Employee Insured Benefits

Benchmarking study 2012

Empower Results

Contents

Executive summary

Many Australian organisations struggle to get the most from their employee benefit spend and need to bring benefits more squarely into the talent attraction and retention conversation.

Aon Hewitt's research into employee insured benefits presents a unique insight into the benefits provided by organisations, their quantum and, in particular, the level of subsidy. This is the first survey to delve into such detail, providing our clients with meaningful data to understand how their insured employee benefits compare in the market.

Employee insured benefits often represent a significant spend for organisations and it's important that organisations have a well structured strategy. Our research showed that significant program knowledge gaps exist, we therefore urge organisations to:

- **understand your entire employee benefits program** – have you identified all the benefits that are being provided?
- **understand what your employees want and need** – when was the last time you asked them?
- **understand how well you communicate the benefits on offer** – do your employees know what you provide and the value this represents?
- **understand what your peers are doing** – is your employee benefit value proposition actually making a difference?

Answering these questions will allow organisations to start forming truly effective employee benefit programs and gain maximum value from employee benefit spend.

Superannuation

Definition

Superannuation is a legislated benefit with employers currently required to pay 9% of employees' ordinary time earnings (OTE) into a complying superannuation fund – the superannuation guarantee (SG).

It's a retirement savings mechanism that locks up a proportion of employees' current income until they reach preservation age ie the age at which superannuation can be accessed, usually between 55 and 60.

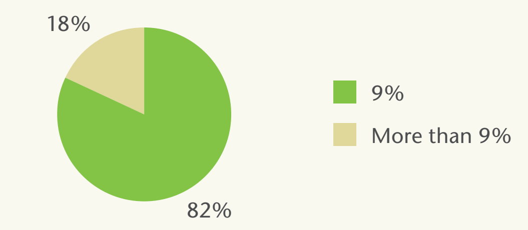
Most superannuation funds also offer death and total and permanent disablement (TPD) insurance to their members, and some also offer salary continuance insurance.

The facts

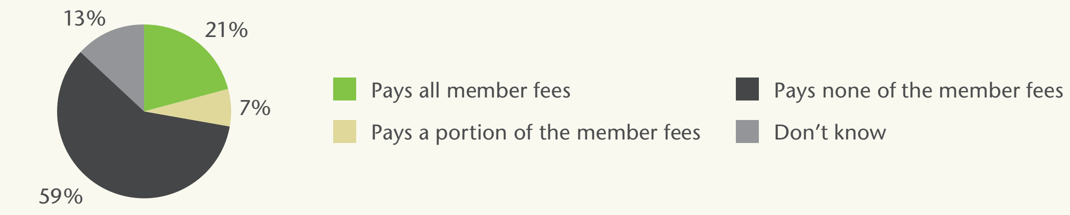
- About one third of organisations (35%) differentiate superannuation benefits by employee type.
- Nearly one in five organisations (18%) pay superannuation above the minimum 9% required.
- Almost two thirds (64%) pay superannuation on salaries above the maximum salary base on which the superannuation guarantee must be paid.
- One in five organisations (21%) pay all the member fees for their default superannuation fund, a few (7%) pay part of the cost.
- Nearly all organisations (95%) allow employees to make additional pre-tax contributions to their superannuation.
- About one tenth of organisations (9%) match employees' voluntary contributions, this is usually to a set maximum amount.

Payment of SG on salaries above the maximum salary base is more prevalent than expected which is concerning given the recent reduction in concessional caps.

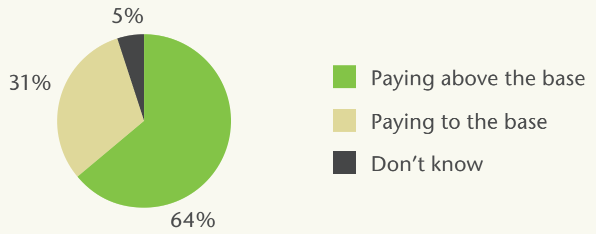
Organisations' standard superannuation contribution rate



Employers' contribution to member fees for default superannuation fund



Organisations paying the 9% SG on salaries above the maximum salary base



Key findings

Superannuation is a major cost for employers

Superannuation is one of the most costly and highly regulated components of an employee benefits package. It must meet a range of requirements including legislated contribution rates based on a prescribed salary definition. The upcoming Stronger Super reforms are the most significant reforms to superannuation since the introduction of the SG 20 years ago. Coupled with the increase in the SG rate from 1 July 2013, the impact on employers will range from increasing contribution reporting requirements (from 1 July 2012) to undertaking a review of arrangements to comply with MySuper.

Employers can make a difference

Employers often have a 'set and forget' attitude to their superannuation arrangements even though it's a major component of an employee benefits package. By engaging with their superannuation funds, employers can enhance the benefits their default fund provides to their employees in areas such as fees and education. In addition, some employers may be able to negotiate further benefits for their employees, such as improved insurance.

Contributions are no longer an easy way to differentiate

Superannuation legislation has imposed limits on the amount of total concessional contributions that can be paid for an employee and these caps have reduced over the past few years. Nearly one in five organisations (18%) provide their employees with a higher rate of superannuation contributions than legislated and some pay the fees and/or insurance premiums on behalf of their employees. These contributions by an employer are included as a pre-tax superannuation contribution for the employee. Employers should review and amend (if required) their current policies and practices to identify where employees risk breaching pre-tax contribution limits. To assist their higher earning employees, employers might also consider offering them remuneration planning services.

Differentiate through education and advice

Over the past few years, superannuation funds have developed their educational material in order to differentiate themselves. Tailored and easy to understand materials can benefit all members and assist them with superannuation and retirement decisions across all stages of their lives. Employers should be working with their default fund to provide access to advice and leading educational materials that help them differentiate and demonstrate the value offered to employees.

