



HUMAN  
RIGHTS  
CAMPAIGN  
FOUNDATION™

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# Corporate Equality Index 2010 Survey

**RESPONSE DEADLINE: JUNE 30, 2009**  
SURVEY MUST BE SUBMITTED ONLINE: <http://cei.hrc.org>

**Use this document for your information only.**  
*Additional information and helpful resources specific to each question are available online.*

The online survey is prepared with your previous survey answers or other information gathered by the Human Rights Campaign Foundation, and can be printed for your use.

- Questions marked with **2010** will be used in part or in their entirety for rating purposes this year.
- Questions marked with **2012** will be used in part or in their entirety for rating purposes in the 2012 Survey and Report (due June 30, 2011) and included in the CEI 2010 and 2011 reports as additional information.

All other questions are for informational purposes only.

Complete list of rating criteria: [http://www.hrc.org/issues/workplace/cei\\_criteria.htm](http://www.hrc.org/issues/workplace/cei_criteria.htm)

## Business and Contact Information

HRC will not publish or distribute contact information externally.

### 1. U.S. Headquarters Information

Street Address Line 1:

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Street Address Line 2:

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City:

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State:

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Zip Code:

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Main Phone #:

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Main Fax #:

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### 2. Web Address

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### 3. # Full Time U.S. Employees:

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### 4. # Union Employees, Union Names:

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### 5. Ten Major Brands:

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### 6. Stock Ticker Symbol:

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### 7. Primary Industry:

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## Non-Discrimination / Equal Employment Opportunity Policy

1. Does your primary non-discrimination or equal employment opportunity policy statement include the term “sexual orientation”? **2010 2012**
- 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
2. Does your primary non-discrimination or equal employment opportunity policy statement include the term “gender identity or expression” or “gender identity”? **2010 2012**
- 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
3. Please attach a copy of your employee and job applicant non-discrimination or equal employment opportunity policy. **2010 2012**
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.  
http://\_\_\_\_\_
5. Do you have a primary anti-harassment policy that names protected categories of workers (i.e.: explicitly prohibits harassment based on race, religion, disability, etc.)?
- Yes  
 No, but plan to in the next one year  
 No, we do not  
 Do not know / not applicable
- a. If YES to Q5, does the policy include the term “sexual orientation”?
- 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
- b. If YES to Q5, does the policy include the term “gender identity or expression” or “gender identity”?
- 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

Additional Notes to HRC:

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## Spousal and Partner Benefits

6. 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

a. If YES to Q6, does your primary benefits definition of “*spouse*” include state-recognized same-sex spouses in states where they are recognized? **2012**

- 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

b. If YES to Q6a, do you require the same documentation for same-sex spouses as you do for different-sex spouses for enrollment and/or audit purposes? **2012**

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

c. If YES to Q6a, please provide the primary definition of spouse (if more than one definition, please provide a short summary including relevant differences).

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7. Does your business offer benefits to **partners** of benefits-eligible U.S. employees? **2010** **2012**

- Yes
- No, not firm-wide but in one or more subsidiaries or labor agreements
- No, but plan to implement in the next one year
- No
- Do not know

a. If YES to Q7, do partner benefits include same- and different-sex partners or same-sex partners only?

- Same and different-sex partners
- Same-sex partners only
- Do not know

b. If YES to Q7, do you require partners to execute an affidavit to enroll in your benefits plan?

- Yes, we do
- No, but plan to in the next one year
- No
- Do not know / not applicable

c. If YES to Q7, does the establishment of a state-recognized relationship (domestic partnership, civil union or marriage) qualify the employee and the employee’s partner for partner benefits (i.e.: without having to complete an affidavit, if otherwise required)? **2012**

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

- d. If YES to Q7, are employees able to enroll for partner benefits outside the open enrollment period (i.e.: satisfactory completion of an affidavit or state registration of the relationship constitutes a qualifying event for enrollment)? **2012**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No, but plan to in the next one year
<input type="checkbox"/>	No
<input type="checkbox"/>	Do not know

