

#### WELCOME INSTRUCTIONS

The KBA is pleased to provide you with the 2025 KBA Personnel Survey that is once again available in an electronic format. This survey is produced for your benefit and we continue to use your comments and suggestions to make improvements to the survey. This year we have added one new position and modified another to accommodate bankers' requests.

You will find two links in this email that correspond to Parts 1 and 2 of the survey. Both sections must be completed to qualify for a **FREE** copy of the Results report. There is also a third link for Holding Company information if applicable to your institution.

All KBA members were emailed their bank's confidential identification number a few days ago. To ensure confidentiality of your bank's information, please use your bank's ID number when completing the online survey.

The survey is designed to capture pay and benefits data on all positions at your organization. We are soliciting responses from all member banks and will break down the results by asset size so that those who participate may obtain "difficult to find" local pay data for a variety of positions.

We know this data can be hard to pull together, but that is why our survey is so needed and why the data is not presently readily available elsewhere. If you invest the time to complete the personnel survey, then what you provide, as well as the data your peers furnish, should present you with some truly unique information that not only should prove valuable for your organization's future planning, but complete enough to give you rare insight as to how competitive your pay and benefits package is in your asset size and geographic area.

The personnel survey worksheets/PDF can be found in the *Find Products & Services* section. KBA members are welcome to participate via the paper format by sending your completed worksheets to the KBA office no later than June 2.

To retain a hard copy for your records you will need to print the 2025 KBA Personnel Survey Worksheets included in the email from the KBA. You will need to manually complete the worksheet in conjunction with entering the information on the computer since the electronic version cannot be printed after completion.

We strongly encourage your participation in this year's survey. If you are not responsible for completing the survey in electronic format or paper worksheets, we would appreciate your help in directing this information to the individual in your institution responsible for supplying the information.

All information remains strictly confidential. The KBA ensures that each member bank's information remains confidential.
KBA members who do not submit completed electronic or paper worksheets may purchase the standard report at a cost of \$400 each for a PDF version or \$450 for a paper copy (plus sales tax and shipping).
We would like to thank you in advance for your participation and support of this KBA service. If you have any questions about the survey, please call Selina Parrish at (502) 736-1282 or email sparrish@kybanks.com.



PRIMARY INSTITUTION
* 1. Please enter the assigned bank number issued by the KBA for your institution.  Bank #
The total asset size should be entered as MILLIONS without commas or dollar sign. (ex. \$239,750,242 should be entered as 240 or \$4,321,987,654 should be entered as 4322)
* 2. Total Assets as of December 31, 2024
\$



### ORGANIZATIONAL STRUCTURE

a. Independent Bank	d. One-Bank Holding Company		
b. Member Bank of Multi-Bank Holding Company (out-of-state headquarters)	e. Member Bank of Multi-Bank Holding Company (in-state headquarters)		
c. Savings Institution	f. Branch Bank of Multi-Bank Holding		
2. Is your institution's CEO under contract?			
Yes			
○ No			
3. Number of Employees			
. Total Full-Time Employees (as of 12/31/24)			
o. Total Part-Time Employees (as of 12/31/24)			
I. How many total locations (including main offi	ce and branches) do you have?		



### **HUMAN RESOURCES**

This section covers Employee Benefits, Training, Vacation & Holidays, Sick Leave, Medical Insurance, Life Insurance and Retirement & Deferred Savings Plans

Medical Insurance, Life Insurance and Retirement & Deferred Savings Plans
EMPLOYEE BENEFITS
1. Does your institution offer a flexible benefit program (e.g. Sec. 125 Cafeteria Plan) or employee spending account that allows employees to tailor their own benefit programs?
Yes
○ No
2. Does your institution offer a tax deferred spending account for childcare or uninsured medical expenses?
○ Yes
○ No
3. Does your institution contribute to HSA accounts for employees?
○ Yes
○ No
EMPLOYEE TRAINING
4. What type of employee training does your institution offer?
a. In-house presentations
b. Webinars
c. Off-site seminars
Other (please specify)
5. Does your institution use bank holidays for training?
Yes
○ No