Aon Hewitt insight

While superannuation is a legislated benefit there is a certain amount of flexibility for employers to enhance the value to employees and differentiate their offering through:

- fee structures
- educational materials and access to advice
- ability for employees to make additional contributions
- contributions to member fees and insurance premiums.

Death, TPD, and personal accident insurance

Definition

Death and total and permanent disablement (TPD) insurance provides a lump sum payment in the event of a person's death, terminal illness or total disablement that makes them unlikely to ever work again. It's most commonly available as a combined policy but death cover (and very occasionally TPD cover) may be taken out separately.

Death and TPD insurance is frequently included as part of an individual's superannuation fund but can also be offered outside superannuation. This cover is generally provided via a group life policy which has a number of member benefits including:

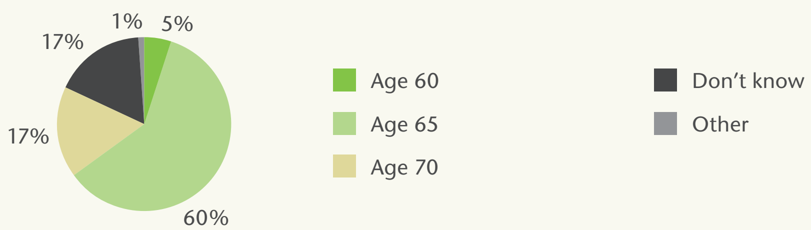
- automatic cover without the need for medical evidence
- guaranteed renewal contracts
- lower premiums.

Sometimes the cover is provided via a personal accident (PA) policy which is similar to a life policy but is not guaranteed to be renewable, usually has more benefit exclusions and only pays a benefit if death or disablement occurs as a result of an accident.

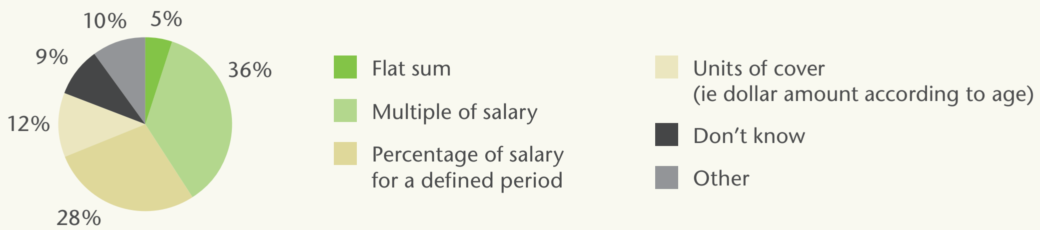
The facts

- Seven out of ten organisations offer both death and TPD insurance.
- Almost eight out of ten organisations (78%) offer death and TPD insurance through the default superannuation fund.
- Half of organisations pay the total cost of death and TPD cover for employees, 6% share the cost with the employee and in 39% of organisations the employee pays all the cost.
- Six in ten organisations' death cover ceases at age 65, only 17% extend cover to age 70.
- In two thirds of organisations (67%) TPD cover ceases at age 65, just 8% extend cover to age 70.
- Eight out of ten organisations allow employees to alter the amount of death and TPD cover they have.
- The level of death cover is most commonly calculated as a multiple of salary (36%) or a percentage of salary for a defined period (28%).
- The most common ways to calculate the level of TPD cover are as a percentage of salary for a defined period (33%) or a multiple of salary (30%).
- Nearly one in five organisations (18%) offer PA insurance to some, or all, of their employees.
- When PA insurance is offered, the organisation usually (72%) pays the total cost.

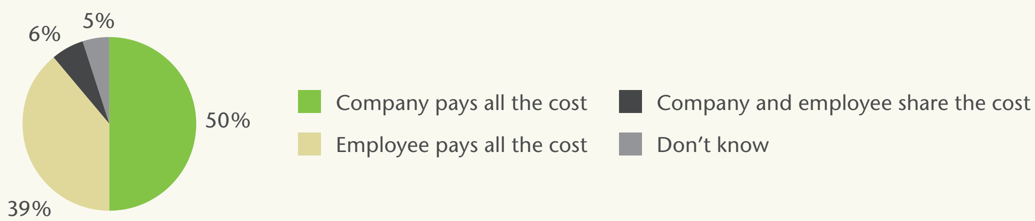
Age death cover ceases



How death cover is calculated



Premium payment for the default death/TPD cover



Key findings

Communicate the benefits

While half of organisations pay the total cost of death and TPD cover for their employees, few communicate this to their employees who are often not aware of the financial value of this benefit. Greater promotion of such benefits could help in the retention and attraction of talent.

Don't underinsure

It's generally recognised that there is a high level of underinsurance in Australia. Superannuation trustees have been leading the way in recent years by improving the insurance benefits offered through their funds. There is also an opportunity for many employers to improve the benefits available to their employees by increasing default cover levels and voluntary options.

Insure the ageing workforce

People are living and working longer, with about 400,000 people aged 65 or over currently employed in Australia. With the age pension eligibility age set to increase to 67, and numerous policy and financial factors resulting in people staying in the workforce longer, death and TPD cover for older workers will become increasingly important.

We are only just starting to see a small increase in the age at which death and TPD cover ceases with some policies now offering cover up to age 70. The lack of cover for older workers could be a partial disincentive for people staying in the workforce longer. It could also raise concerns about whether it is a form of discrimination against older workers. This tends not to be an issue for PA policies where cover is generally provided to age 75 with the option to extend cover to age 80.

