



Corporate Equality Index 2018 Survey

Instructions Key **Your survey is in edit mode.** All sections must be saved as final in order for the official submitter to "Submit Survey to HRC." You can change the official submitter from the "Contributors" section of the survey.

CEI 2018 SURVEY DEADLINE: August 07, 2017

- **Thanks for participating in the Corporate Equality Index 2018.** Please be sure to e-mail cei@hrc.org with any questions, or to request time to speak with an HRC representative on the phone.
- **Copy of survey questions:** Selecting "PDF" from the main survey page at the top creates a PDF copy of the survey with your pre-filled answers.
- **Logging into the survey is the best way to stay up-to-date with any additional resources and helpful information available for each question.**

1. Business and Contact Information

Status: Not Yet Started



Previous answer information: this information may have been obtained or updated from lists such as Hoover's & Fortune data that is used for reporting purposes and our [online database](#).

Business name: The name as it appears on this survey (see the top of this page) will also be used for reporting purposes -- we use AP Style formatting for our records and reports. Please note that we use *legal names* of businesses for most reporting purposes, but we occasionally miss name changes from year to year. If you wish to update our records of your business' name, please contact cei@hrc.org with your request.

Use this link to check whether your organization is already listed in HRC's Buying for Equality Guide [and to check what brands or products are listed](#).

1. U.S. Headquarters Information

Business Name

The name as it appears on this survey (see the top of this page) will also be used for reporting purposes. We use legal names of businesses including the type of organization (e.g., Co., Corp., LLP, Inc.) and use AP Style formatting for our records and reports. Our records are updated annually with Fortune 1000 and AmLaw 200 data, which may introduce discrepancies to our data from year to year. If you wish to update your business' name, please select "get help" below and submit supporting information.

*

Street Address Line 1

e.g.: 123 Alphabet St.

Answer: **No Answer**

Previous: 123 Alphabet St

Street Address Line 2

e.g.: Suite 123 or Mailstop A-123

Answer: **No Answer**

Previous: Suite 123

*

City

Answer: **No Answer**

Previous: 1234City

*

State

Answer: **No Answer**

Previous: VA

*

Zip

Answer: **No Answer**

Previous: 33333

*

Main Phone Number

e.g.: 123-456-7890 x123

Answer: **No Answer**

Previous: 333-444-5555

2. *

Does your business have significant operations in U.S. locations other than the headquarters' location?

We may add functionality to our Employer Search (<http://hrc.org/employersearch>) and Buyers Guide (<http://hrc.org/buyersguide>) to allow location-based searches.

If you have more than five other locations, try to limit to those locations where your business has the most employees or where it has a significant community presence. Remember, this question is not rated and is for informational purposes only.

Yes

No

Answer: No Answer

2a.

If YES to Q2, please indicate the city, state, zip and number of employees for location 1

You may enter information for up to five additional locations.

Please do not enter information pertaining to your headquarters.

City

Answer: No Answer

State

Answer: No Answer

Zip

Answer: No Answer

Number of Employees

Answer: No Answer

2b.

If YES to Q2, please indicate the city, state, zip and number of employees for location 2

City

Answer: No Answer

State

Answer: No Answer

Zip

Answer: No Answer

Number of Employees

Answer: No Answer

2c.

If YES to Q2, please indicate the city, state, zip and number of employees for location 3

City

Answer: No Answer

State

Answer: No Answer

Zip

Answer: No Answer

Number of Employees

Answer: No Answer

2d.

If YES to Q2, please indicate the city, state, zip and number of employees for location 4

City

Answer: No Answer

State

Answer: No Answer

Zip

Answer: No Answer

Number of Employees

Answer: No Answer

2e.

If YES to Q2, please indicate the city, state, zip and number of employees for location 5

City

Answer: No Answer

State

Answer: No Answer

Zip

Answer: No Answer

Number of Employees

Answer: No Answer

3. Does your business have significant International operations?

We may add functionality to our Employer Search (<http://hrc.org/employersearch>) and Buyers Guide (<http://hrc.org/buyersguide>) to allow location-based searches.

If you have more than five International locations, try to limit to those locations where your business has the most employees or where it has a significant community presence. Remember, this question is not rated and is for informational purposes only.

Yes

No

Answer: No Answer

3a.

If YES to Q3, please indicate the total number of non-U.S.-based employees

Answer: *No Answer*

3b.

If YES to Q3, please indicate the city, country, and number of employees for location 1

You may enter information for up to five international locations.

City

Answer: *No Answer*

Country

Answer: *No Answer*

Number of Employees

Answer: *No Answer*

3c.

If YES to Q3, please indicate the city, country, and number of employees for location 2

You may enter information for up to five international locations.

City

Answer: *No Answer*

Country

Answer: *No Answer*

Number of Employees

Answer: *No Answer*

3d.

If YES to Q3, please indicate the city, country, and number of employees for location 3

You may enter information for up to five international locations.

City

Answer: *No Answer*

Country

Answer: *No Answer*

Number of Employees

Answer: *No Answer*

3e.

If YES to Q3, please indicate the city, country, and number of employees for location 4

You may enter information for up to five international locations.

City

Answer: *No Answer*

Country

Answer: No Answer

Number of Employees

Answer: No Answer

3f.

If YES to Q3, please indicate the city, country, and number of employees for location 5

You may enter information for up to five international locations.

City

Answer: No Answer

Country

Answer: No Answer

Number of Employees

Answer: No Answer

4.*

Public Web Address

e.g.: <http://www.employer.com>

If you have separate web addresses for consumers and for corporate/investor information (e.g.: <http://www.iloveny.com> vs. <http://www.state.ny.us>), please use the corporate address.

Answer: No Answer

Previous: <http://www.1234.com>

5.*

Number of Full-time U.S. Employees

e.g.: 123457

Effective date: Report number of employees as of Jan. 1 of this year, or as close to Jan. 1 as possible. If you have more recently undergone workforce reductions or expansions, please use the more recent number and provide the appropriate date in the "Notes to HRC" at the bottom of the page.

Minimum: Employers not ranked in the Fortune 1000 or AmLaw 200 must have at least 500 full-time U.S. employees to be rated in the Corporate Equality Index -- see what businesses are rated and how to participate [here](#).

Answer: No Answer

Previous: 1111

6.*

Does your business have employees covered under a collective bargaining agreement(s)?

Yes

No

Answer: No Answer

Previous: No info available

6a.

If YES to Q6, please indicate the number of Union Employees

Please leave blank if there are no union employees.

Answer: No Answer

Previous: No info available

6b.

If YES to Q6, please indicate the Union Names (separated by semi-colons)

e.g.: Union1; Union2; Union3

Please leave blank if there are no union employees.

Answer: No Answer

Previous: No info available

7.

If public traded, please indicate Stock Ticker Symbol

Please leave blank if not publicly traded.

Answer: No Answer

Previous: No info available

8.*

Primary Industry

The industry you select will be used (1) in the Corporate Equality Index report, which includes an appendix of employers and their ratings sorted by industry as well as industry analysis and (2) to sort employers that are named Best Places to Work. Due to space limitations, we are unable to list employers in more than one industry.

Advertising and Marketing

Aerospace and Defense

Airlines

Apparel, Fashion, Textiles, Dept. Stores

Associations and Non-Profits

Automotive

Banking and Financial Services

Chemicals and Biotechnology

Colleges and Universities

Computer and Data Services

Computer Hardware and Office Equipment

Computer Software

Consulting and Business Services

Education and Child Care

Energy and Utilities

Engineering and Construction

Entertainment and Electronic Media

Food, Beverages and Groceries

Forest and Paper Products

Healthcare

Healthcare Medical Facilities

High-Tech/Photo/Science Equip.

Home Furnishing

Hotels, Resorts and Casinos

Insurance

Internet

Internet Services and Retailing

Law Firms

Mail and Freight Delivery

Manufacturing

Mining and Metals

Miscellaneous

Oil and Gas

Pharmaceuticals

Publishing and Printing

Real Estate, Commercial

Real Estate, Residential

Retail and Consumer Products

Telecommunications

Tobacco

Transportation and Travel

Unions and Labor Organizations

Waste Management

Answer: No Answer

Previous: Mail and Freight Delivery

9. *

Does your business have any consumer brands or products to include in HRC's Buying for Equality Guide?

Submitting a brand name does not guarantee its inclusion in the Buying for Equality guide. We cannot accommodate all requests and reserve the right to include brands at our discretion, but will do our best to accommodate your needs. Please provide any comments in the "Additional Notes to HRC" section below.

Yes

No

Do not know

Answer: No Answer

9a.

If YES to Q9, please indicate any NEW brands that you would like to have included.

Do NOT include any brands that are already listed in HRC's Buying for Equality Guide. Check whether your organization is already listed in HRC's Buying for Equality Guide and what brands or products are listed [here](#).

Answer: No Answer

9b.

