



# Equal Benefits Compliance Worksheet

This Form is only required to be submitted when the firm requests alternate compliance or is Non-Compliant.

Firm :	<input type="text"/>	Email:	<input type="text"/>	Solicitation# :	<input type="text"/>
Contact Person:	<input type="text"/>	Phone:	<input type="text"/>	Contract#:	<input type="text"/>

## 1. Employee Information

- a. If you DO NOT have any employees or have no US Employees, Equal Benefit requirement does not apply.
- b. If there are employees, are they Union, Non-Union, OR both?
  - ▶ If "Non-Union", go to question 3
  - ▶ If "Union", go to question 4
  - ▶ If "Both" complete questions 3 and 4.

## 2. Benefits Available For Employees, Spouses and Domestic Partners ("DP")/Legally Domiciled Members of Household ("LDMH").

Indicate which benefits are made available below:

Check "Yes" for any benefit that is available, paid for or not

Check "No" if not available

Available might mean a death benefit for Pension (joint annuity) or Disability can be paid to DP and/or LDMH. Bereavement leave policies must be equal for DP and/or LDMH. Family leave must include an employee's DP, LDMH and their dependents. If moving expenses/relocation increases when including a spouse, they must also increase for DP and LDMH.

If selections made for Spouses, DP, and LDMH columns match, then your firm is in compliance with King County Equal Benefits for employees,

**OR:**

If selections made for Spouses, DP, and LDMH columns DO NOT match, review Options on Page 3, Equal Benefits Non Compliance to see if you qualify for alternate compliance.

For all other Contract compliance inquiries, contact King County Procurement and Payables Section at 206-263-9400.

**3. Benefits Available For Non-Union Employees, their Spouses and/or DP/LDMH**

**These Columns Must Match**

Employee Benefit	Employees	Spouses	DP/LDMH
Health Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension/Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bereavement Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relocation (Moving Expenses)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Travel (not mileage)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Member Discounts, facilities, events	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**4. Benefits Available For Union Employees, their Spouses and/or DP/LDMH**

**These Columns Must Match**

Employee Benefit	Employees	Spouses	DP/LDMH
Health Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vision Care	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pension/Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bereavement Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Leave	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Relocation (Moving Expenses)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Travel (not mileage)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Member Discounts, facilities, events	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Union benefits may be controlled by a trust, and the eligibility of DP and LDMH may be restricted by a Union Trust Administrator. See page 3 for instructions on seeking alternate compliance from King County.

## Equal Benefits Non Compliance



Department of Executive Services  
Finance and Business Operations Division  
**Procurement and Payables Section**  
Chinook Building, CNK-ES-0340  
401 Fifth Avenue, 3rd Floor, Seattle, WA 98104  
206-263-9400 TTY Relay: 711 Fax: 206-296-7676

Complete this form if your firm does not comply with Equal Benefit Ordinance 14823, is seeking to delay implementation of Equal Benefits, or utilize alternate compliance.

I, \_\_\_\_\_ on behalf of \_\_\_\_\_  
(Name) (Contractor Name)

Choose one of the blocks below.

- Seeking authorization from King County Procurement and Payables Section to delay implementation of equal benefits due to a Collective Bargaining Agreement, Open Enrollment, or internal Administrative steps. (Attach - Equal Benefits Substantial Compliance Authorization Form).
- Seeking authorization from King County Procurement and Payables Section to comply via a cash equivalent. (Attach - Equal Benefits Substantial Compliance Authorization Form).

### Instructions for alternate or delayed compliance:

The firm must complete and return an Equal Benefits Substantial Compliance Authorization Form and accompanying letter(s) to the Buyer or Contract Specialist as an attachment to this Declaration. The Substantial Compliance Authorization Form and sample Union Trust Letter are available at <https://kingcounty.gov/procurement/forms.aspx>.

- Statement of Noncompliance  
Contractor does not comply and does not intend to comply with the above referenced Ordinance