Organisations should therefore consider extending the age at which cover ceases to ensure all their employees are provided with some cover.

Consider TPD definition

There are several different ways of defining TPD in insurance policies. Proposed legislation will limit the definitions that can be applied when the TPD cover is provided within superannuation. Currently TPD benefits can be payable when a person is unable to ever perform their own occupation again. It is proposed that this definition of eligibility criteria no longer be acceptable for TPD cover within superannuation. A person would only be eligible if they could no longer perform a similar occupation appropriate to their skills and experience. In the case of specialised occupations, professions and senior management, the narrower eligibility criteria can be particularly beneficial and employers will likely be in the best position to provide these benefits.

Aon Hewitt insight

While death and TPD insurance is usually offered through an employee's superannuation fund, many organisations contribute to the cost of this cover. As it can be a significant value-add employee benefit, employers have a role to play in ensuring that the default cover provided to their employees is set at an appropriate level. Employers should also consider whether to provide some of the cover outside the default superannuation fund.

Salary continuance insurance

Definition

Salary continuance insurance, sometimes referred to as income protection insurance, provides employees with an income while they are unable to work (either fully or in a reduced capacity) due to illness or injury. Cover varies in length, from short defined periods (eg two years), to cover up to a certain age (usually age 65).

As with death and TPD cover, this insurance can be provided within a superannuation fund, however, many employers provide their employees with cover via an employer-owned policy. Compared to individual policies, these group salary continuance policies offer the advantage of fewer medical underwriting requirements, guaranteed renewable contracts and lower premiums.

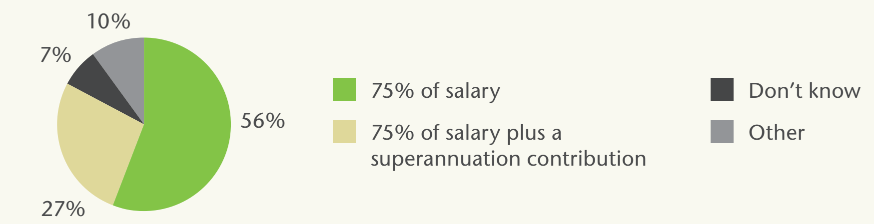
Sometimes similar benefits are provided using group personal accident and sickness policies which have more exclusions and are not guaranteed to be renewable. However, these policies often provide cover for a wider range of occupations and offer a shorter waiting period for benefit payout.

The facts

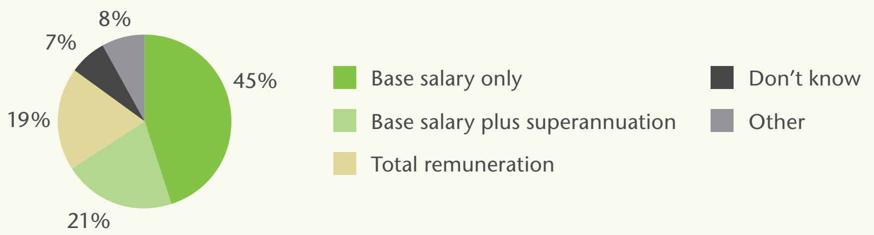
- Over half of organisations (55%) offer salary continuance insurance to employees with a further 23% offering it to some of their employees.
- Three quarters of organisations (75%) pay the total cost of salary continuance insurance; in 14% of cases the employee pays the total cost.
- 55% of organisations offer salary continuance insurance through a standalone policy, 32% through their default superannuation fund, and 7% offer the cover through both.
- Only 13% of organisations differentiate salary continuance insurance by employee type/category.
- When offered, the level of cover is usually set at 75% of salary (56% of organisations).
- When calculating the cover, salary is most commonly defined as base salary only (45%).
- 35% of organisations insure benefits payable through to age 65.
- The most common waiting period before payment of a claim is 90 days (49%) with 27% of organisations having waiting periods of 30 or 60 days.

Not having salary continuance insurance is like driving without car insurance.

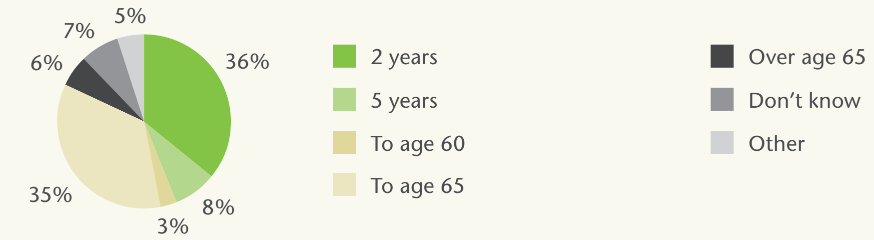
Level of salary continuance benefit provided



How salary is defined when determining cover



Benefit payment period



Key findings

Provide value

When an employee is unable to work due to injury or illness, most need a continuing income to cover their ongoing living expenses. Once sick leave has run out, many employees may not have access to any other ongoing income; salary continuance insurance benefits can meet this important need. Employers are well placed to obtain cover at lower rates than insurance purchased by individuals and benefits can be tailored to meet the needs of the workforce. Additionally, when covered under an employer-owned policy, individuals generally don't need to be medically assessed and aren't restricted by their occupation or lifestyle choices.

Use salary continuance to differentiate

Aon Hewitt's research found that smaller organisations work harder to differentiate. Smaller organisations were more likely to pay salary continuance premiums, provide benefits for a longer period and/or offer a higher percentage of cover. These enhanced salary continuance benefits can assist these organisations to differentiate themselves against larger, more renowned employers in the bid to secure top talent.