- e. If YES to Q7, does your business allow employees to certify that their partner qualifies as a dependent for state and federal income and employer payroll tax purposes?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No, but plan to implement in the next one year
<input type="checkbox"/>	No
<input type="checkbox"/>	Do not know

- f. If YES to Q7, do you “gross up” wages for employees who receive health benefits for a partner that does not qualify as a tax dependent to offset the additional, imputed income tax?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No, but plan to in the next one year
<input type="checkbox"/>	No
<input type="checkbox"/>	Do not know / not applicable

8. If YES to Q6 and Q7, are these benefits equivalent to the extent possible under the law? **2012**

<input type="checkbox"/>	Yes, firm-wide
<input type="checkbox"/>	No, not firm-wide but in one or more subsidiaries or labor agreements
<input type="checkbox"/>	No, but plan to in the next one year
<input type="checkbox"/>	Do not know

- a. Please describe any challenges (legal or other) you encountered or overcame toward providing fully equivalent spousal and partner benefits.
-

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

a. Health/Medical **2010** **2012**

- Yes, benefit offered to spouses & partners  
 No, benefit offered to spouses only  
 No, benefit not offered
- 

b. If YES to Q9a, in what year did partner health insurance benefits become available?  
Year \_\_\_\_\_

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c. Dental **2010** **2012**

- Yes, benefit offered to spouses & partners  
 No, benefit offered to spouses only  
 No, benefit not offered
- 

d. Vision **2010** **2012**

- Yes, benefit offered to spouses & partners  
 No, benefit offered to spouses only  
 No, benefit not offered
- 

e. Spouse/partner's dependent coverage **2010** **2012**

- Yes, benefit offered to spouses & partners  
 No, benefit offered to spouses only  
 No, benefit not offered
- 

f. COBRA/COBRA-equivalent benefits **2010** **2012**

- Yes, benefit offered to spouses & partners  
 No, benefit offered to spouses only

10. Are the following **soft benefits** offered to spouses and partners of benefits-eligible U.S. employees?  
(**2010** any three of the benefits listed in Q10 or Q11)  
(**2012** all offered equally)
- a. FMLA/FMLA-equivalent benefits<sup>3</sup> **2010** **2012**  
 Yes, benefit offered to spouses & partners  
 No, benefit offered to spouses only
- b. Bereavement leave<sup>4</sup> **2010** **2012**  
 Yes, benefit offered to spouses & partners  
 No, benefit offered to spouses only  
 No, benefit not offered
- c. Employer-provided supplemental life insurance for the spouse/partner **2010** **2012**  
 Yes, benefit offered to spouses & partners  
 No, benefit offered to spouses only  
 No, benefit not offered
- d. Relocation/travel assistance **2010** **2012**  
 Yes, benefit offered to spouses & partners  
 No, benefit offered to spouses only  
 No, benefit not offered
- e. Adoption assistance<sup>5</sup> **2010** **2012**  
 Yes, benefit offered to spouses & partners  
 No, benefit offered to spouses only  
 No, benefit not offered
- f. Employee discounts **2010** **2012**  
 Yes, benefit offered to spouses & partners  
 No, benefit offered to spouses only  
 No, benefit not offered
- g. Employee assistance program **2010** **2012**  
 Yes, benefit offered to spouses & partners  
 No, benefit offered to spouses only  
 No, benefit not offered

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

( **2010** any three of the benefits listed in Q10 or Q11)

( **2012** all offered equally)

a. Health care benefits for new retirees **2010** **2012**

- Yes, benefit offered to spouses & partners  
 No, benefit offered to spouses only  
 No, benefit not offered

b. Defined benefit plan: Qualified joint and survivor annuity (QJSA) for spouse/partner<sup>6</sup> **2010** **2012**

- Yes, benefit offered to spouses & partners  
 No, benefit offered to spouses only  
 No, benefit not offered

c. Defined benefit plan: Qualified pre-retirement survivor annuity (QPSA) for spouse/partner<sup>7</sup> **2010** **2012**

