ADP | Research INSTITUTE

ADP's 2012 Study of Large Employer Health Benefits

Benchmarks for Companies with 1,000+ Employees

Contents

Note: To simplify the figures in this document some statistics were rounded to the nearest whole number.

Executive Summary

The Affordable Care Act (ACA) will significantly impact how employers handle employee benefits.

The way employers respond to these reforms will affect the extent of the impact on their companies. Informed employers can begin taking action now to manage the effect of the ACA's shared responsibility requirements on their financial and human capital resources. The intent of this paper is to provide data and insights – particularly relevant to those employers with more than 1,000 employees.

The study indicates that most of the impact will revolve around the part-time workforce. The data from this study shows that, in 2012, 23% of all employee positions were classified as part-time, but only 15% of these were eligible for benefits. Roughly two-thirds of the part-time workforce was classified as single, versus less than 50% of full-time employees. When eligible part-time employees were offered health benefits, only 53% elected coverage versus 77% of full-time employees. These and other factors are indicators of whether the employer may be subject to potential penalties once the ACA's shared responsibility requirements take effect and how much exposure the employer might have.

Because of this, composition of the workforce may shift to accommodate the influences of Health Care Reform. Much of the workforce is full-time and already participates in employer-provided benefits. However, the ACA will require employers to extend health coverage to more part-time employees and employers need to carefully consider the best approach for their organization.

> Informed employers can begin taking action now to manage the effect of the ACA's shared responsibility requirements on their financial and human capital resources.

Benchmarking can be useful. The total reported health premiums in the study were approximately $9,562 per participating employee, excluding any costs associated with the funding of a health savings account (HSA) or a health reimbursement account (HRA). However, the study showed wide variations in health premiums paid by employers. In general:

- Very large employers (>5,000 lives) paid 14% less for coverage on average than employers with 1,000 - 2,499 lives.
- Employers in manufacturing incurred health premiums that were 13% higher than average. Professional Services and Healthcare and Social Assistance industries also incurred health premiums well above average. By contrast, the accommodation and food services industry reported the lowest health premiums overall, with premiums 25% lower than the average.
- Health premiums also varied significantly by state. States as diverse as Texas, New Jersey and Missouri incur higher-than-average health premium costs per participant versus low cost states such as California, Ohio and Florida.

With this information, larger employers can begin determining their exposure and considering options.

Why This Study Is Different

The ADP Research Institute℠ study is unique in that it captures aggregated – and anonymous – information from large organizations that purchase benefits eligibility and enrollment administration services through ADP.

Where other studies use surveys and/or gather information through federal government agencies and private foundations, this inaugural ADP Research Institute study utilizes 2012 data for health and welfare benefits from approximately 300 U.S.-based client organizations, all with more than 1,000 employees.

Because the dataset includes actual benefits census data, the study captures precise employee demographic information and does so for over 2 million covered lives – including approximately 1 million employees. This has the effect of providing more accurate and useable insights by leveraging substantially more data within a substantially larger population.

Representing multiple industries across all 50 U.S. states, the study's key demographic data includes:

- Base compensation
- Age and gender of covered lives
- Marital status
- Dependent status
- Full-time/part-time status
- Eligibility for benefits
- Exact employer/employee health premium contributions