If YES to Q9, and your organization is already listed in HRC's Buying for Equality Guide, please indicate any currently included brands that you would like to have REMOVED.

ONLY include any brands that are already listed in HRC's Buying for Equality Guide. Check whether your organization is already listed in HRC's Buying for Equality Guide and what brands or products are listed [here](#).

Answer: No Answer

<1234 Corp.> Feedback, notes or additional information for HRC

HRC notes to <1234 Corp.>

2. Non-Discrimination/Equal Employment Opportunity Policy

Status: Not Yet Started



2018: Criterion #
*

Questions will count towards your CEI 2018 rating
Question is required; section cannot be saved as *Final* until an answer is provided. Question may remain unanswered when saving the section as *Draft*.

1.*

Does your primary non-discrimination or equal employment opportunity policy include the term "sexual orientation"?

2018: Criterion 1a

[About Workplace Discrimination and Harassment Policies](#)

Yes, firm-wide

No, not firm-wide but in one or more subsidiaries or labor agreements

No, but plan to in the next one year

No

Do not know

Answer: No answer

Previous: No info available

2.*

Does your primary non-discrimination or equal employment opportunity policy include the term "gender identity or expression" or "gender identity"?

2018: Criterion 1b

[About Workplace Discrimination and Harassment Policies](#)

[Why "Gender Identity or Expression" is preferred terminology in employment policies](#)

Yes, firm-wide

No, not firm-wide but in one or more subsidiaries or labor agreements

No, but plan to in the next one year

No

Do not know

Answer: No answer

Previous: No info available

3. Please attach a copy of your employee and job applicant non-discrimination or equal employment opportunity policy.

2018: Criterion 1a/1b

Acceptable file formats include:

- Rich Text Format (.rtf)
- Microsoft Word (.doc or .docx)
- Adobe Acrobat (.pdf) file

A PDF of the policy, including the title, as seen on your public website -- or, alternatively, from the employee handbook -- is preferred.

Troubleshooting: If you experience problems uploading, save this section as "Draft" and try again later. If you continue to experience problems, please email a copy of the policy to cei@hrc.org.

Answer: *No Attachment*

4. Please provide the specific address (URL) of the page on your business' public website where your non-discrimination or equal employment opportunity policy language is displayed.

e.g.: <http://www.org.com/eeo.htm>

Please do not provide a link to a page that does not have the actual policy language on it, such as the front page of your site (e.g.: <http://www.org.com>).

Answer: *No Answer*

Previous: *No info available*

<1234 Corp.> Feedback, notes or additional information for HRC

HRC notes to <1234 Corp.>

3. Spousal and Partner Benefits

Status: Not Yet Started



2018: Criterion #
*

Questions will count towards your CEI 2018 rating
Question is required; section cannot be saved as *Final* until an answer is provided. Question may remain unanswered when saving the section as *Draft*.

If benefits will be in place for open enrollment 2018, please indicate "Yes" in your survey response, rather than "No, but plan to in the next one year".

1.*

Does your business offer benefits to spouses of benefits-eligible U.S. employees?

Yes, firm-wide

No, not firm-wide but in one or more subsidiaries or labor agreements

No, but plan to in the next one year

No

Do not know

Answer: No Answer

Previous: No

1a.

If YES to Q1, does your health insurance contract definition of "spouse" include same-sex spouses (not domestic partners, but same-sex spouses)?

Yes, firm-wide

No, but plan to in the next one year

No

Do not know

Answer: No Answer

Previous: No

If YES to Q1, please provide your health insurance contract's definition of eligibility for spouse.

Which plan to use: If you have more than one health plan, please provide the definition for the plan with the largest number of employees.

Finding the right answer: Check with an insurance administrator familiar with your benefit contract language and eligibility limitations. You may need to first speak to someone in your benefits department to find this individual.

Answer: No Answer

1b.

If YES to Q1, for benefits enrollment and/or audit purposes, does your business require the same dependent eligibility or proof of relationship documentation for same-sex spouses as for different-sex spouses?

Example 1: If both same-sex spouses and different-sex spouses are required to produce a marriage certificate for enrollment purposes, select "Yes".

Example 2: If neither same-sex spouses nor different-sex spouses are required to produce a marriage certificate for enrollment purposes, select "Yes".

Example 3: If same-sex spouses but not different-sex spouses are required to produce a marriage certificate for enrollment purposes, select "No".

Yes

No, but plan to in the next one year

No

Do not know

Answer: No Answer

Previous: No info available

1c. If YES to Q1, what type of health insurance plan does your business provide?

We continue to assess the availability of LGBTQ-inclusive benefits, and we would like to know generally what type of insurance your business has.

- **Self Insured**
- **Wholly fully insured**
- **Fully insured, but generally self-insure for some benefits (e.g. fertility treatments, Autism, etc.)**

2.*

Does your business offer health care benefits to partners of benefits-eligible U.S. employees?

2018: Criterion 2a

2019: Criterion 2a

Effective Date: Partner benefits must be announced to employees by Sep. 1 of the current calendar year (in advance of the CEI report's release), and must be in place by the 2018 open enrollment period to receive credit on this CEI survey.

[About domestic partner benefits](#)

Yes, firm-wide

No, not firm-wide but in one or more subsidiaries or labor agreements

No, but plan to in the next one year

No

Do not know

Answer: *No Answer*

Previous: No

2a.

If YES to Q2, do partner health care benefits include same- and different-sex partners or same-sex partners only?

2019: Criterion 2a

This answer affects your answers to Questions 4, 5 and 6.

Same and different-sex partners

Same-sex partners only

Do not know

Answer: *No Answer*

Previous: No info available

2a.

If YES to Q2, do partner health care benefits include same- and different-sex partners or same-sex partners only?

2019: Criterion 2a

This answer affects your answers to Questions 4, 5 and 6.

Yes, firm-wide

No, not firm-wide but in one or more subsidiaries or labor agreements

No, but plan to in the next one year

No

Do not know

Answer: *No Answer*

Previous: No info available

2a.

If NO to Q2, does your business offer "plus one" coverage?

Yes, firm-wide

No, not firm-wide but in one or more subsidiaries or labor agreements

No, but plan to in the next one year

No

Do not know

Answer: No Answer

Previous: No info available

2b.

If YES to Q2, please attach a copy of your summary plan documentation's eligibility and definitions section(s) that define who is eligible for benefits

Acceptable file formats include:

Rich Text Format (.rtf)
Microsoft Word (.doc or .docx)
Adobe Acrobat (.pdf) file

A PDF of the policy, including the title, as seen on your public website -- or, alternatively, from the employee handbook -- is preferred.

Troubleshooting: If you experience problems uploading, save this section as "Draft" and try again later. If you continue to experience problems, please email a copy of the policy to cei@hrc.org.

Answer: No Attachment

2b.

If NO to Q2, please attach a copy of your summary plan documentation's eligibility and definitions section(s) that define who is eligible for benefits

Acceptable file formats include:

Rich Text Format (.rtf)
Microsoft Word (.doc or .docx)
Adobe Acrobat (.pdf) file

A PDF of the policy, including the title, as seen on your public website -- or, alternatively, from the employee handbook -- is preferred.

Troubleshooting: If you experience problems uploading, save this section as "Draft" and try again later. If you continue to experience problems, please email a copy of the policy to cei@hrc.org.

Answer: No Attachment

2c.

If YES to Q2, for partner benefits enrollment and/or audit purposes, does your insurance plan require dependent eligibility or proof of relationship documentation (e.g., domestic partner affidavit, joint bank account statements, etc.)?

[Domestic Partner Benefit Eligibility -- Defining Domestic Partners and Dependents](#)

Yes

No, but plan to in the next one year

No

Do not know

Answer: No Answer

Previous: No info available

2d.

If YES to Q2c, please attach a copy of your affidavit.

Acceptable file formats include:

- Rich Text Format (.rtf)
- Microsoft Word (.doc or .docx)
- Adobe Acrobat (.pdf) file

A PDF of the policy, including the title, as seen on your public website -- or, alternatively, from the employee handbook -- is preferred.

Troubleshooting: If you experience problems uploading, save this section as "Draft" and try again later. If you continue to experience problems, please email a copy of the policy to cei@hrc.org.

Answer: No Attachment

2e.

If YES to Q2b, does documentation of a state-recognized relationship(e.g., domestic partnership registration, civil union or marriage certificate) qualify as sufficient proof of relationship for partner benefits (i.e., without having to submit an executed affidavit or provide other proof of relationship as indicated in Q2b)?

This question is different from Q1a. The focus of this question is to ensure that same-sex couples that have already made a legal commitment to each other do not need to meet additional, burdensome requirements in order to be eligible for enrollment in partner benefits.

Plans that are regulated in states that recognize same-sex relationships may already be required to extend benefits to these employees.

For example, the State of California requires all insurance plans regulated by the state to provide equal benefits to Registered Domestic Partners (RDP's) in the state, and also requires that documentation requirements for RDPs must be the same as those requirements for spouses.