- Yes, benefit offered to spouses & partners  
 No, benefit offered to spouses only  
 No, benefit not offered

d. Hardship distribution option **2012**

- Yes, benefit offered to spouses & partners  
 No, benefit offered to spouses only  
 No, benefit not offered

e. Does your business automatically recognize an employee's partner or same-sex spouse as a beneficiary in the event that the employee fails to designate one? **2012**

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

12. Please describe any other benefits offered to an employee's same-sex partner:

Additional Notes to HRC:

<sup>2</sup> These benefits are federally mandated for opposite-sex spouses, but may be extended to same-sex partners.

<sup>3</sup> FMLA leave provided to employee on behalf of same-sex partner (equivalent treatment as compared to an employee's opposite-sex spouse) or partner's dependents.

<sup>4</sup> Bereavement leave taken in the event of a spouse or partner's death or, if applicable, the death of a spouse or partner's dependents/ children.

<sup>5</sup> Offered if spouse or partner adopts a child or if employee adopts spouse or partner's children.

<sup>6</sup> A QJSA relates to a defined benefit/pension plan. Typically, an employer can create a contingent survivor annuity for which the employee can designate the individual of his/her choice in the event of the employee's death.

<sup>7</sup> A QPSA relates to a defined benefit/pension plan. Typically, an employer can create a contingent survivor annuity for which the employee can designate the individual of his/her choice in the event of the employee's death.

## Transgender-Inclusive Benefits

Gender transitions may involve one or more types of medically necessary treatments. Most of these types of treatments are typically covered for other medical needs, but **most health insurance policies specifically exclude sex reassignment-related treatments**. The scope of that exclusion can vary significantly from one insurance plan to another. Employers should make available employer-provided healthcare coverage for medically necessary treatments and procedures.

13. Is there at least one firm-sponsored health insurance plan that *does not exclude* coverage for **medically-necessary treatment related to gender identity disorder**?<sup>8</sup> **2012**

» This question requires examining the list of coverage exclusions or limitations in your insurance policy contract.

- Yes
- No, not firm-wide but in one or more subsidiaries or labor agreements
- No, but plan to implement in the next one year
- No
- Do not know

- a. If YES to Q14, in what year did transgender-inclusive health insurance benefits first become available?  
Year \_\_\_\_\_

- b. If YES to Q14, does the health insurance plan's definition of medical necessity or clinical guidelines reference and reflect the guidance of the World Professional Association for Transgender Health (WPATH) Standards of Care?<sup>8</sup> **2012**

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

14. Are the following **health insurance benefits** offered to employees and do they cover medically-necessary treatment related to gender identity disorder?

- a. Mental health counseling<sup>9</sup> **2010** **2012**

- Yes, benefit offered, transgender treatment covered
- No, benefit offered, but transgender treatment excluded
- No, benefit not offered

- b. Pharmacy benefits **2010** **2012**

- Yes, benefit offered, transgender treatment covered
- No, benefit offered, but transgender treatment excluded
- No, benefit not offered

- c. Medical visits and lab procedures **2010** **2012**

- Yes, benefit offered, transgender treatment covered
- No, benefit offered, but transgender treatment excluded
- No, benefit not offered

- d. Surgical procedures **2010** **2012**

- Yes, benefit offered, transgender treatment covered
- No, benefit offered, but transgender treatment excluded
- No, benefit not offered

15. If YES to Q16a, Q16b, Q16c or Q16d:

a. Is coverage for any of the benefit(s) self-insured?

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

b. If coverage for any of the benefit(s) is capped at a maximum lifetime dollar amount specific to transgender treatments, please indicate that cap amount. **2012**

\$ \_\_\_\_\_

c. What insurance carrier manages or administers the plan?  
\_\_\_\_\_

d. Please attach documentation that indicates that coverage is available. **2010 2012**

16. Are paid **short-term leave benefits** available, and do they cover medically-necessary treatment related to gender identity disorder? **2010 2012**

- Yes, benefit offered, transgender treatment covered
- No, benefit offered, but transgender treatment excluded
- No, benefit not offered

17. Please describe exclusionary language, or any other benefits, or limitations to benefits, available to transgender employees.