Communicate the benefits

Whilst three quarters of organisations pay the total cost of salary continuance cover, many organisations do not communicate this benefit clearly to their employees. As a result, employees may not be aware that the benefit exists or value the contribution made by their employer. Greater promotion of such benefits could help in the attraction and retention of talent.

Insure the ageing workforce

There are an increasing number of Australians working past the age of 65, however most salary continuance policies only provide cover for employees up to age 65. These workers will often require income up to the age they plan to retire and, if they are unable to work due to injury or illness, will require an alternative source of income. Whilst it is not always possible to obtain the same level of cover for older employees, insurers are starting to introduce some extended cover options. Employers should consider this group of employees and the options available when assessing their group salary continuance plans.

Aon Hewitt insight

Salary continuance insurance is seen by organisations as an important employee benefit, however, awareness amongst employees is often low and the benefit undervalued. If offered, employers need to communicate the true value of this insurance to the workforce. For most employers, it is possible to provide cover for less than 1% of salary and employees won't need to provide medical evidence.

Private health insurance

Definition

In Australia, Medicare provides universal health insurance for all citizens and permanent residents. People can also take out private health insurance to give them more health benefit options and to cover items that aren't covered by Medicare.

There are two types of private health insurance; hospital policies that cover services in a hospital and general treatment policies (sometimes known as ancillary or extras) that cover treatments such as dental, optical, physiotherapy and chiropractic. Most health funds offer separate or combined policies.

There is a Private Health Insurance Rebate provided by the government to encourage people to have private health insurance. Prior to 1 July 2012 the rebate offered at least 30% off the cost of insurance, thereafter means testing applies.

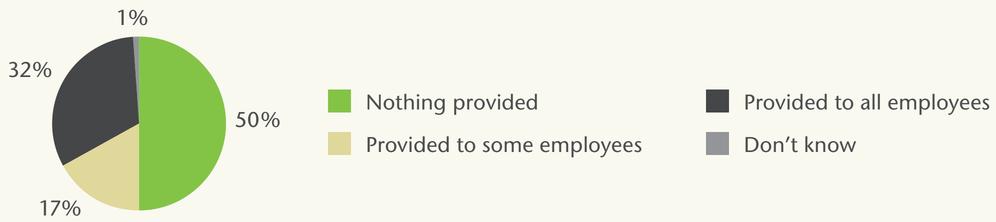
The federal government strongly encourages membership of private hospital insurance cover through regulatory initiatives such as Lifetime Health Cover (LHC) and the Medicare Levy Surcharge (MLS).

The facts

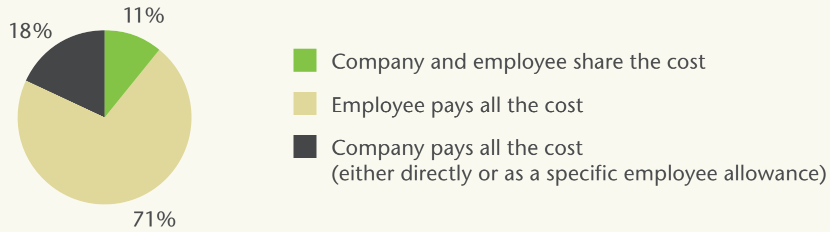
- Half of organisations do not provide any form of private health insurance cover or preferred purchasing arrangements for their employees.
- Almost one third (32%) of organisations provide private health insurance cover or a preferred purchasing arrangement to **all** employees.
- A further 17% of organisations provide it to **some** employees.
- About one in five of those organisations that provide private health insurance cover (18%) cover the total cost of an employee’s private health insurance with a further 11% paying some of the cost.

Subsidisation of private health insurance by an organisation can be a critical attraction and retention tool.

Number of organisations providing health insurance cover or preferred purchasing arrangements to employees



How corporate health insurance is paid



Key findings

Offer enhanced benefits for employees

Aon Hewitt's employee engagement surveys consistently show that corporate health programs rank as one of the most in-demand employee benefits. There are several reasons for this:

- cost of benefit
- perceived complexity of purchase
- compliance with regulatory imposts such as LHC & MLS
- intrinsic emotional value.

Employers can utilise these benefits to differentiate talent attraction and retention strategies. Currently, health funds are able to offer corporate clients a maximum discount of 12% on the registered price of their products. Typically, this maximum level of discount would apply in circumstances where the employer funds part or the entire contribution rate.

Engender employee engagement

Employer subsidy of corporate health programs is a popular employee benefit and positively differentiates the employment brand in those labour markets where there is a scarcity of talent. It provides employees with:

- comprehensive reimbursement of both essential (hospital) and discretionary (extras) health care expenditure
- access to essential medical treatment on a priority basis
- compliance with relevant regulatory provisions.

Where it is offered as a voluntary benefit, it provides:

- a cost effective and efficient means of providing employees with a health benefits program that is superior in value to the retail market
- access to product features and benefits not available at a retail level
- discounted contribution rates.

Aon Hewitt insight

Providing employees with a robust, subsidised corporate health program engenders a strong level of employee engagement that can support talent management, retention and attraction strategies.

Expatriate medical insurance

Definition

Expatriate medical insurance covers the medical costs of Australian citizens or permanent residents who are living and working overseas.

The insurance typically covers hospital services and accommodation, GP visits, medical tests and ancillary services. Emergency evacuation and repatriation of mortal remains are also covered.