$V\Delta$	$C\Delta T$	ION	$\mathcal{L}_{\tau}$	HOI	ID	AVS

6. Based on length of service with the institution	, how much vacation time do	<b>FULL-TIME</b>
OFFICERS receive per year if they have complete	ed:	

	Less than 5 days	5-9 days	10-14 days	15-19 days	20-24 days	25 days or more
1 year - Officers						
5 years - Officers		$\bigcirc$	$\bigcirc$		$\bigcirc$	
10 years - Officers						
20 years - Officers						
25+ years - Officers						

## 7. Based on length of service with the institution, how much vacation time do FULL-TIME EMPLOYEES receive per year if they have completed:

	Less than 5 days	5-9 days	10-14 days	15-19 days	20-24 days	25 days or more
1 year - Employees						
5 years - Employees		$\bigcirc$	$\bigcirc$			$\bigcirc$
10 years - Employees						
20 years - Employees		$\bigcirc$	$\bigcirc$			$\bigcirc$
25+ years - Employees						

8.	How m	anv vacation	davs must	employees u	se consecutively?

	a.	0	davs
\ /	u.	U	auys

# $9. \ Based \ on \ length \ of \ service \ with \ the \ institution, \ how \ much \ paid \ sick/personal \ time, \ excluding \ vacation, \ do \ FULL-TIME \ EMPLOYEES \ receive \ per \ year \ if \ they \ have \ completed:$

	0 days	1 day	2 days	3 days	4 days or more
1 year					
5 years					
10 years					
20 years					
25+ years					

b. 5 days

o. 10 days

d. more than 10 days (if available)

10. How many established paid h closed) are full-time employees g	olidays (holidays on which all branches of your institution are granted?
( a. 4	_ e. 8
O b. 5	f. 9
O c. 6	_ g. 9+
○ d. 7	
SICK LEAVE	
11. Does your institution have a fabsences not long enough to qua	formal sick leave or short-term disability policy covering lify for long-term disability?
○ Yes	
○ No	
12. If Yes, which best describes y	our plan?
<ul><li>a. An accumulation plan in whi month</li></ul>	ich employees accrue sick days over time (e.g.) so many days per
b. A fixed number of days each	year
<ul> <li>c. A combination of sick leave featended absences</li> </ul>	for occasional absences and a short-term disability policy for more
Other (please specify)	
13. Does your institution have a f	formal long-term disability program?
Yes	
○ No	
14. If Yes, how long is the waiting payments?	g period before the disabled employee is eligible to receive
a. 1-90 days	
b. 91-180 days	
o. 180+ days	
15. What percentage of income is	s replaced by your long-term disability?
a. Less than 50%	
O b. 50% - 75%	
c. More than 75%	

16. Does your instaccrued paid days	titution provide paid maternity leave outside of employees using regular 6?
○ Yes	
○ No	
MEDICAL INSURANC	<u>E</u>
17. Does your inst	titution offer medical insurance to employees ?
Yes	
○ No	
18. Does your inst	titution offer more than one medical insurance plan?
Yes	
○ No	
19. For the most f	frequently used Medical Plan, what is the institution's contribution to the cost?
a. 100% indiv	idual; 0% dependent
<b>b.</b> 100% indiv	idual; 100% dependent
c. 100% indiv	idual; some (less than 100%) dependent
Od. Some (less	than 100%) individual; some (less than 100%) dependent
e. None	
	a. through d., what was the institution's AVERAGE ANNUAL cost of Health ed employee for 2024?
\$	
21. If you answered a 2024?	d., what was the Employee's AVERAGE ANNUAL cost of Health insurance for
\$	
22. What PERCENTA	AGE of the ANNUAL cost of medical insurance did the Employee pay for
%	