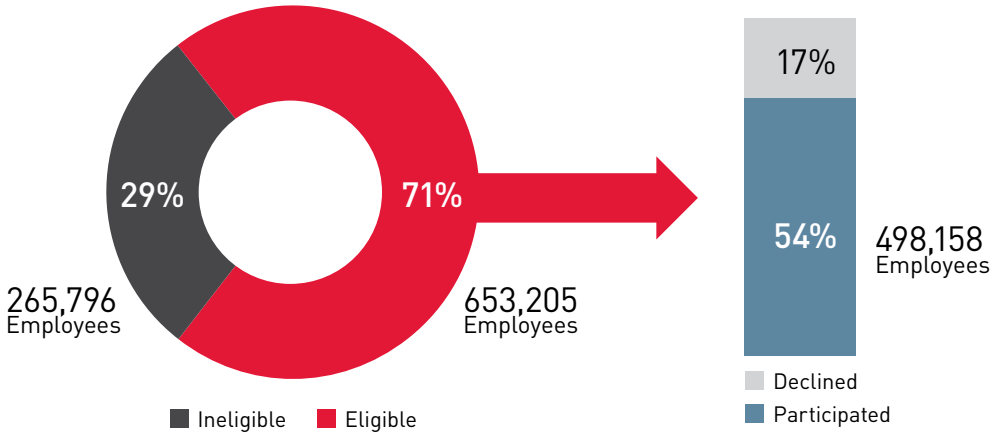
Although the use of actual premium contributions makes the study unique, the dataset is well synchronized with Department of Labor (DOL) findings. In addition, because the data has also been aggregated at the employer level, the information permits accurate cost comparison between employers for total health premiums, and therefore provides valuable benchmarks for employers.

Key Statistics: Eligibility and Participation

Out of 919,000 employees included in the dataset, 71% (653,205) are reported as eligible for health benefits coverage.

The "take rate" for health benefits from this eligible population is 76%. The result is that 54% of the total workforce population participates in group health coverage. (Figure 1.)

FIGURE 1. Group Health Participation Rate

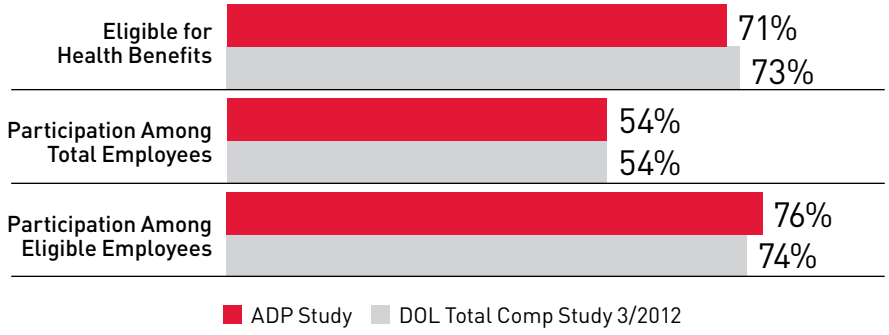


Source: *ADP Research Institute*

Comparing this statistic against DOL averages, these measurements are very well aligned. This demonstrates that ADP data is consistent with national data and fairly represents the availability and participation of employees in group health plans.

Figure 2 compares the eligibility of the ADP census population with Total Compensation data released by the DOL in March 2012. Because DOL surveys include employers of all sizes and types, some variance is expected from the data used in this study, which focuses primarily on large, private-sector employers.

FIGURE 2. Participation Statistics Track DOL Study



Sources: *ADP Research Institute* and *U.S. Department of Labor (DOL)*

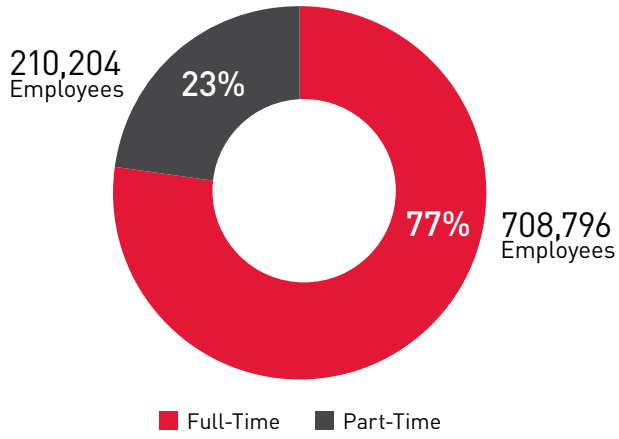
Health Care Reform Will Likely Change the Cost and Composition of Part-Time Workforce

Workforce Composition

The mix of full-time and part-time employees has special significance to the management of health benefits and to total health benefits costs. Full-time employees are far more likely to have access to health benefits than part-time employees. Full-time employees are also far more likely to elect group health benefits when they are offered.