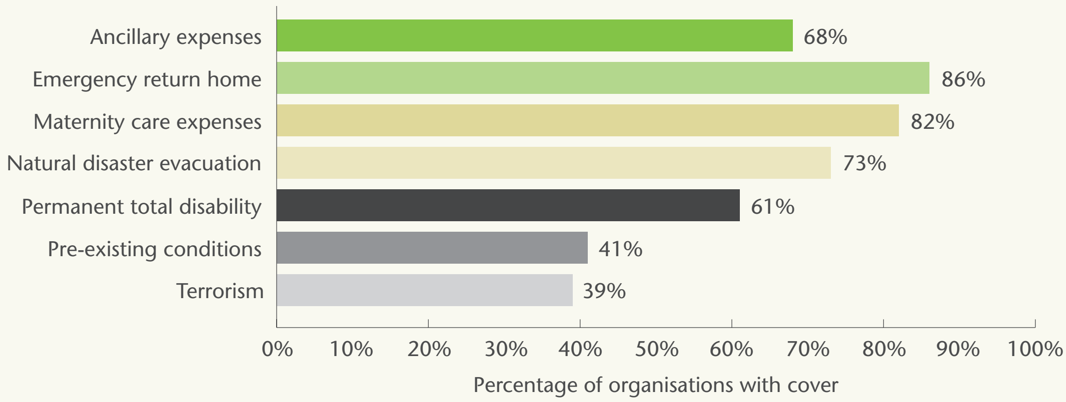
Organisations may provide cover for their employees, spouses and families.

The facts

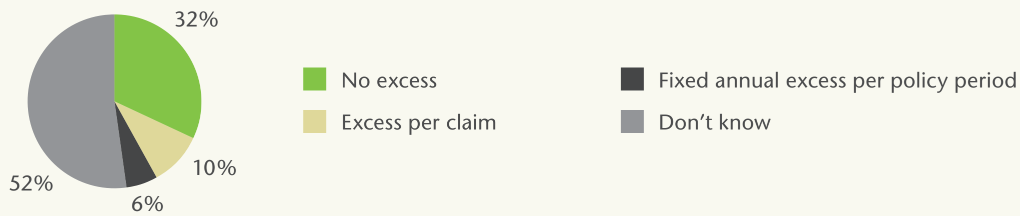
- The most common expatriate destinations are Asia Pacific (38%), UK and Europe (31%) and the USA (19%).
- In 70% of organisations expatriates are automatically covered by their organisation's policy but in 25% employees have to apply for cover and be underwritten by the insurer.
- Less than 40% of organisations have full war and terrorism cover included in their expatriate medical policy.
- Two thirds of organisations (67%) provide cover for expatriate employees whilst they're on leave in Australia.
- While many don't know the excess conditions that apply to their organisation's policy, of those that do, two thirds have a no excess policy.
- Eight out of ten policies extend medical insurance to the employee's spouse and dependants.
- Two thirds of organisations (67%) have an insurance plan which has worldwide coverage; this leaves a third of organisations (33%) with country exclusions or uncertainty regarding geographical coverage.

As medical costs continue to rise across the globe, it's important to ensure your expatriate medical program is optimally structured.

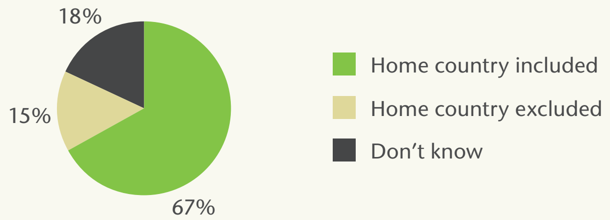
Benefits covered under expatriate medical policies



Excess conditions which apply under expatriate medical policies



Inclusion of cover for medical expenses in employees' home country



Key findings

Relocating an employee can be a costly process so organisations should strive to make every assignment successful. Providing expatriates, their spouses and dependent children with comprehensive medical insurance can be one factor to help attract employees to work overseas and adjust to local conditions. Access to timely and quality medical care is not only an employee benefit, it ensures the employee can recover from any illness or injury as quickly as possible and continue their assignment.

Adopt a clear strategy to reduce costs

The provision of medical insurance can be expensive, especially with global medical costs continuing to rise. There is a clear opportunity for organisations to better structure their policies so that they optimise the value and minimise the total cost. One way to control claims and premium costs is to carefully choose the appropriate excess level. Our survey results show that many organisations have no excess and therefore pay higher premiums. We also recommend organisations regularly review their claims experience in detail to understand the most appropriate ways to modify employee behaviour and adjust benefit provisions to ensure long-term cost sustainability.

Know your policy

Organisations should ensure they understand any restrictions that apply to their cover and manage the risk or remove the exposure. While many organisations seek to provide generous medical insurance benefits to their expatriates, our research indicates that many are unclear about the specific features and benefits provided under their policies. We urge organisations to ensure they fully understand the levels of benefits within their policies and any restrictions and exclusions that apply. This will allow them to align the medical insurance with the needs of the business and their expatriate employees.

Think beyond the assignment

One aspect of expatriate medical insurance that's often overlooked is how the cover applies when an expatriate returns to Australia either temporarily or permanently. About two thirds of organisations (67%) provide continued cover for employees when they return to Australia on temporary leave. However, few organisations appear to provide any facility for expatriates to re-enter the private health insurance system when permanently returning to Australia. It is important that a re-entry strategy is in place to ensure employees and their families have continuity of cover and preservation of their benefits when their assignment finishes.

Aon Hewitt insight

Organisations need to find the right balance between a comprehensive but costly expatriate medical insurance policy and a more cost sustainable policy which still meets both their needs and those of their expatriate employees.

457 visa holder medical insurance

Definition

The 457 visa is the most commonly used program for organisations to sponsor foreigners to work in Australia on a temporary basis. It allows employment for any period between one day and four years and allows spouses and/or dependants (also known as secondary applicants) into Australia to work and/or study.