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<sup>8</sup> Answering “Benefit offered, transgender treatment covered” for surgical procedures indicates that surgical procedures as related to medically necessary care for gender reassignment would not be excluded and would apply for standard coverage under one or more insurance plans available to your employees

<sup>9</sup> Employee Assistance Program coverage is not sufficient coverage

## Diversity Management and Training

18. If you provide **diversity awareness training**, what topics are covered and who is required to attend? The topics may be covered as part of a general overview of diversity, or in topic-specific sessions.
- a. Sexual orientation **2010**  
» Credit on this question is provided for any training that is offered, irrespective of attendance requirements.
- Yes, all employees required to attend
  - Yes, all managers/supervisors required to attend
  - Yes, some employees required to attend
  - Yes, no employees required to attend
  - No, not offered
- b. Gender identity or expression **2010**  
» Credit on this question is provided for any training that is offered, irrespective of attendance requirements or, alternatively, written gender transition guidelines.
- Yes, all employees required to attend
  - Yes, all managers/supervisors required to attend
  - Yes, some employees required to attend
  - Yes, no employees required to attend
  - No, not offered
19. 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 (may be part of a broader training)? **2012**
- Yes
  - No, but plan to in the next one year
  - No
  - Do not know
20. 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 (may be part of a broader training)? **2012**
- Yes
  - No, but plan to in the next one year
  - No
  - Do not know
21. Do you have professional development, skills-based or other leadership training that includes elements of diversity and/or cross-cultural competency, including the topics of gender identity and sexual orientation? **2012**
- Yes
  - No, but plan to in the next one year
  - No
  - Do not know

22. Does your business have written gender transition guidelines documenting supportive policy or practice on issues pertinent to a workplace gender transition (including guidance on restroom and facilities access, dress code and internal recordkeeping that fully recognize an employee's full-time gender presentation and maximize privacy for the employee)? **2010** **2012**

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

- a. If YES to Q16, please attach a copy of the policy. **2010** **2012**  
» Guidelines submitted to the HRC Foundation will be for internal use only and will be evaluated for scoring purposes.

23. Do senior management/executive performance evaluations include LGBT diversity and inclusion metrics (along with other diversity and inclusion metrics)? **2012**

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

SAMPLE

24. Does your business have an officially recognized **LGBT employee resource group**? **2010** **2012**

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

a. If **NO** to Q17, would your business allow LGBT employees to use its facilities, electronic and other resources to form an officially recognized group, if one expressed interest? **2010** **2012**

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

b. If **YES** to Q17, please provide contact information for the group:

Name of Group: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Primary Contact ERG Title: \_\_\_\_\_

c. If **YES** to Q17, 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

25. Does your business have a firm-wide **diversity council** or working group with a mission that specifically includes LGBT diversity? **2010** **2012**

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

a. If **NO** to Q18, does your business have another, non-LGBT specific, firm-wide diversity council or working group?

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

26. Do you 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? **2012**

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

a. If YES to Q26, do you ask individual questions about sexual orientation and gender identity, a single broader question about LGBT identity, or another type of question?

- Yes, gender identity and sexual orientation
- Yes, LGBT identity
- No, gender identity only
- No, sexual orientation only
- No, we ask a different question (please describe below)

27. 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, for retention, mentorship and leadership development programs? **2012**

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

a. If YES to Q27, do you ask individual questions about sexual orientation and gender identity, a single broader question about LGBT identity, or another type of question?

