

Directors' Benefits
Survey Questionnaire

CO-OP: _____

I. Please check the appropriate type and amount of insurance your co-op furnishes your Directors:

1. Director Liability Yes ____ No ____

How much \$ _____

What insurance company has coverage?

NRECA ____ Other (please name) _____

2. Medical Insurance Yes ____ No ____

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

Co-op contribution ____%

Dependent coverage Yes ____ No ____

Director contribution ____% Co-op contribution ____%

What insurance company has coverage?

NRECA ____ Other (please name) _____

3. Dental Insurance Yes ____ No ____

Director contribution ____% Co-op contribution ____%

Dependent coverage Yes ____ No ____

Director contribution ____% Co-op contribution ____%

What insurance company? _____

4. Vision Insurance Yes ____ No ____

Director contribution ____% Co-op contribution ____%

Dependent coverage Yes ____ No ____

Director contribution _____% Co-op contribution _____%

Company providing coverage _____

5. Supplemental AD&D Yes ____ No ____

Director contribution _____% Co-op contribution _____%

What insurance company has coverage?

NRECA ____ Other (please name) _____

6. Group Life Insurance Yes ____ No ____

How much \$ _____

Director contribution _____% Co-op contribution _____%

What insurance company has coverage?

NRECA ____ Other (please name) _____

7. High-Limit Business Travel Accident Insurance Yes ____ No ____

How much \$ _____

Director contribution _____% Co-op contribution _____%

What insurance company has coverage?

NRECA ____ Other (please name) _____

8. Please list other insurance coverage for your Directors:

II. How often does your co-op Board of Directors meet? _____

III. What is the Director's fee for attending a Board Meeting? _____

IV. Do you pay a separate fee to Directors for attending co-op committee meetings?

V. What is the Director's fee for attending out-of-town meetings? _____

VI. What are the Directors allowed for mileage? _____

VII. Please list other benefits your Directors are furnished which are not mentioned above:

VIII. Initial here to verify the above data is from **December 2023** _____.