Yes

No, but plan to in the next one year

No

Do not know

Answer: No Answer

Previous: No info available

2f.

If YES to Q2, can employees enroll in partner benefits outside of the open enrollment period (e.g., completing or executing an affidavit or obtaining state registration of the same-sex relationship constitutes a qualifying event for enrollment)?

Open Enrollment: Employees are typically allowed to change their enrollment for themselves and their families for a period (typically 15-31 days in length) before the new plan year begins.

Qualifying Events for Enrollment: Employees with newly-eligible dependents (e.g., a newborn or newly-adopted child, a partner that newly meets the eligibility requirements such as completing or executing an affidavit for domestic partnership, obtaining state registration or license of the relationship, etc.) or other special events (e.g., the employee's partner's employer coverage ends, or the employee's previous employer's COBRA coverage ends, etc.) are typically allowed to change their enrollment for themselves and their families for a period (typically 31 days in length) beginning the date the dependent becomes eligible or the date on which the special event occurs.

Finding the right answer: If employees whose partners newly meet your plan's partner eligibility criteria can enroll outside the open enrollment period, select "Yes." If they can only enroll during open enrollment, select "No."

[Domestic Partner Benefit Eligibility -- Defining Domestic Partners and Dependents](#)

Yes

No, but plan to in the next one year

No

Do not know

Answer: No Answer

Previous: No info available

2g.

If YES to Q2, does your business allow employees to certify that their partner qualifies as a dependent for federal income and employer payroll tax purposes in a given a tax year (e.g., income tax is not imputed for the value of partner benefits when the employee's partner qualifies as a dependent)?

Problem area: Many employers incorrectly impute their contributions towards partner health insurance as income to all employees enrolled in partner benefits. Both employers and employees generally must pay taxes on imputed income for partner health insurance. However, partners that are qualifying dependents do not require imputed income, and any health coverage premiums paid by the employee may be deducted on a pre-tax basis.

Finding the Right Answer: Your payroll manager would know if this is the case. Ask if a form is available for employees to certify that their partner qualifies as a dependent. Ideally, this form would also be referenced in the enrollment information for partner benefits.

[See Determining and Tracking Dependent Status:](#) for more information, including legal references for your counsel's review.

Yes

No, but plan to in the next one year

No

Do not know

Answer: No Answer

Previous: No info available

2h.

If YES to Q2, does your business "gross up" wages to offset the additional, imputed income tax for employees who receive health benefits for a partner that does not qualify as a tax dependent?

Problem area: Many employers incorrectly assume that they gross up to offset the additional, imputed income tax. This is an uncommon benefit that has received increased attention in the last year.

[More information](#), including a sample policy: Grossing Up to Offset Imputed Income Tax:

Yes

No, but plan to in the next one year

No

Do not know

Answer: No Answer

Previous: No info available

2i.

If YES to Q2, do employees on the same insurance plans pay equal contribution amounts for partner benefit coverage as employees pay for spousal benefit coverage (not including taxable income for non-dependent coverage)?

HRC has encountered some situations where employees must pay more to cover a partner than their counterparts must pay to cover a spouse.

Yes, firm-wide

No, not firm-wide but in one or more subsidiaries or labor agreements

No

Do not know

Answer: No Answer

3.

Are the following health insurance benefits offered to spouses and partners of benefits-eligible U.S. employees firm-wide?

Please answer these questions only as they apply to **all** U.S. employees. Do not answer with respect to individual subsidiaries or labor agreements.

3a.*

Health/Medical

2018: Criterion 2a

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

No, benefit not offered to spouses or partners

Answer: No Answer

Previous: No info available

If YES to Q3a, in what year did partner health insurance benefits become available?

This should be the year in which benefits actually began and not when they were first announced.

Answer: No Answer

Previous: No info available

**3b.*
Dental**

2018: Criterion 2a

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

No, benefit not offered to spouses or partners

Answer: *No Answer*

Previous: [No, benefit not offered to spouses or partners](#)

**3c.*
Vision**

2018: Criterion 2a

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

No, benefit not offered to spouses or partners

Answer: *No Answer*

Previous: [No info available](#)

**3d.*
Spouse/partner's dependent coverage**

2018: Criterion 2a

Benefits plan (including dental and vision coverage, if available) also covers dependents of an employee's partner that are not the employee's direct dependents.

[Defining Domestic Partners and Dependents -- Documentation](#)

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

No, benefit not offered to spouses or partners

Answer: No Answer

Previous: No, benefit not offered to spouses or partners

3e.*

COBRA/COBRA-equivalent benefits

2018: Criterion 2a

COBRA benefits are federally mandated for opposite-sex spouses, but may be extended to partners.

Problem Area: Because COBRA is required under federal law for different-sex spouses, *No, benefit not offered to spouses or partners* is not an available answer option.

[COBRA-equivalent benefit](#)

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

Answer: No Answer

Previous: No, benefit offered to spouses only

4.

Are the following soft benefits offered to spouse and partners of benefits-eligible U.S. employees?

Please answer these questions only as they apply to **all** U.S. employees. Do not answer with respect to individual subsidiaries or labor agreements.

4a.*

FMLA/FMLA-equivalent benefits

FMLA-equivalent leave can be provided to an employee in order to care for a same-sex spouse, partner or a spouse/partner's dependents.

Because FMLA is required under federal law for different-sex spouses, *No, benefit not offered to spouses or partners* is not an available answer option.

[See FMLA-equivalent benefit](#) for more information, including benchmarking data.

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

Answer: No Answer

Previous: No, benefit offered to spouses only

4b.*

Bereavement leave

2018: Criterion 2b

Leave taken in the event of the death of a spouse/partner or their dependents.

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

No, benefit not offered to spouses or partners

Answer: No Answer

Previous: No, benefit offered to spouses only

4c.*

Employer-provided supplemental life insurance

2018: Criterion 2b

Offered for the spouse/partner.

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

No, benefit not offered to spouses or partners

Answer: No Answer

Previous: No, benefit offered to spouses only

4d.*

Relocation/travel assistance

2018: Criterion 2b

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

No, benefit not offered to spouses or partners

Answer: No Answer

Previous: No, benefit not offered to spouses or partners

4e.*

Adoption benefit (separate from an Employee Assistance Program, e.g., reimbursing costs associated with an employee's adoption)

2018: Criterion 2b

Adoption benefits that reimburse costs incurred by an employee's spouse should also cover those incurred by an employee's partner.

Yes, benefit offered to spouses & partners indicates you reimburse adoption-related costs incurred by an employee's spouse or partner. These costs are unqualified.

No, benefit offered to spouses only indicates you reimburse adoption-related costs incurred by an employee's spouse. These costs are unqualified.

No benefit not offered to spouses or partners indicates you only reimburse adoption-related costs incurred by an employee. These costs are qualified.

See [Adoption Benefit Programs -- LGBTQ Considerations for Employers](#): for more information.

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

No, benefit not offered to spouses or partners

Answer: *No Answer*

Previous: No, benefit not offered to spouses or partners

4f.*

Employee discounts

2018: Criterion 2b

Available to spouse/partner.

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

No, benefit not offered to spouses or partners

Answer: *No Answer*

Previous: No, benefit not offered to spouses or partners

4g.*

Employee assistance program

2018: Criterion 2b

Available to spouse/partner.

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

No, benefit not offered to spouses or partners

Answer: *No Answer*

Previous: No, benefit not offered to spouses or partners

5.

Are the following retirement benefits offered to spouses and partners of benefits-eligible U.S. employees?

Please answer these questions only as they apply to **all** U.S. employees. Do not answer with respect to individual subsidiaries or labor agreements.

5a.*

Is there parity in the QJSA/QJSA-equivalent benefit between spouses and partners for those plans still active in 2017 (i.e., not phased out or in the process of being phased out)?

2018: Criterion 2b

If your business has a defined benefit plan (these are increasingly less common), federal law requires it to provide a QJSA for different-sex

spouses. It is possible to provide a QJSA (or QJSA-like benefit) for same-sex partners and spouses (i.e. plan participants can elect a non-spouse beneficiary for the plan).

[Pension Survivor Annuities](#)

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

No, benefit not offered to spouses or partners

Answer: No Answer

Previous: No, benefit not offered to spouses or partners

5b.*

Is there parity in the QPSA/QPSA-equivalent benefit between spouses and partners for those plans still active in 2017 (i.e., not phased out or in the process of being phased out)?

2018: Criterion 2b

If your business has a defined benefit plan (these are increasingly less common), federal law requires it to provide a QPSA for different-sex spouses. It is possible to provide a QPSA (or QPSA-like benefit) for same-sex partners and spouses (i.e. plan participants can elect a non-spouse beneficiary for the plan).