- Yes, gender identity and sexual orientation
- Yes, LGBT identity
- No, gender identity only
- No, sexual orientation only
- No, we ask a different question (please describe below)

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## External Engagement

28. During the past year, has your business engaged in **marketing or advertising** to the LGBT community (including sponsorships of LGBT organizations and events)? **2010** **2012**

- Yes  
 No  
 Do not know / Info not available

#1 First Marketing Effort  
Name of campaign, organization or event

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Type of LGBT organization or event (if applicable)

- Political  
 Education  
 Health  
 Community

Location of effort (leave state blank, if national):

\_\_\_\_\_, United States

Duration of effort in years

- # Years  
 Do not know/ info not available

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

- General Audience, no specific LGBT content  
 LGBT content  
 Not applicable

Attach an example of creative content

Please provide any additional information about your business's advertising campaigns.

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>> **do you have more efforts?**

#2 Second Marketing Effort

#3 Third Marketing Effort

29. During the past year, has your business provided **philanthropic support** (financial or in-kind) to LGBT health, educational, political or community-related organizations or events (not including matching gift programs)? **2010** **2012**

- Yes
- No
- Do not know / Info not available

#1 First Philanthropic Effort  
Name of campaign, organization or event

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Type of LGBT organization or event

- Political
- Education
- Health
- Community

Location of effort (leave state blank, if national):  
\_\_\_\_\_, United States

Duration of support

- # Years
- Do not know/ info not available

Type of support

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>> **do you have more efforts?**

#2 Second Effort

#3 Third Effort

30. During the past year, has your business engaged in targeted **recruiting efforts** to the LGBT community such as LGBT career fairs? **2012**

- Yes
- No
- Do not know / Info not available

a. If YES to Q27, please describe a maximum of three such efforts.

b. Please provide the public web address for your business that is devoted to LGBT recruitment.

http://\_\_\_\_\_

c. If this effort had a tracked recruiting component, how many candidates were formally interviewed as a result?

- #
- Do not know/ info not available

SAMPLE

31. Does your business seek out certified **LGBT-owned businesses** as part of a supplier diversity program? **2012**

- Yes, we do
- No, we do not, but plan to in the next one year
- No, we do not
- Do not know / not applicable

a. If YES to Q31, please indicate how you have engaged LGBT suppliers in the past year. **2012**

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

- Yes, we do
- No, we do not, but plan to in the next one year
- No, we do not
- Do not know / not applicable

SAMPLE

33. During the past year, has your business publicly **supported LGBT equality under the law** through local, state or federal legislation or initiatives (e.g.: made statement or communicated in favor of LGBT legislation or opposed legislation that would limit the rights of LGBT people)? **2012**

- Yes
- No
- Do not know / Info not available

a. If YES to Q24, please describe a maximum of three such efforts.

#1 First Effort

Name of campaign, organization or event

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Location of effort (leave state blank, if national):