Legislation and requirements for 457 visas have changed in the last three years. For 457 visas granted before 14 September 2009, sponsoring organisations are liable for the health costs of the primary visa applicant but not for secondary applicants. For visas granted on or after 14 September 2009, employees are responsible for their health costs and those of any secondary applicants. Visa applicants must show they have made arrangements for adequate health insurance for the duration of their stay in Australia.

Employer sponsors who choose to pay a 457 visa holder's medical insurance should understand the available medical insurance options.

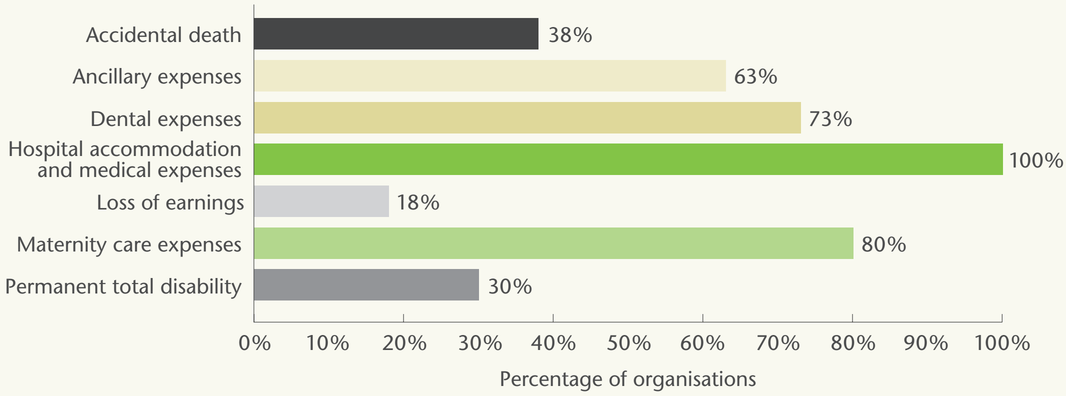
The facts

- Five in every six organisations (83%) employ 457 visa holders.
- Of those, 76% have up to fifty 457 visa holders.
- 61% of organisations classify their 457 visa holders as locally engaged staff and 24% classify them as internationally deployed assignees.
- 38% of organisations with 457 visa holders provide medical insurance for them.
- 77% of organisations providing medical insurance extend the cover to the employee's spouse and dependent children.
- Medical insurance for 457 visa holders is mostly provided by Australian registered health funds (68%).
- Some policies also cover 457 visa holders when on leave in their home country.

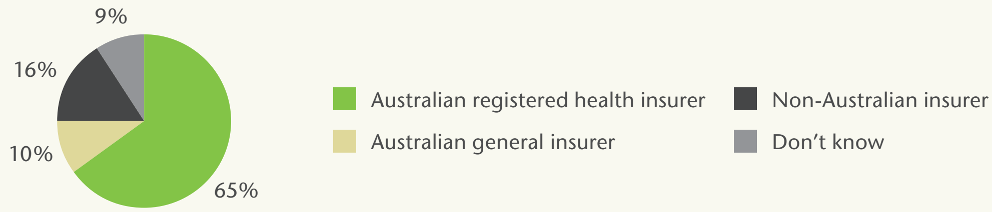
Payment of medical insurance is a key consideration for organisations when employing 457 visa holders.

Number of 457 visa holders within an organisation

Events covered by organisations' medical insurance policies for 457 visa holders



Type of insurer used



The insights

Consider the funding options

Although many organisations employ 457 visa holders, less than half organise their medical insurance. This can result in inconsistent coverage and benefit packages for employees. Whilst the legislation changed in September 2009 to allow employers to shift the funding obligation for medical insurance to the visa holders, this may be an unwise strategy for organisations to follow. Organisations that continue to fund medical insurance tell Aon Hewitt that it remains an effective way to attract workers to Australia. This is particularly applicable in industries which are facing a local skills shortage.

Offer choice

The minimum levels of cover for 457 visa holders are stipulated by the government. Beyond this, organisations have the freedom to design a benefit plan which meets both their and their employees' specific needs. In our experience those organisations that are building in flexibility and an element of choice into their programs are achieving greater employee engagement and reward on their benefit spend.

Choose the right insurer

Organisations need to carefully consider the type of insurer selected to provide medical cover for non-resident employees. Our survey reveals 65% of organisations use an Australian registered health fund, whilst 16% use an overseas insurance company and only 10% insure with an Australian general insurer. Important considerations when making this decision include, for example, cost, direct billing arrangements, flexibility in benefit design, international capabilities and use of technology. It's important that organisations weigh up all these factors and choose the most appropriate insurance provider to meet the needs of both the organisation and its employees.

Aon Hewitt insight

Organisations should carefully consider their overall strategy on providing medical insurance to 457 visa holders, in particular whether they fund the cover and the benefit design. Ultimately, their policy for 457 visa holders should be aligned with their broader employee benefits strategy.

Business travel insurance

Definition

Many organisations require their employees to travel regularly as part of their employment. Business travel insurance policies are used to manage the associated risks of travel.

This insurance provides medical and emergency assistance cover for employees and their eligible dependants whilst undertaking business travel. It usually includes cover for loss of baggage, money and travel documents; loss of deposits and cancellation expenses; kidnap and ransom; personal liability and personal accident and sickness.