A unique feature of the dataset used in this study is that out of a total universe of 919,000 employees, 77% of the population was reported as full-time by their employer, while 23% were identified as part-time. The part-time percentage is somewhat higher than reported by the DOL where part-time employees were 20% of the workforce.

FIGURE 3. Workforce Population = 919,000 Employees



Source: *ADP Research Institute*

The differences could be attributed to several factors.

- **2012 data versus 2011**. The dataset used in this study is from 2012 whereas the DOL statistics are from 2011. The percentage of part-time employees may have increased nationally between 2011 and 2012. As the economy continues to recover, employers will begin increasing their workforces cautiously – including through the addition of part-time and temporary labor.
- **One employee, multiple jobs.** Part-time employees may hold more than one job. DOL statistics reflect total part-time workers so each worker is only counted once. The data used in this study account for the actual number of part-time positions which will be a somewhat higher number.
- **Larger employers.** Retail chains and other larger employers may have a higher percentage of part-time employees than do small employers. They may also be more likely to use a temporary agency to fill their open positions. The data used in this study base is focused on companies with 1,000 or more employees.

With this understanding of the focus of the data, eligibility and participation rates can be explored.

Eligibility and Participation Rates

FULL-TIME WORKFORCE

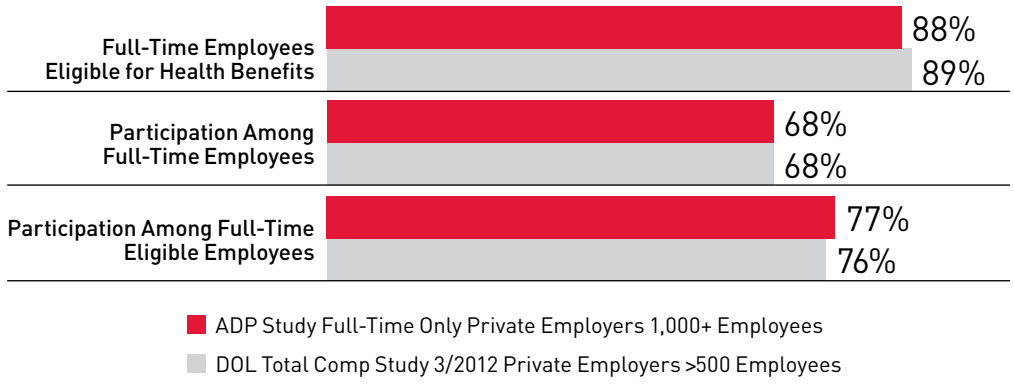
According to the dataset, 88% of the full-time workforce is eligible for benefits; 77% of those eligible will select health coverage. The result is that 68% of the total full-time workforce is covered by their employers' health plan.

Interestingly, these participation rates tie closely to the Department of Labor's statistics on health benefits access and participation for private employers with more than 500 employees as shown here in Figure 4.

> 68% of the total full-time workforce is covered by their employers' health plan versus 8% of part-time employees.