[Pension Survivor Annuities](#)

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

No, benefit not offered to spouses or partners

Answer: No Answer

Previous: No, benefit not offered to spouses or partners

5c. Cash balance plans

2018: Criterion 2b

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

No, benefit not offered to spouses or partners

5d.*

Hardship distribution option

2018: Criterion 2b

The Pension Protection Act of 2006 made it possible for employers to extend this benefit to any beneficiary the employee names on the plan, which can include same-sex partners and spouses. This benefit is optional for employers, but if it is available to different-sex spouses it should also be made available to same-sex partners and spouses.

[Hardship Withdrawal Option for Retirement Plans](#)

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

No, benefit not offered to spouses or partners

Answer: *No Answer*

Previous: No, benefit not offered to spouses or partners

5e. Rollover distribution option

2018: Criterion 2a

Yes, benefit offered to spouses & partners

No, benefit offered to spouses only

No, benefit not offered to spouses or partners

Answer: *No Answer*

Previous: No, benefit not offered to spouses or partners

6.

Please list any other benefits offered to an employee's same-sex partner, including modifications to retirement benefits.

Information provided here will not affect your rating, but helps define emerging best practices.

Answer: *No Answer*

<1234 Corp.> Feedback, notes or additional information for HRC

HRC notes to <1234 Corp.>

4. Transgender-Inclusive Benefits

Status: Not Yet Started



2018: Criterion # * Questions will count towards your CEI 2018 rating
Question is required; section cannot be saved as *Final* until an answer is provided. Question may remain unanswered when saving the section as *Draft*.

If benefits will be in place for open enrollment 2018, please indicate "Yes" in your survey response, rather than "No, but plan to in the next one year".

1.*

Does your business have at least one health insurance plan available to all employees that affords coverage for the medically necessary health care services that transgender people need, including transition-related treatment such as genital surgeries, hormone therapy and mental health counseling?

2018: Criterion 2c

Transgender people access health care for all the same reasons anyone else does, but sometimes their transgender status is regarded by insurance carriers (and some care providers) as a barrier to care, even when that care is not related to a transition (i.e., reconstruction and alignment of sex characteristics from male to female, or from female to male, through the use of hormones and/or surgical interventions). When a transition is in process, it may involve one or more types of medically necessary treatments. Most of these types of treatments are typically covered for other medical diagnoses, but *many health insurance policies specifically exclude sex affirmation/reassignment-related treatments*. The effective scope of those exclusions can vary significantly from one insurance plan to another. See [Benefits for Transgender Employees and Dependents](#)

Finding the right answer: This question requires a benefits manager experienced with the plan's exclusions and limitations to coverage for specific treatments and services, or an affirmative answer from your insurance administrator in response to the following question: *"It is our understanding that our health plan will now cover the healthcare needs of transgender and transsexual individuals without exclusion as for any other individual, including routine, emergent or urgent care as well as services related to sex affirmation or reassignment. More specifically, that we have no explicit exclusions in our insurance plan contract that specifically preclude such treatment or that any exclusion we do have is no longer applicable. Is this the case?"*

Examining your plan's exclusions: You must find the insurance policy contract and examine the list of coverage exclusions or limitations for transgender-specific language. A complete list of exclusions will be found in the insurance contract, and partial lists are usually found in summary plan documents. See [Transgender-Inclusive Benefits: Questions Employers Should Ask](#) for example exclusionary language.

Confirming with your plan administrator. Having no explicit contractual exclusion does not guarantee that transition-related services will be considered medically necessary and covered. Further, contractual exclusions may not reflect current, actual implementation if the insurance administrator or relevant laws and regulations have changed to consider transition-related services as medically necessary and covered.

Understanding "medically necessary": Many insurance administrators maintain clinical guidelines or medical policy that indicate what treatments the plan considers medically necessary (e.g., reconstructive and not cosmetic) and conditions under which treatment will be covered. An insurance administrator's clinical guidelines *will generally not apply* if your plan has transgender exclusions. If you have determined that exclusions do not apply to your plan, this survey will ask for applicable guidelines and whether they are consistent with the World Professional Association for Transgender Health (WPATH, formerly known as Harry Benjamin International Gender Dysphoria Association or HBGDA) Standards of Care as part of Q1c and Q1d. The WPATH SOC reflect the current medical consensus regarding effective treatment and medically indicated or necessary care for treatment of transsexualism.

Effective Date: Transgender-inclusive benefits must be announced to employees by Sep. 2016 and must be in place by the 2018 open enrollment period to receive credit on this CEI 2018 survey and report.

Yes, firm-wide

No, not firm-wide but in one or more subsidiaries or labor agreements

No, but plan to in the next one year

No

Do not know

Answer: No Answer

Previous: No

1a.

If YES to Q1, please attach summary plan documentation (or summary material modification documentation) readily available to all employees both prior to selecting and after enrolled in the plan that explicitly indicates that coverage is available. (Submissions lacking appropriate documentation will be ineligible for credit).

2018: Criterion 2c

Summary language does not need to discuss the benefit in exhaustive detail, but should signal to an employee that coverage is available and how to find out more information without disclosing confidential medical information directly to the employer. See [Communicating Availability of the Benefit](#) for sample Summary Plan Description language.

New benefits: if transgender-inclusive benefits will be available Jan. 1, but documentation is not yet available to employees, please provide the most current version of these documents.

Acceptable file formats include:

Rich Text Format (.rtf)
Microsoft Word (.doc or .docx)
Adobe Acrobat (.pdf) file

Troubleshooting: If you experience problems uploading, save this section as "Draft" and try again later. If you continue to experience problems, please email a copy of the policy to cei@hrc.org.

Answer: No Attachment

1b.

If YES to Q1, does the plan cover the full range of medically necessary services and treatments as outlined by the current World Professional Association for Transgender Health Standards of Care (WPATH SOC)?

Finding the right answer: This question requires examination of applicable clinical guidelines utilized by your insurance administrator, or an affirmative answer from your insurance administrator in response to the following question:

"It is our understanding that our health plan covers the full range of medical procedures related to the process of sex affirmation or reassignment that are considered medically necessary by the current World Professional Association for Transgender Health Standards of Care (WPATH SOC v.7 2011), when such treatment is medically indicated for the individual and is consistent with the WPATH SOC. Is this the case?"

Covered services and treatments should include those in the WPATH Standards of Care v.7 of 2011.

[About WPATH](#)

[WPATH Standards of Care and Clarification on Medical Necessity](#)

Yes

No, but plan to in the next one year

No

Do not know

Answer: No Answer

If YES to Q1b, does the plan cover any of the below services and treatments? Check all that apply.

Finding the right answer:

- **Hair removal of the face and neck** (e.g., through electrolysis or laser treatments), as well as hair removal as required for genital reconstruction surgery (e.g., electrolysis of free flap or other donor skin sites.)
- **Breast and chest surgeries**, including mastectomy and subsequent chest and nipple/areolar reconstruction, breast augmentation (augmentation mammoplasty) including breast prostheses);
- **Facial and other related feminization or masculinization procedures**, as appropriate to the individual, which may include: Adam's Apple reduction (reduction thyroid chondroplasty or tracheal shave); rhinoplasty; facial bone reduction; face-lift; blepharoplasty; voice modification surgery; and liposuction (lipoplasty) of the waist or to reduce fat in hips, thighs and buttocks.
- **Surgical revision or repair related to such procedures**, including necessary removal and/or replacement of prostheses.

Hair removal of the face and neck

Breast and chest surgeries

Facial and other related feminization or masculinization procedures

Surgical revision or repair related to such procedures

Do not know

Answer: No Answer

1c.

If YES to Q1, is the plan implemented (e.g., prior authorization, utilization management, etc.) in a manner consistent with the WPATH SOC with respect to diagnosis, assessment and appropriate treatment plans?

Finding the right answer: This question requires an affirmative answer from your insurance administrator in response to the following question:

"It is our understanding that, with regard to coverage determinations, our health plan will follow the current Standards of Care from the World Professional Association for Transgender Health (WPATH SOC) regarding sufficient documentation of clinical decisions and treatment plans. Specifically, diagnosis, assessment and treatment conforming to the current WPATH SOC v.7 2011, as appropriately documented by the treating provider(s) as per the WPATH SOC, will guide determinations of eligibility for a specific treatment, prior authorization/certification, and other utilization management decisions. Is this the case?"

Verifying your answer: Many health plans may refer to the WPATH SOC in their guidelines without actually conforming to these standards. Therefore answers that qualify the statement above in some way may indicate significant gaps in implementation.

[About WPATH](#)

[WPATH Standards of Care and Clarification on Medical Necessity](#)

Yes

No, but plan to in the next one year

Sometimes/in some cases

No

Do not know

Not applicable

Answer: No Answer

1d.

If YES to Q1, please attach a copy of any applicable medical policy or clinical guidelines.