\_\_\_\_\_, United States

#2 Second Effort

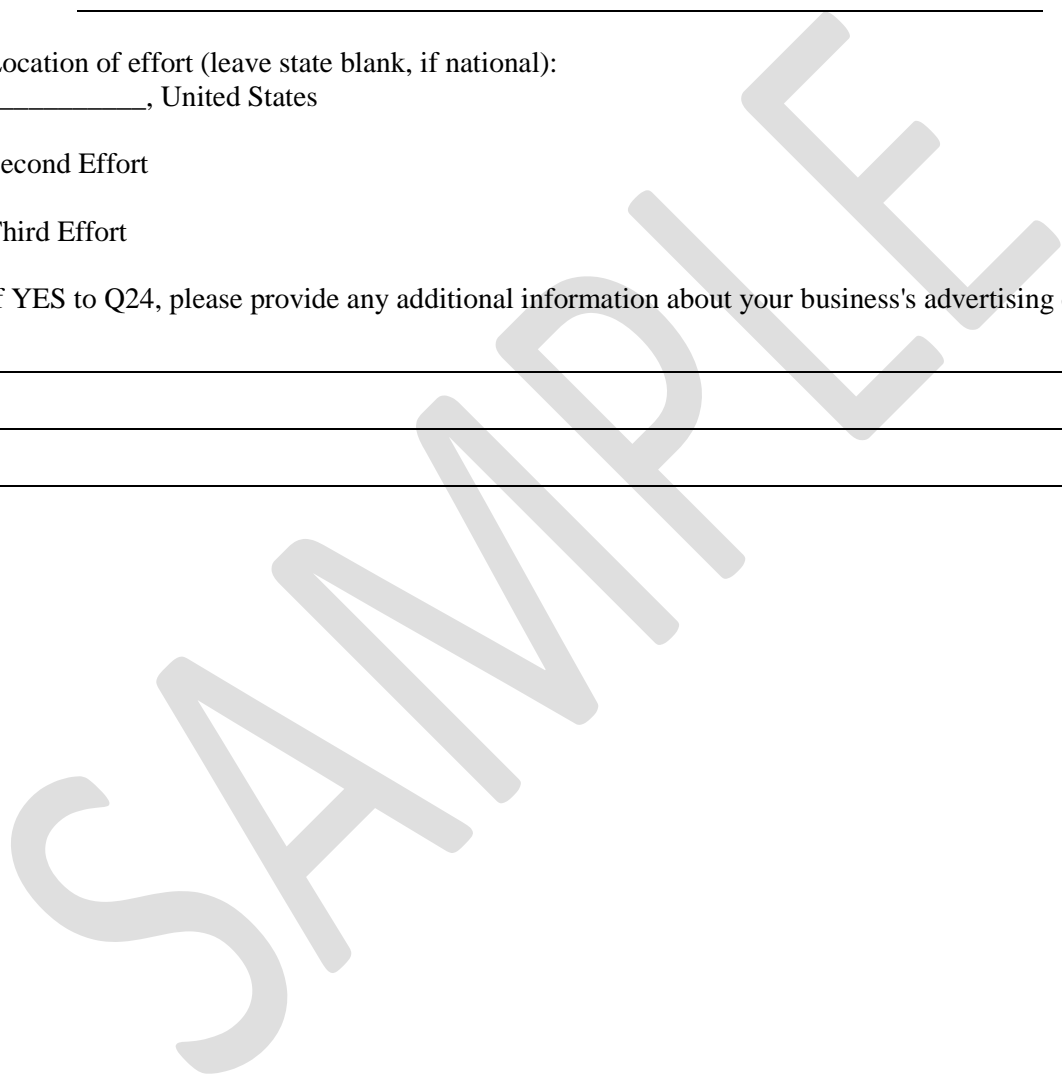
#3 Third Effort

b. If YES to Q24, please provide any additional information about your business's advertising campaigns.

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## International Operations

34. Does your business have operations outside the United States?

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

a. If YES to Q34, does your non-discrimination policy apply to all global operations, including non-U.S. citizens based abroad?

- Yes
  - 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
- 

b. If YES to Q34, does your business offer partner benefits to employees in all global operations where spousal benefits are offered?

- Yes
  - 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
- 

c. If YES to Q34, are there established chapters of your employee resource group in your global operations?

- Yes
  - 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
- 

d. If YES to Q34, is there a formal opportunity for LGBT employees based outside of the U.S. to participate in your employee resource group?

- Yes
  - 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
- 

e. If YES to Q34, is there a formal opportunity for LGBT employees based outside of the U.S. to participate in your employee resource group?

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35. Does your business have U.S. employees based outside the United States?

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

a. If YES to Q35, does your business' U.S. non-discrimination policy apply to U.S. employees based in other countries?

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

b. If YES to Q35, do your relocation policies and practices take a country's laws and environment with respect to sexual orientation, gender identity and sexual conduct into consideration when determining whether to assign an employee to a particular country?

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

c. If YES to Q35, are your relocation partners or vendors notified of and expected to comply with your non-discrimination policy?

- Yes
  - No, but plan in the next one year
  - No
  - Do not know
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## Additional Information

36. Please include any other information that would illustrate how your business views lesbian, gay, bisexual or transgender employees, consumers or investors.

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37. Do you plan to apply for the Award for Workplace Equality Innovation 2010?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Do not know

38. If you have any additional information or supporting documents you would like to submit, please include it in a Microsoft Word (.doc) or Adobe Acrobat (.pdf) file and attach a copy of the file here.