23. For the most frequently used Medical Plan, what is the Employee's deductible amount for Single coverage?
a. \$1,000 or less
<b>b.</b> \$1,001 - \$1,500
C. \$1,501 - \$2,000
d. \$2,001 - \$2,500
e. \$2,501 or more
24. For the most frequently used Medical Plan, what is the Employee's deductible amount for Family coverage?
a. \$2,000 or less
<b>b.</b> \$2,001 - \$2,500
C. \$2,501 - \$3,000
<b>d.</b> \$3,001 - \$3,500
e. \$3,501 or more
25. Is your institution self-insured for medical coverage?  Yes
○ No
DENTAL INSURANCE
26. Does your institution offer dental insurance to employees ?
○ Yes
○ No
27. For the most frequently used Dental Plan, what is the institution's contribution to the cost?
a. 100% individual; 0% dependent
b. 100% individual; 100% dependent
c. 100% individual; some (less than 100%) dependent
d. Some (less than 100%) individual; some (less than 100%) dependent
e. None
28. If you answered a. through d., what was the institution's AVERAGE ANNUAL cost of Dental insurance per enrolled employee for 2024?
\$
LIFE INSURANCE

29. Does your instituti	ion offer employees life insurance?
Yes	
○ No	
30. What percentage o	of the premium does the institution pay?
$\bigcirc$ a. Less than 50%	
O b. 50% - 75%	
C. 76% - 99%	
Od. 100%	
TIREMENT & DEFERRE	D SAVINGS PLANS
31. Indicate the type(s employees.	s) of retirement and/or savings plans your institution currently offers
a. Defined benefit	
b. Defined contribu	ition
c. 401k	
d. ESOP	
e. Profit sharing	
f. SIMPLE Plan	
Other (please specify)	
32 How long do ample	oyees have to work before they are eligible to participate in the plan?
a. Immediately upo	
b. One year or less	
b. One year or less c. More than one ye	rear
c. More than one ye	ear by offer matching contributions?
c. More than one ye	
c. More than one ye	
c. More than one ye  33. Does your company  Yes  No	
c. More than one years.  33. Does your company  Yes  No	y offer matching contributions?



### **BOARD OF DIRECTORS**

1. As of December 31, 2024, how many members were	on your institution's Board of Directors?
a. Insiders (officer or employee)	
b. Outsiders (non-employee)	
2. As of December 31, 2024, how many Board member	rs were shareholders?
Owners	
3. How many times per year does your Board of Direct	tors meet?
Number of meetings per year	
4. How much is a Director paid for attending a regularity paid only if the Director attends.)	ular Board meeting? (Include fees that are
a. Under \$200	e. \$500 - \$799
<b>b.</b> \$200 - \$299	f. \$800 - \$999
o. \$300 - \$399	g. \$1000 - \$1500
Od. \$400 - \$499	h. Over \$1500
5. Are Directors paid for the Board meeting if they	do not attend?
Yes	
○ No	
6. Does the Chairman of the Board receive compen-	sation in addition to regular Director fees?
Yes	
○ No	
7. Do Institution Directors receive a retainer or oth the fees for attending Board meetings? (Include pe the Director attends.)	
Yes	
○ No	

8. Do Insid an employe		e Director's fees in addition to their regular compensation as
Yes		
○ No		
9. Do Instit	tution Directors receive s	eparate payments for attending committee meetings?
O Yes		
○ No		
	how much is a Director pa f the Director attends.)	aid for attending a committee meeting? (Include fees that are
a. Und	ler \$200	e. \$500 - \$799
O b. \$20	0 - \$299	f. \$800 - \$999
C. \$30	0 - \$399	g. \$1000 - \$1500
Od. \$40	0 - \$499	h. Over \$1500
Committee     Yes     No  13. What was	meeting?	e for chairing a Committee rather than just attending a ensation per Director for 2024 of the outside members of entire year?
\$		
	institution providing gro	up health insurance to your outside Board members?
○ Yes		
O No		
Yes	do you have a cutoff age,	(i.e. age 65) for when these benefits cease?
○ No		
Cut off age		