A common mistake is to assume that clinical guidelines specific to sex reassignment posted on the insurance company/third party administrator's website automatically apply to a particular health insurance plan administered by the same insurance company. If you have already determined that your health insurance plan covers medically necessary transgender-related treatment such as breast/chest, genital and other reconstructive surgeries (Q1), and you understand that the clinical guidelines apply to the administration of the same health insurance plan, please submit them here. Documentation must include some indication that the insurance carrier or administrator has agreed to implement this policy. Thus, copies of the WPATH SOC or WPATH Clarification letter alone will not be considered sufficient documentation, unless accompanied by an affirmative statement from the carrier or administrator that this policy will be implemented.

Also known as: "Clinical guidelines" are also sometimes called a combination or derivative of "medical policy," "utilization management guidelines," etc.

Acceptable file formats include:

- Rich Text Format (.rtf)
- Microsoft Word (.doc or .docx)
- Adobe Acrobat (.pdf) file

Troubleshooting: If you experience problems uploading, save this section as "Draft" and try again later. If you continue to experience problems, please email a copy of the policy to cei@hrc.org.

Answer: No Attachment

1e.
If YES to Q1, is coverage for any of this benefit self-insured?

At the time of this survey mailing, we are aware that the availability of transgender-inclusive benefits varies by employer size, and whether or not an employer is wholly fully insured, wholly self insured, or self insuring for a select set of benefits.

[Finding Insurance for Transgender-Related Healthcare](#)

Treatment is Not Expensive: Cost and utilization data demonstrate that costs of treatments are inexpensive and utilization of benefits is low.

Yes

No, but plan to in the next one year

No

Do not know

Answer: No Answer

Previous: No

1f.
If YES to Q1, is there a cap on this treatment (i.e. apart from general lifetime caps)?

- Yes
- No, but plan to in the next one year
- No
- Do not know

If YES to Q1f, please indicate the cap amount.

2018: Criterion 2c

Please leave blank if there is no cap specific to transgender treatments.

Do not list a cap amount that applies to a health plan overall.

Answer: No Answer

Previous: No info available

1g.

If YES to Q1, what insurance carrier(s) or third party administrator(s) manages or administers the plan?

To the extent possible, please list all carriers, HMOs, or TPAs.

Answer: No Answer

Previous: No info available

1h.

If YES to Q1, what is the contract state (i.e., where is the plan sited)?

Answer: No Answer

Previous: No info available

1i.

If YES to Q1, have blanket exclusions for transition related care been eliminated in all health care plans (i.e. those that do not explicitly affirm coverage for transition-related care)?

Yes

No, but plan to in the next one year

No

Do not know

Answer: No Answer

2.

Are the following health insurance benefits offered to employees and do they cover medically-necessary treatment of transsexualism, gender dysphoria or gender identity disorders?

This question requires examining your insurance policy's list of coverage exclusions.

Answering "*Yes, benefit offered, transgender treatment covered*" for the following benefits indicates that **medically necessary care for sex reassignment would be covered** under one or more insurance plans available to your employees, or through some form of self-insurance.

[Benefits for Transgender Employees and Dependents](#)

2a.*

Mental health counseling

2018: Criterion 2c

Example 1: If your employee benefits include a mental health benefit (outside of an EAP), and that mental health benefit is not subject to a transgender exclusion (e.g., the mental health benefit can be utilized with regard to gender identity disorders, gender dysphoria, or transsexualism diagnoses), select *Yes, benefit offered, transgender treatment covered*.

Example 2: If your employee benefits include a mental health benefit (outside of an EAP), but that mental health benefit is subject to a transgender exclusion (e.g., the mental health benefit cannot be utilized with regard to gender identity disorders, gender dysphoria or transsexualism diagnoses), select *No, benefit offered, but transgender treatment excluded*.

Example 3: If your employee benefits do not include a mental health benefit, or only provides some counseling through an EAP, select *No, benefit not offered*.

Problem Area: An employee assistance program (EAP) is insufficient for the purposes of this wellness benefit, which speaks to ongoing mental health treatment over an extended period of time, with mental health providers experienced with transgender issues.

Yes, benefit offered, transgender treatment covered

No, benefit offered, but transgender treatment excluded

No, benefit not offered

Answer: No Answer

Previous: No, benefit not offered

2b.

If YES to Q2a, is this mental health benefit only available through an Employee Assistance Program (EAP)?

2018: Criterion 2c

Problem Area: If the answer to this question is YES, then the answer to Q2a must be indicated as NO.

Yes

No

Answer: No Answer

2c.*

Pharmacy benefits

2018: Criterion 2c

Example 1: If your employee benefits include a pharmacy benefit, and that pharmacy benefit is not subject to a transgender exclusion (e.g., the pharmacy benefit covers hormone replacement therapy for the purposes of sex affirmation or reassignment), select *Yes, benefit offered, transgender treatment covered*.

Example 2: If your employee benefits include a pharmacy benefit, but that pharmacy benefit is subject to a transgender exclusion (e.g., the pharmacy benefit does not cover hormone replacement therapy for the purposes of sex affirmation or reassignment), select *No, benefit offered, but transgender treatment excluded*.

Example 3: If your employee benefits do not include a pharmacy benefit, select *No, benefit no offered*. Note: most health insurance plans offer a pharmacy benefit.

Yes, benefit offered, transgender treatment covered

No, benefit offered, but transgender treatment excluded

No, benefit not offered

Answer: No Answer

Previous: No, benefit not offered

2d.*

Medical visits and lab procedures

2018: Criterion 2c

Example 1: If your health/medical benefits cover medical visits and lab procedures, and these visits and procedures are not subject to a transgender exclusion (e.g., the medical benefit covers medical visits to monitor the effects of hormone therapy and associated lab procedures, or visits to assess the patient prior to treatment for the purposes of sex affirmation or reassignment), select *Yes, benefit offered, transgender treatment covered*.

Example 2: If your health/medical benefits cover medical visits and lab procedures, but these visits and procedures are subject to a transgender exclusion (e.g., the medical benefit does not cover medical visits to monitor the effects of hormone therapy and associated lab procedures, nor visits to assess the patient prior to treatment for the purposes of sex affirmation or reassignment), select *No, benefit offered, but transgender treatment excluded*.

Example 3: If your health/medical benefits do not cover medical visits and lab procedures, select *No, benefit not offered*. Note: most health/medical benefits cover medical visits and lab procedures.

Yes, benefit offered, transgender treatment covered

No, benefit offered, but transgender treatment excluded

No, benefit not offered

Answer: No Answer

Previous: No, benefit not offered

2e.*

Surgical procedures

2018: Criterion 2c

Example 1: If your health/medical benefit covers surgical procedures (e.g., hysterectomy), and these surgical procedures are not subject to a transgender exclusion (e.g., the medical benefit covers hysterectomy for the purposes of sex affirmation or reassignment), select *Yes, benefit offered, transgender treatment covered*.

Example 2: If your health/medical benefit covers surgical procedures (e.g., hysterectomy), but these surgical procedures are subject to a transgender exclusion (e.g., the medical benefit does not cover hysterectomy for the purposes of sex affirmation or reassignment), select *No, benefit offered, but transgender treatment excluded*.

Example 3: If your health/medical benefit does not cover surgical procedures, select *No, benefit not offered*. Note: most health/medical benefits cover surgical procedures.

Yes, benefit offered, transgender treatment covered

No, benefit offered, but transgender treatment excluded

No, benefit not offered

Answer: No Answer

Previous: No, benefit not offered

2f.*

Paid short-term leave

2018: Criterion 2c

Example 1: If your employee benefits include a paid short-term leave benefit, and that benefit is not subject to a transgender exclusion (e.g., the paid short-term leave benefit can be utilized with regard to gender identity disorders, gender dysphoria or transsexualism diagnoses or for treatment related to sex affirmation or reassignment), select *Yes, benefit offered, transgender treatment covered*.

Example 2: If your employee benefits include a paid short-term leave benefit, but that benefit is subject to a transgender exclusion (e.g., the paid short-term leave benefit cannot be utilized with regard to gender identity disorders, gender dysphoria or transsexualism diagnoses or for treatment related to sex affirmation or reassignment), select *No, benefit offered, but transgender treatment excluded*.

Example 3: If your employee benefits do not include a paid short-term leave benefit, select *No, benefit not offered*. Note: most employers have a paid short-term leave benefit.

Yes, benefit offered, transgender treatment covered

No, benefit offered, but transgender treatment excluded

No, benefit not offered

Answer: No Answer

Previous: No, benefit not offered

3.

If YES to Q1, plan coverage includes additional services.

e.g., reimbursement for travel and/or lodging expenses.

Yes, coverage includes additional services as indicated below.

No, coverage does not include additional services.

3a.

If YES to Q3, Please describe additional services covered.

4.

If YES to Q1, please indicate if plan documents and plan implementation have no other limitations on this area of coverage.

e.g., requirements to use only in-network providers, limits to only "initial surgery", or exclusions of "reversals."

Plans with serious limitations to coverage will not be eligible for full score.