The facts

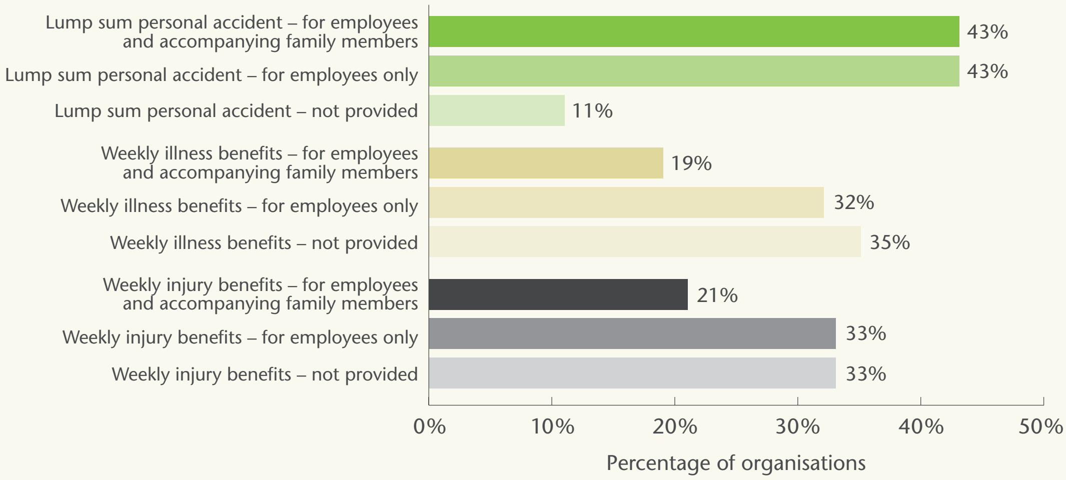
- The majority (77%) of organisations provide business travel insurance.
- 88% of organisations cover all travel globally, 9% have a policy that covers travel originating in Australia only.
- The majority of travel is within Australia; however there is a reasonable amount of overseas travel.
- Almost half of organisations (47%) don't know their limit applying to medical expenses. Of those who do know, the majority provide unlimited cover.
- Over half (54%) don't know the excess applying to their business travel policy and are also unclear on cover limits.
- Where known, just under one third of organisations have a policy with no excess, only 5% have an excess of $500 or more.
- Just over 60% of organisations' business travel insurance policies include personal accident cover.

While business travel insurance is common, the uncertainty around policy conditions and limits is concerning.

Limit of medical expenses under business travel insurance policies

Excess applied to business travel insurance policies

Benefits covered by business travel insurance policies



Key findings

Know your policy

The survey results clearly show that the details of organisations' business travel insurance policy limits are not widely known. This is a concern given the importance of this cover for business travellers.

Understand your travel risks

It is important to understand what risks are faced by an organisation when employees are travelling for business. The risks are varied and may be physical, cultural, geographical, political or environmental. Aon Hewitt's experience has demonstrated that conducting regular reviews of the travel risks of an organisation is a critical step towards achieving a successful program.

Match cover to risks

Travel insurance policies cover domestic travel within Australia as well as trips to most overseas locations for periods generally ranging from 90 to 180 days. Organisations should review their policies and identify any gaps or deficiencies, in addition to assessing the sufficiency of policy limits and inclusions.

Demonstrate duty of care

Each organisation has a responsibility to demonstrate diligence in meeting their ongoing duty of care towards employees who travel for business. Providing travel cover such as emergency medical evacuation, kidnap and ransom, political risk and natural disaster evacuation is critical to fully safeguard travelling employees. Worryingly, Aon Hewitt's survey indicated that less than half of employers were aware of what cover they had in place for these events. We recommend that organisations review their emergency assistance and security provisions within the travel insurance policy to assess their ongoing suitability.

Aon Hewitt insight

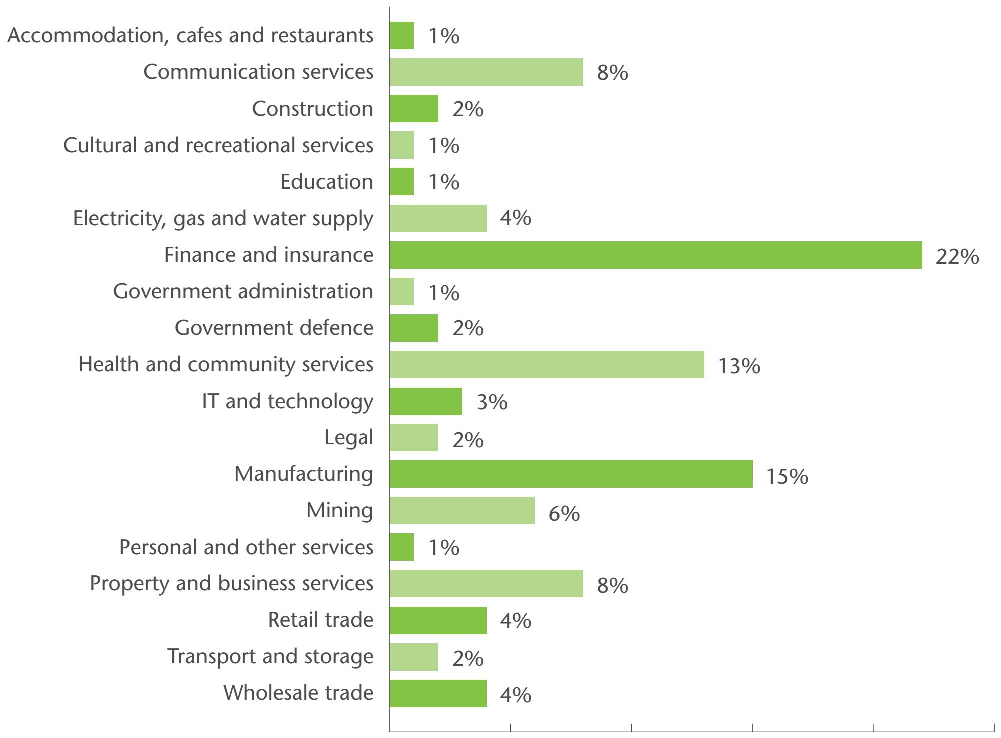
Travel insurance is primarily used to mitigate risk by employers but it is clear that organisations can achieve better outcomes when the cover is fully understood and considered as part of a broader employee benefits program.