Yes	
○ No	
17. Is either Grou outside Board me	p Health or Medicare coverage provided to the spouse/dependents of an mber?
Yes	
○ No	



### **INCENTIVE COMPENSATION**

1. Does your institution have a formal bonus or incentive compensation program for management (not available to all employees) that may result in cash payments to participants depending upon overall corporate or institution financial performance?
○ Yes
○ No
2. If Yes, did you pay bonuses for 2024 (whether or not they were paid in 2024 or 2025)?
Yes
○ No
3. Does your institution have a formal bonus or incentive compensation program for all employees that results in cash payments depending upon overall corporate or institution financial performance?
Yes
○ No
4. If Yes, did you pay bonuses for 2024 (whether or not they were paid in 2024 or 2025)?
Yes
○ No
5. Does your institution have a formal bonus or incentive compensation program that may result in cash payments to individuals depending on their individual performance in some specified area? (for example new business referred, credit life sales)
Yes
○ No
6. Does your institution have a stock option program?
○ Yes
○ No

Yes			
○ No			
_			



### **SALARY ADMINISTRATION**

1. Does your institution have a formal salary administration program?
○ Yes
○ No
2. Does your institution have a formal performance appraisal program?
○ Yes
○ No
3. If Yes, how often do you conduct performance appraisals?
a. semi-annually
b. annually
c. other
4. What was your institution's average percentage salary increase for 2024 (actual)?
a. 0 - 2%
O b. 2.1 - 3%
o. 3.1 - 4%
(d. 4+%)
○ None of the above
5. What is your institution's average percentage salary increase forecasted for 2025?
a. 0 - 2%
( b. 2.1 - 3%
D. 2.1 - 370
○ c. 3.1 - 4%

	nsutution's average perce	entage salary increase forecasted for 2026?
a. 0 - 2%		
( b. 2.1 - 3%		
c. 3.1 - 4%		
(d. 4+%)		
7. What is your i	nstitution's standard (or	most frequent) work week?
a. less than 3	36 hours	d. 38 hours - 38.9 hours
ob. 36 hours -	36.9 hours	e. 39 hours - 39.9 hours
o. 37 hours -	37.9 hours	f. 40 hours
8. For clerical or	non-exempt employees, v	what is actual pay based on?
a. actual hou	rs individually worked	
ob. standard v	work week less than 40 hour	rs
c. 40 hours r	egardless of number of hour	ars worked or scheduled
_	_	five employees who were most highly compensated in ollar amount in numbers without commas or dollar signs.
Base Annual Salary		
Bonus		
Directors' Fees		
Incentives/Commissi		- 1
ons		
10. Employee #2		_
Base Annual Salary		
Bonus		
Directors' Fees		
Incentives/Commissi ons		

11. Employee #3			
Base Annual Salary			
Bonus			
Directors' Fees			
Incentives/Commissi ons			
12. Employee #4			
Base Annual Salary			
Bonus			
Directors' Fees			
Incentives/Commissi ons			
13. Employee #5			
Base Annual Salary			
Bonus			
Directors' Fees			
Incentives/Commissi ons			
14. What was the turn December 31, 2024?	nover rate percentag	e among OFFICERS for the	e period January 1, 2024 to
a. 0-3%			
O b. 3.1-6%			
C. 6.1-10%			
d. Over 10%			
15. What was the turn 1, 2024 to December		e among FULL-TIME emplo	oyees for the period January
a. 0-3%			
O b. 3.1-6%			
c. 6.1-10%			
(a. Over 10%)			

a. 0-3%	
O b. 3.1-6%	
C. 6.1-10%	
d. Over 10%	
.7. Do you have a se CSR, etc.?	alary cap for long-time/tenured employees in certain positions, such as tell
○ Yes	
○ No	



2025 KBA Survey - Part 1 Completed

* 1. Completed by:					

This survey has been brought to you by



AND
King + Company
Certified Public Accountants