Finding the right answer: Exclusionary or limiting language is most often found in the insurance plan contract itself, or in applicable medical policy or utilization management guidelines. Examination of Summary Plan Documents or other abstraction of the insurance plan may not be sufficient to answer this question.

Yes, no other limitations

No, plan limits coverage as indicated below.

5. Please describe any challenges, limitations, or successes your firm had in implementing these benefits..

Please list exclusionary language as found in the insurance plan contract itself, rather than language from a Summary Plan Document or other abstraction of the insurance plan.

Answer: *No Answer*

<1234 Corp.> Feedback, notes or additional information for HRC

HRC notes to <1234 Corp.>

5. Organizational LGBTQ Competency

Status: Not Yet Started



The following questions are aimed at assessing the integration of LGBTQ diversity and inclusion efforts with other diversity and inclusion programs (such as those that are centered on race, ethnicity, gender and other forms of diversity). We are measuring parity in the inclusion of LGBTQ diversity and are not attempting to prescribe any single approach to diversity and inclusion. This section will be updated to expand the options available as additional best practices emerge.

2018: Criterion # * Questions will count towards your CEI 2018 rating
Question is required; section cannot be saved as *Final* until an answer is provided. Question may remain unanswered when saving the section as *Draft*.

1.*

Do you require new hires to attend training that clearly states that your non-discrimination policy includes gender identity and sexual orientation and provides definitions or scenarios illustrating the policy for each?

2018: Criterion 3a

May be part of a broader training.

A "Yes" answer indicates that *both* "gender identity" and "sexual orientation" are covered.

Yes

No, but plan to in the next one year

No

Do not know

Answer: *No Answer*

Previous: No

1a.

If YES to Q1, please briefly describe the training, and how it incorporates sexual orientation and gender identity.

2018: Criterion 3a

Answer: *No Answer*

2.*

Do you require supervisors to attend training that clearly states that your non-discrimination policy includes gender identity and sexual orientation and provides definitions or scenarios illustrating the policy for each?

2018: Criterion 3a

May be part of a broader training.

A "Yes" answer indicates that *both* "gender identity" and "sexual orientation" are covered.

Yes

No, but plan to in the next one year

No

Do not know

Answer: No Answer

Previous: No

2a.

If YES to Q2, please briefly describe the training, and how it incorporates sexual orientation and gender identity.

2018: Criterion 3a

Answer: No Answer

3.*

Some businesses have moved towards an integrated approach to include diversity trainings in broader professional development, skills-based, or other leadership trainings. If your business has adopted this approach (e.g. in the promotion process for an employee), does the diversity component include topics of sexual orientation and gender identity?

2018: Criterion 3a

A "Yes" answer indicates that *both* "gender identity" and "sexual orientation" are covered.

Yes

No, but plan to in the next one year

No

Do not know

Not applicable, we do not integrate diversity training with other development trainings

Answer: No Answer

Previous: No

3a.

If YES to Q3, please briefly describe the training, who is required to attend, and how it incorporates sexual orientation and gender identity.

2018: Criterion 3a

Answer: No Answer

Previous: No info available

4.*

Does your business have written gender transition guidelines documenting supportive policy or practice on issues pertinent to a workplace gender transition?

2018: Criterion 3a

Supportive policy or practice should include guidance on restroom and facilities access, dress code and internal record-keeping that fully recognize an employee's full-time gender presentation and maximize privacy for the employee.

[Gender transition guidelines](#)

Yes

No, but plan to in the next one year

No

Do not know

Answer: No Answer

Previous: No

4a.

If YES to Q4, please attach a copy of the guidelines.

2018: Criterion 3a

If you are reporting guidelines for the first time, you must submit a copy to receive credit for this criterion.

Confidentiality: Guidelines will be evaluated for scoring purposes and will not be shared. To grant the HRC Foundation permission to distribute or place these guidelines on our website [here](#), please explain so in the "Additional notes to HRC" section at the end of this page.

If you experience problems uploading the file, save this section as "Draft" and try again later. If you continue to experience problems, please email a copy of the policy to cei@hrc.org.

Answer: No Attachment

5.*

Some businesses include diversity and inclusion measures (or efforts) as part of their overall performance evaluation of senior leaders. Senior leaders can submit efforts such as non-profit board participation, conference support, leading internal diversity and inclusion initiatives, etc. If your business utilizes similar metrics, do the options include any LGBTQ metrics?

2018: Criterion 3a

We are not asking if all senior leaders or executives are required to submit LGBTQ diversity and inclusion metrics, but whether or not LGBTQ metrics are available as an option.

Yes

No, but plan to in the next one year

No

Do not know

Not applicable, we do not include any diversity metrics in executive performance evaluations

Answer: No Answer

Previous: No

6.*

Does your business have anonymous employee surveys such as employee engagement surveys where employees can voluntarily disclose their gender identity and sexual orientation along with other demographic questions such as race and gender?

2018: Criterion 3a

Surveys should be of all employees or a random sample of all employees.

[Self-identification of LGBTQ employees](#)

Not applicable, we do not conduct anonymous employee surveys

Yes

No, but plan to in the next one year

No

Do not know

Answer: *No Answer*

Previous: No

6a.

If YES to Q6, do you ask individual questions about sexual orientation and gender identity, a single broader question about LGBTQ identity, or another type of question?

Yes, gender identity and sexual orientation

Yes, LGBTQ identity

No, gender identity only

No, sexual orientation only

No, we ask a different question (please describe below)

Answer: *No Answer*

Previous: *No info available*

7.*

Do you have confidential human resources data systems where employees can voluntarily disclose their gender identity and sexual orientation (along with other demographic questions such as race and gender)?

2018: Criterion 3a

These self-identification programs can be used for retention, mentorship and leadership development programs. Self-identification of LGBTQ employees

[Self-identification of LGBTQ employees](#)

Yes

No, but plan to in the next one year

No

Do not know

Answer: No Answer

Previous: No

7a.

If YES to Q7, do you ask individual questions about sexual orientation and gender identity, a single broader question about LGBTQ identity, or another type of question?

Yes, gender identity and sexual orientation

Yes, LGBTQ identity

No, gender identity only

No, sexual orientation only

No, we ask a different question (please describe below)

Answer: No Answer

Previous: No info available

8.*

Does your business have an officially recognized LGBTQ employee group?

2018: Criterion 3b

[LGBTQ Employee Groups](#)

Yes

No, but plan to in the next one year

No

Do not know

Answer: No Answer

Previous: No

8a.

If NO to Q8, would your business allow LGBTQ employees to use its facilities, electronic and other resources to form a group if one expressed interest?

2018: Criterion 3b (half credit)

Note: because of your answer on Q7, you have skipped Q7a-b.

Yes

No, but plan to in the next one year

No

Do not know

Answer: No Answer

Previous: No info available

8a.

If YES to Q8, please provide contact information for the group.

Information will be public: Employee group contact information provided here will be made available on our website at hrc.org/employerssearch and can be updated at any time by e-mailing cei@hrc.org.

Name of group

Answer: No Answer

Previous: No info available

Phone, including extension if applicable

e.g.: 123-456-7890 x123

Answer: No Answer

Previous: No info available

E-mail

e.g.: group@employer.com

Answer: No Answer

Previous: No info available

Public Website OR mention of ERG on diversity page, employee resources page, etc.

e.g.: <http://www.employer.com/group>

Please only provide a specific link to a public website.

Answer: No Answer

Previous: No info available

Contact's First Name

Answer: No Answer

Previous: No info available

Contact's Last Name

Answer: No Answer

Previous: No info available

Contact's Group Role or Title

Answer: No Answer

Previous: No info available

8b. If YES to Q8, is your ERG expressly for LGBTQ employees and allies?

As we begin to expand the role of allies in HRC's mission, we look to your success in partnerships and initiatives to engage allies within your firms.

- Yes
- No
- Do not know

8c. If YES to Q8, does the group have a senior executive champion or sponsor (e.g., Vice President or higher)?

Yes

No, but plan to in the next one year

No

Do not know

Answer: No Answer

Previous: No info available

If YES to Q8c, is the executive champion openly LGBTQ or an ally?

- Openly LGBTQ
- Ally
- Do not know

If YES to Q8c, please provide the champion's name and job title.

Confidentiality: This information will not be made public.

Answer: No Answer

Previous: No info available

9.*

Does your business have a firm-wide diversity council or working group with a mission that specifically includes LGBTQ diversity?

2018: Criterion 3b

Yes

No, but plan to in the next one year

No

Do not know

Answer: No Answer

Previous: No

9a.

If NO to Q9, does your business have another, non-LGBTQ-specific firm-wide diversity council or working group?

Yes

No, but plan to in the next one year

No

Do not know

Answer: *No Answer*

Previous: *No info available*

<1234 Corp.> Feedback, notes or additional information for HRC

HRC notes to <1234 Corp.>

6. Public Engagement

Status: Not Yet Started



2018: Criterion # * Questions will count towards your CEI 2018 rating
Question is required; section cannot be saved as *Final* until an answer is provided. Question may remain unanswered when saving the section as *Draft*.

