**

COOPERATIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please check the appropriate type and amount of insurance your cooperative furnishes your Directors:
	1. Director Liability Yes \_\_\_\_ No \_\_\_\_

How much $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What insurance company has coverage?
NRECA \_\_\_\_ Other (please name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Medical Insurance Yes \_\_\_\_ No \_\_\_\_

Director contribution \_\_\_\_\_% (e.g. what percentage do Directors contribute toward their medical coverage? 0%, 20%, etc.)

Cooperative contribution \_\_\_\_\_%

Dependent coverage Yes \_\_\_\_ No \_\_\_\_

Director contribution \_\_\_\_\_% Cooperative contribution \_\_\_\_\_%

What insurance company has coverage?
NRECA \_\_\_\_ Other (please name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Dental Insurance Yes \_\_\_\_ No \_\_\_\_

Director contribution \_\_\_\_\_% Cooperative contribution \_\_\_\_\_%

Dependent coverage Yes \_\_\_\_ No \_\_\_\_

Director contribution \_\_\_\_\_% Cooperative contribution \_\_\_\_\_%

What insurance company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Vision Insurance Yes \_\_\_\_ No \_\_\_\_

Director contribution \_\_\_\_\_% Cooperative contribution \_\_\_\_\_%

Dependent coverage Yes \_\_\_\_ No \_\_\_\_

Director contribution \_\_\_\_\_% Cooperative contribution \_\_\_\_\_%

Company providing coverage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Supplemental AD&D Yes \_\_\_\_ No \_\_\_\_

Director contribution \_\_\_\_\_% Cooperative contribution \_\_\_\_\_%

What insurance company has coverage?
NRECA \_\_\_\_ Other (please name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Group Life Insurance Yes \_\_\_\_ No \_\_\_\_

How much $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director contribution \_\_\_\_\_% Cooperative contribution \_\_\_\_\_%

What insurance company has coverage?
NRECA \_\_\_\_ Other (please name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. High-Limit Business Travel Accident Insurance Yes \_\_\_\_ No \_\_\_\_

How much $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director contribution \_\_\_\_\_% Cooperative contribution \_\_\_\_\_%

What insurance company has coverage?
NRECA \_\_\_\_ Other (please name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Please list other insurance coverage for your Directors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. How often does your cooperative Board of Directors meet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is the Director’s fee for attending a Board Meeting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Do you pay a separate fee to Directors for attending co-op committee meetings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. What is the Director’s fee for attending out-of-town meetings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. What are the Director’s allowed for mileage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Please list other benefits your Directors are furnished which are not mentioned above: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Initial here to verify the above data is from December 2021 \_\_\_\_\_\_\_\_\_\_\_.