About the survey

In 2011, Aon Hewitt conducted its first employee insured benefit survey. This survey will form the base data for trend analysis and benchmarking data on employee benefits and insurances in following years.

Over 200 HR, remuneration and benefits, and risk professionals within Australia provided information on the employee benefits offered within their organisations. The respondents were from 153 companies, covering 19 industry groups across Australia.

Industry participation



Survey participants

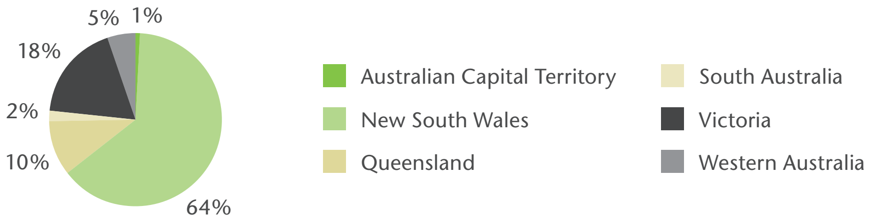
AAM Pty Ltd
Abbott Australasia Pty Ltd
Abigroup
Accenture
ACE Insurance Limited
Alphawest
Aon
Asthma Foundation NSW
AstraZeneca
Ausenco
Australand
Australia Pacific Technical College
Australian Central Savings & Loans
Australian Home Care
Beca Pty Ltd
Bendigo and Adelaide Bank
Biota Holdings Limited
BMC Software
BNP Paribas
BOC Limited
Boeing Defence Australia
Boston Scientific
Caltex Australia Limited
Campbell Arnotts
CEA Technologies
Challenger
CITEC
Coates Hire
Cochlear Ltd
Collection House
Colonial First State Global Asset Management
Coloplast Pty Ltd
Compass Group Australia Pty Limited
Compassion Australia
CSL Limited – CSL Biotherapies
Curam Software Ltd
Daiwa Capital Markets Australia Limited
Downer EDI Mining
Ecolab Pty Ltd
Environmental Resources Management Australia Pty Ltd
Epic Energy
Epson Australia
Ernst & Young
Experian
Extend Technologies
Financial Horizons
Flowserve Corporation
General Reinsurance Australia Ltd
Genworth Financial
Givaudan
Goldman Sachs & Partners Australia
Halliburton
HBF Health Limited
Healthways Australia
Heinz Australia
Hettich Australia
Honeywell Limited
HSBC Bank Australia Limited
Hudson Global Resources
IBM
Infosys Technologies Australia Pty Ltd
ING Direct
Insight Pty Ltd
Insurance Australia Group
Integrated Research Ltd
Interactive
International SOS
Investa Property Group
Johnson & Johnson Medical
Jones Lang LaSalle
Joy Manufacturing Co Pty Limited

Survey participants

Klohn Crippen Berger	Rigby Cooke Lawyers
Konica Minolta	RSPCA WA (Inc)
Liberty	Russell Investments
LIFP Consultants Pty Ltd	Salmat
Liquidnet	Santos
Lutheran Community Care	Savills
Lycopodium	SCEC
Macquarie Telecom	Schenck Process Australia
Mallesons Stephen Jaques	Schneider Electric Australia
Mediterranean Shipping Company Australia Pty Ltd	SEEK
Merck Serono Australia	Serco Asia Pacific
Minter Ellison	Singtel Optus Pty Ltd
Mintrex Consulting Division of Holtfreters Pty Ltd	SKM
Mission Australia	State Street Australia Ltd
MTU Detroit Diesel Australia	State Super Financial Services
Nikon Australia	Suncorp Group
Northcott Disability Services	Sussan Corporation
Novartis Animal Health	Swiss Reinsurance
Nuance Communications	Sydney IVF
Nycomed Pty Ltd	Sydney Water
Oakton	Sylvanvale Foundation
Officeworks	The GPT Group
OSI International Foods	Transurban
Parmalat Australia Ltd	TRUenergy
Paul Hartmann	Unilever Australia
Perpetual Limited	Varian Medical Systems Australasia Pty Ltd
Premier Media Group Pty Ltd	Veolia Environmental Services
Production Services Network	Visa
QR National	Vodafone Hutchison Australia (VHA)
QSuper Limited	Westpac
RACQ	Winchester Australia Limited
Raytheon Australia Pty Ltd	Wipro Technologies
RedBalloon	Woodside Energy Ltd
Remuneration Systems Specialist	Woolworths Limited
ResMed Limited	WorkCoverSA

All states and territories except the Northern Territory and Tasmania were represented, with the majority of respondent organisations based in New South Wales.

State participation



Respondent companies ranged in size with large employers (ie 1,000 or more employees) comprising almost half the responses (40%).

Survey participant size by number of employees

Contact information

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About Aon Hewitt

Part of the Aon Corporation, Aon Hewitt is the global leader in human resource consulting and outsourcing solutions. Our consulting services help leading organisations around the world solve their most important people and HR challenges. We also help individuals achieve financial wellbeing.

In Australia, Aon Hewitt provides consulting services and solutions to clients in the areas of superannuation and retirement, financial advice, workers' compensation, occupational health and safety, workforce risk solutions, employee benefits, talent and employee engagement, remuneration and incentives, total rewards, actuarial services, and mergers and acquisitions.

With more than 29,000 professionals in 90 countries, Aon Hewitt makes the world a better place to work for clients and their employees.

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