1.*

During the past year, has your business engaged in marketing or advertising to the LGBTQ community (including sponsorships of LGBTQ organizations and events)?

2018: Criterion 4

Although firm-wide efforts are preferred, efforts from a particular segment of the firm are accepted.

[LGBTQ Marketing and Advertising](#)

Yes

No

Do not know/Info Not Available

Answer: No Answer

1a.

If YES to Q1, please describe a maximum of three such efforts.

#1.

First Marketing Effort

Name of campaign and/or partnering organization or event

Answer: No Answer

Please provide (a) the location of effort including applicable cities or states and indicating "Online" if web-based and (b) a brief description of the effort, including the number of months or years your business has engaged in this effort.

Answer: No Answer

Creative content: If the effort involved any promotional media referencing your business, did such media use imagery, language or people to indicate LGBTQ content?

General audience (no specific LGBTQ content)

LGBTQ content

Not applicable

Answer: No Answer

**#2.
Second Marketing Effort**

Name of campaign and/or partnering organization or event
Answer: *No Answer*

Please provide (a) the location of effort including applicable cities or states and indicating "Online" if web-based and (b) a brief description of the effort, including the number of months or years your business has engaged in this effort.
Answer: *No Answer*

Creative content: If the effort involved any promotional media referencing your business, did such media use imagery, language or people to indicate LGBTQ content?

General audience (no specific LGBTQ content)

LGBTQ content

Not applicable

Answer: *No Answer*

**#3.
Third Marketing Effort**

Name of campaign and/or partnering organization or event
Answer: *No Answer*

Please provide (a) the location of effort including applicable cities or states and indicating "Online" if web-based and (b) a brief description of the effort, including the number of months or years your business has engaged in this effort.
Answer: *No Answer*

Creative content: If the effort involved any promotional media referencing your business, did such media use imagery, language or people to indicate LGBTQ content?

General audience (no specific LGBTQ content)

LGBTQ content

Not applicable

Answer: *No Answer*

**1b.
If YES to Q1, attach an example of creative content.**
Answer: *No Attachment*

1c.

If YES to Q1, please provide any additional information about your business' advertising campaigns.
Answer: *No Answer*

2.* Does your business have guidelines that prohibit philanthropic support (financial or in-kind) to an organization that has a written policy of discrimination against LGBTQ people (ie organizations that actively discriminate on the basis of sexual orientation and/or gender identity)?

2018: Criterion 4

Yes

No

Do not know/Info not available

3.*

During the past year, has your business provided philanthropic support(financial or in-kind) to LGBTQ health, educational, political or community-related organizations or events (not including matching gift programs)?

2018: Criterion 4

Although firm-wide efforts are preferred, efforts from a particular segment of the firm are accepted.

Matching contributions for employee donations are not accepted.

[Philanthropic Support of LGBTQ Organizations](#)

Yes

No

Do not know/Info Not Available

Answer: *No Answer*

3a.

If YES to Q3, please describe a maximum of three such efforts.

#1.

First Philanthropic Effort

Name of campaign, organization or event

Answer: *No Answer*

Type of LGBTQ organization or event (if applicable)

Community

Education

Health

Political

Business

Answer: No Answer

Please provide (a) the location of effort including applicable cities or states and indicating "Online" if web-based and (b) a brief description of the effort, including the number of months or years your business has engaged in this support.

Answer: No Answer

Type of support

Cash Grant

In-Kind

Other

Answer: No Answer

**#2.
Second Philanthropic Effort**

Name of campaign, organization or event

Answer: No Answer

Type of LGBTQ organization or event (if applicable)

Community

Education

Health

Political

Business

Answer: No Answer

Please provide (a) the location of effort including applicable cities or states and indicating "Online" if web-based and (b) a brief description of the effort, including the number of months or years your business has engaged in this support.

Answer: No Answer

Type of support

Cash Grant

In-Kind

Other

Answer: No Answer

#3.

Third Philanthropic Effort

Name of campaign, organization or event

Answer: No Answer

Type of LGBTQ organization or event (if applicable)

Community

Education

Health

Political

Business

Answer: No Answer

Please provide (a) the location of effort including applicable cities or states and indicating "Online" if web-based and (b) a brief description of the effort, including the number of months or years your business has engaged in this support.

Answer: No Answer

Type of support

Cash Grant

In-Kind

Other

Answer: No Answer

3b.

If YES to Q3, please provide any additional information about your business' philanthropic support.

Answer: No Answer

4.*

During the past year, has your business engaged in targeted recruiting efforts to the LGBTQ community such as LGBTQ career fairs?

2018: Criterion 4

Although firm-wide efforts are preferred, efforts from a particular segment of the firm are accepted.

[LGBTQ Recruiting -- Best Practices and Case Studies](#)

[List of LGBTQ Professional Recruitment Events](#)

Yes

No

Do not know/Info Not Available

Answer: No Answer

4a.

If YES to Q4, please describe a maximum of three such efforts.

#1.

First Recruiting Effort

Please provide (a) the location of effort including applicable cities or states and indicating "Online" if web-based and (b) a brief description of the effort, including the number of months or years your business has engaged in this effort.

Answer: No Answer

#2.

Second Recruiting Effort

Please provide (a) the location of effort including applicable cities or states and indicating "Online" if web-based and (b) a brief description of the effort, including the number of months or years your business has engaged in this effort.

Answer: No Answer

#3.

Third Recruiting Effort

Please provide (a) the location of effort including applicable cities or states and indicating "Online" if web-based and (b) a brief description of the effort, including the number of months or years your business has engaged in this effort.

Answer: No Answer

3b.

If YES to Q4, please provide any additional information about your business' recruiting efforts.

Answer: No Answer

5.*

During the past year, has your business publicly supported LGBTQ equality under the law through local, state or federal legislation or initiatives (e.g., made statement or communicated in favor of LGBTQ legislation or opposed legislation that would limit the rights of LGBTQ people)?

2018: Criterion 4

Although firm-wide efforts are preferred, efforts from a particular segment of the firm are accepted.

[Business Coalition for Equality](#)

[Business Coalition for Benefits Tax Equity](#)

Yes

No

Do not know/Info Not Available

Answer: No Answer

5a.

If YES to Q5, please describe a maximum of three such efforts.

#1.

First Effort

Name of campaign, organization or event

Answer: No Answer

Please provide (a) the location of effort including applicable cities or states and (b) a brief description of the effort, including the number of months or years your business has engaged in this effort.

Answer: No Answer

#2.

Second Effort

Name of campaign, organization or event

Answer: No Answer

Please provide (a) the location of effort including applicable cities or states and (b) a brief description of the effort, including the number of months or years your business has engaged in this effort.

Answer: No Answer

#3.

Third Effort

Name of campaign, organization or event

Answer: No Answer

Please provide (a) the location of effort including applicable cities or states and (b) a brief description of the effort, including the number of months or years your business has engaged in this effort.

Answer: No Answer

5b.

If YES to Q5, please provide any additional information about your business' public support for LGBTQ equality under the law.

Answer: No Answer

5c. Please let us know if your business would be interested in becoming a member of HRC's Business Coalition for Equality.

[Business Coalition for Equality](#)

Yes, interested in becoming a member

No, not interested

6.*

Does your business seek out certified LGBTQ-owned businesses as part of a supplier diversity program?

2018: Criterion 4

201: Criterion 4

[LGBTQ Supplier Diversity Programs](#)

Yes

No, but plan to in the next one year

No

Do not know

Not applicable, we do not have a supplier diversity program

Answer: No Answer

Previous: No

6a.

If YES to Q6, does your business accept certification from the National Gay and Lesbian Chamber of Commerce (NGLCC) to verify LGBTQ business enterprises?

2018: Criteria 4

[LGBTQ Supplier Diversity Programs](#)

Yes

No, but plan to in the next one year

No

Do not know

Answer: No Answer

6b.

If NO to Q6a, please indicate how you have engaged certified LGBTQ suppliers in the past year.

2018: Criteria 4

e.g.:

- worked with XX certified LGBTQ-owned businesses in 2016
- partnered with local/national LGBTQ chamber of commerce to recruit certified LGBTQ-owned suppliers

Answer: No Answer

7.*

Does your business require your suppliers to prohibit discrimination consistent with the protections provided by your EEO or non-discrimination policy?

2018: Criterion 1c

Essentially, do you require suppliers to prohibit discrimination based on "sexual orientation" and/or "gender identity or expression."

[Supplier Standards -- Discrimination Policies](#)

Yes

No, but plan to in the next one year

No

Do not know

Answer: *No Answer*

Previous: *No info available*

7a. Does your business require your suppliers adhere to any non-discrimination policy (along the lines of race, gender, and other federally protected categories)?

2018: Criterion 1c

Yes

No, but plan to in the next one year

No

Do not know

8.*

During the past year, has your business provided LGBTQ-inclusive products or services?

2018: Criterion 4

Our goal is to capture any specific product or services offerings to or targeted towards LGBTQ consumers, customers, and/or their families.

Yes

No

Do not know/Info Not Available

8a. If YES to Q8, please describe a maximum of three such products or services.

#1.

First Product or Service

Name of product or service

Answer: *No Answer*

Please provide (a) a brief description of the product or service, including the number of months or years your business has provided it and (b) marketing efforts around the availability of inclusive products or services

Answer: No Answer

**#2.
Second Product or Service**

**Name of product or service
Answer: No Answer**

**Please provide (a) a brief description of the product or service, including the number of months or years your business has provided it and (b) marketing efforts around the availability of inclusive products or services
Answer: No Answer**

**#3.
Third Product or Service**

**Name of product or service
Answer: No Answer**

**Please provide (a) a brief description of the product or service, including the number of months or years your business has provided it and (b) marketing efforts around the availability of inclusive products or services
Answer: No Answer**

9.* Does your business support coalition issues?

Yes

No, but plan to in the next one year

No

Do not know

Answer: No Answer
Previous: No info available

9a.* If YES to Q9, during the past year, has your business publicly engaged in any of the following critical issues? Please select all that apply.

Immigration

Environmental Protection/Justice

Black Lives Matter

Disability

Gun Control

Reproductive Rights

9b.* If YES to Q9a, please explain your role in the coalition:

10.* Does your business have non-discrimination policies based on sexual orientation and gender identity in place for any of the following protecting your employees and/or customers?

Yes

No, but plan to in the next one year

No

Do not know

10a.* If YES to Q10, please select all that apply:

Access to a shared facility, including a restroom, a locker room, and a dressing room

Credit

Goods, Services or Programs

<1234 Corp.> Feedback, notes or additional information for HRC

HRC notes to <1234 Corp.>

7. International Operations

Status: Not Yet Started



U.S. corporations increasingly have an overseas presence or are multinational in character. Employers should expand their LGBTQ policies and benefits globally to the extent not prohibited by law in any country of operation. Since many multinational businesses have decentralized human resource divisions, it may be difficult to answer some of the questions regarding operations in all global locations, but we request that you attempt to answer for at least five largest locations outside of the United States. In your response, please clarify whether you are answering for all global locations or just your top five.

The HRC Foundation believes it important that LGBTQ-related policies and benefits extend to overseas operations wherever not barred by law, and believes that companies which are truly committed to LGBTQ workplace equality should perform an audit of all policies and benefits for LGBTQ employees in all international locations, and compile this information centrally, in an effort to compare and, as appropriate, expand policies to ensure consistency across all global platforms.

A leading practice among many employers is to approach this topic not as trying to change the culture of places in which they do business, but defining and communicating what is acceptable behavior and practice within their organization. The HRC Foundation encourages multinational corporations to increase the consistency of application of nondiscrimination policies and practices across all locations, as well as to take concrete steps as global citizens to contribute to equality for LGBTQ people and promote equal workplaces abroad.

If necessary, please work with your human resources and diversity specialist counterparts in international branches or affiliates to answer the following questions.

1. *
Does the non-discrimination policy you submitted for your business in Section 2 Question 3 apply to all employees globally?

2018: Criterion 1a/1b

Yes, for all overseas operations

No

Not applicable

1a. If NO to Q1, does the policy submitted in Section 2 Question 3 apply to US employees on mission or travel abroad for your business?

Yes

No

1b. If NO to Q1, does the non-discrimination policy submitted in Section 2 Question 3 apply only in certain countries?

Yes

No

If YES to Q1b, please attach a document indicating which countries the policy applies to.

Acceptable file formats include:

Rich Text Format (.rtf)

Microsoft Word (.doc or .docx)

Adobe Acrobat (.pdf) file

Troubleshooting: If you experience problems uploading, save this section as "Draft" and try again later. If you continue to experience problems, please email a copy to cei@hrc.org.

2. If No to Q1, do you have other codified global standards of non-discrimination in the workplace that apply to all employees, irrespective of locale (i.e., one that is universal in nature)?

Yes

No

2a. If Yes to Q2, are these universal standards codified as policy OR as guiding principles / codes of conduct / or other values statements ?

Yes, codified as policy

Yes, codified as guiding principles/codes of conduct/value statement

2b. If these standards are codified as policy, does the policy include "sexual orientation"?

2018: Criterion 1a

Yes

No

2c. If these standards are codified as policy , does the policy include "gender identity"?

2018: Criterion 1b

Yes

No

2d. If these standards are codified as policy, are there enforcement protocols for the policy?

Yes

No

2b. If these standards are codified as Guiding principles / codes of conduct /or other values statements, does the policy include "sexual orientation"?

2018: Criterion 1a

Yes

No

2c. If these standards are codified as Guiding principles / codes of conduct /or other values statements, does the policy include "gender identity"?

2018: Criterion 1b

Yes

No

2d. If these standards are codified as Guiding principles / codes of conduct /or other values statements, are there enforcement protocols in place for these statements?

Yes

No

3. Are domestic partner health care benefits available to employees in all locations where spousal benefits are generally offered?

Yes, for all overseas operations

No, but in one or more offices outside the U.S.

No, but plan to in the next one year

No

Do not know

3a. If NO to Q3, please list those countries where partner benefits are not offered.

3b. Please describe any challenges you have had implementing your partner benefits globally.

4. Does your business offer transgender-inclusive benefits to employees in all locations where employer-provided health care benefits are generally offered?

Yes, for all overseas operations

No, but in one or more offices outside the U.S.

No, but plan to in the next one year

No

Do not know

Not applicable

4a. If NO to Q4, please list those countries where transgender-inclusive benefits are not offered.

4b. Please describe any challenges you have had implementing transgender-inclusive benefits globally.

5. Do you provide training on the subjects of sexual orientation and gender identity in your top five non-U.S. locations?

A "Yes" answer indicates that *both* "gender identity" and "sexual orientation" are covered.

Yes, for all overseas operations.

No, but in one or more offices outside the U.S.

No, but plan to in the next one year

No

Do not know

5a. If YES to Q5, to whom is the training provided? Please check all that apply.

Senior Leaders

Supervisors/Managers

Employees

5a. If NO to Q5, please list countries where this training is not provided.

5b. Please list any challenges or successes you have had implementing these trainings globally.

6. Are there established chapters of your LGBTQ employee group in your global operations?

Yes, for all overseas operations

No, but in one or more offices outside the U.S.

No, but plan to implement in the next one year

No

Do not know

Please list the locations abroad where LGBTQ ERGs have been established.

7. Does your company have a specific protocol in place for evaluating and mitigating the safety and other welfare concerns of LGBTQ employees and their family's relocating to such countries?

Many countries have laws that are hostile to LGB T people and/or criminalize homosexual conduct.

Yes, for all overseas operations

No, but in one or more offices outside the U.S.

No, but plan to implement in the next one year

No

Do not know

7a. If YES to Q7, can you briefly describe this protocol?

7b. If YES to Q7 and there is a document of guidance you can share with us, please attach it.

8. Are there specific efforts your firm has undertaken to promote LGBTQ equality overseas?

Yes, for all overseas operations

No, but in one or more offices outside the U.S.

No, but plan to implement in the next one year

No

Do not know

8a. If YES to Q8, indicate all efforts that have been undertaken. Please check all that apply.

Public support for LGBTQ equality under the law can include statements made or communicated in favor of LGBTQ legislation or opposition to legislation that would limit the rights of LGBTQ people.

Marketing or advertising to the LGBTQ community (including sponsorships of LGBTQ organizations and events)

Philanthropic support (financial or in-kind) to LGBTQ health, educational, political or community-related organizations or events

Targeted recruiting efforts to the LGBTQ community, such as LGBTQ career fairs

Public support for LGBTQ equality under the law through local, state, or federal legislation or initiatives

Alternative or compensatory benefits for LGBTQ employees working in countries hostile to LGBTQ people

Other support (please indicate below)

8b. If YES to Q8, please briefly describe other forms of support and indicate the primary countries in which these efforts took place.

<1234 Corp.> Feedback, notes or additional information for HRC

HRC notes to <1234 Corp.>

8. Additional Information

Status: Not Yet Started



1.
Please include any other information that you would like to share with us about your LGBTQ inclusion efforts.

This could include information on innovative business practices, products or services that affect the LGBTQ community; notable employee programs; etc.

Answer: No Answer

2.
Does your firm have a program that you believe to be truly innovative in LGBTQ inclusion?

Yes

No

Do not know

Answer: No Answer

2a. If YES to Q2, please briefly describe in a sentence or two, as we continue to identify and track emerging best practices.

3.
If you have any additional information or supporting documents you would like to submit, please attach the file here.

Answer: No Attachment

<1234 Corp.> Feedback, notes or additional information for HRC

HRC notes to <1234 Corp.>