Source: *ADP Research Institute*

FIGURE 4. ADP Statistics for 1,000+ Employees Track DOL 500+ Data

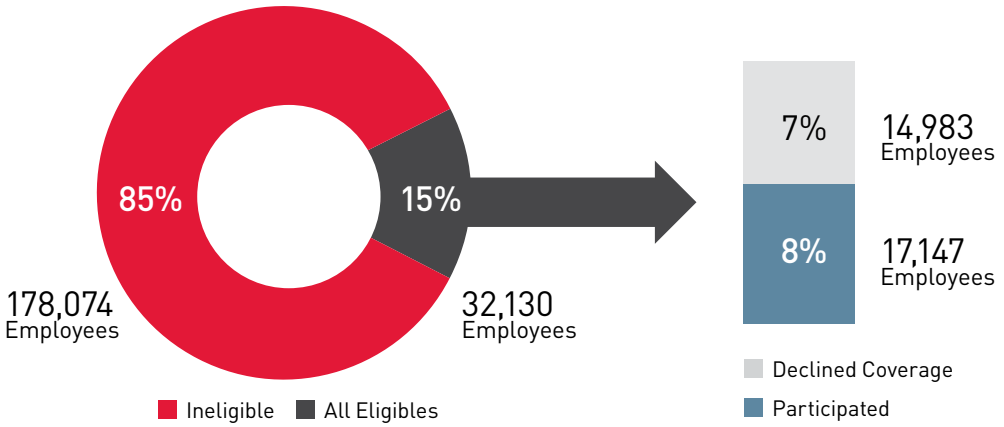


Sources: *ADP Research Institute* and *U.S. Department of Labor (DOL)*

PART-TIME WORKFORCE

By contrast, the part-time workforce makes up more than 23% of the total workforce. Only 15% of these part-time employees are eligible for health coverage and the take rate for part-time employees is only 53%. Thus, about half of all eligible part-time employees (8%) participate in health coverage. In the universe of full-time and part-time employees, part-time employees represent less than 5% of the total population participating in their employers' health coverage.

FIGURE 5. Part-Time Population = 210,204 Employees



Source: *ADP Research Institute*

One likely explanation for the lower take rate for part-time employees is the cost of health benefits relative to the personal income of part-time employees. Part-time employees tend to have lower incomes.

They also may have access to health coverage through a working spouse or parent. Therefore, they may be less likely to seek out coverage even when it is offered directly to them. Among the full-time workforce, 49% of the workforce reports marital status as "single" versus 67% of the part-time workforce.

Another factor in this may be the rule from ACA which now permits an adult child to remain on a parent's group health plan until age 26.

Impact of ACA on Part-Time

How will the percentage of part-time employees eligible for benefits change starting in 2014?

According to the Employer Shared Responsibility provision of the Affordable Care Act (ACA), any employee working at least 30 hours per week or 130 hours per month must be offered employer-sponsored health coverage that meets certain requirements or the employer may face a penalty. Potentially, this provision could create a spike in employees currently classified as part-time becoming eligible for benefits starting in 2014.

However, ACA has additional provisions that would mitigate this trend. For example, employers may establish a "look back" procedure to identify part-time employees who work 30 or more hours per week, but whose employment is seasonal. Employers may also limit part-time weekly hours to less than 30 hours per week for some individuals. Because most employers have not finalized workforce and benefits plans for 2014, it is too early to predict whether the eligibility percentage for part-time workers will increase or decrease.

Regardless, the eligibility percentage remains a critical question because even small changes to this number can have a material impact on an employer's benefits costs. The average employer within the ADP Research Institute study contributed roughly $7,225 per annum in health premiums for each employee who enrolled in the employer's group health plans for benefit year 2012. And starting in 2014, an employer is required to pay a tax penalty if any benefits-eligible employee is not offered qualifying, affordable coverage and instead obtains health coverage through a public health exchange and qualifies for tax credits. For these reasons, we expect employers to manage and monitor part-time eligibility closely. The percentage of part-time employees eligible for benefits provides a critical indicator for tracking employer workforce and benefits policies, as key ACA provisions take effect in 2014.

An important related consideration for employers will be the purchasing behaviors of their part-time workforce with respect to health coverage. While it may appear to be financially advantageous for healthy part-time employees to opt-out of coverage and simply pay a penalty to the IRS, doing so might be a concern for the employer concerned about maintaining workforce health.

The Impact of Being Married

Among full-time employees, the proportion of single employees eligible for health benefits who actually elect coverage remains statistically identical with married and other* employee categories. Among part-time employees, however, purchasing behavior is significantly different.

Single employees make up 52% of the part-time associates who are eligible for benefits. Only 46% of those, however, elect health coverage.

Admittedly, these eligible part-time employees are a smaller proportion of the total population, but the difference is worth noting.

*The "other" category of employees includes individuals who have been widowed or divorced as well as COBRA recipients and domestic partners, as supported by the plan and laws applicable to that employer and geography.

Ratio of Members to Participating Employees Varies Significantly from Employer to Employer

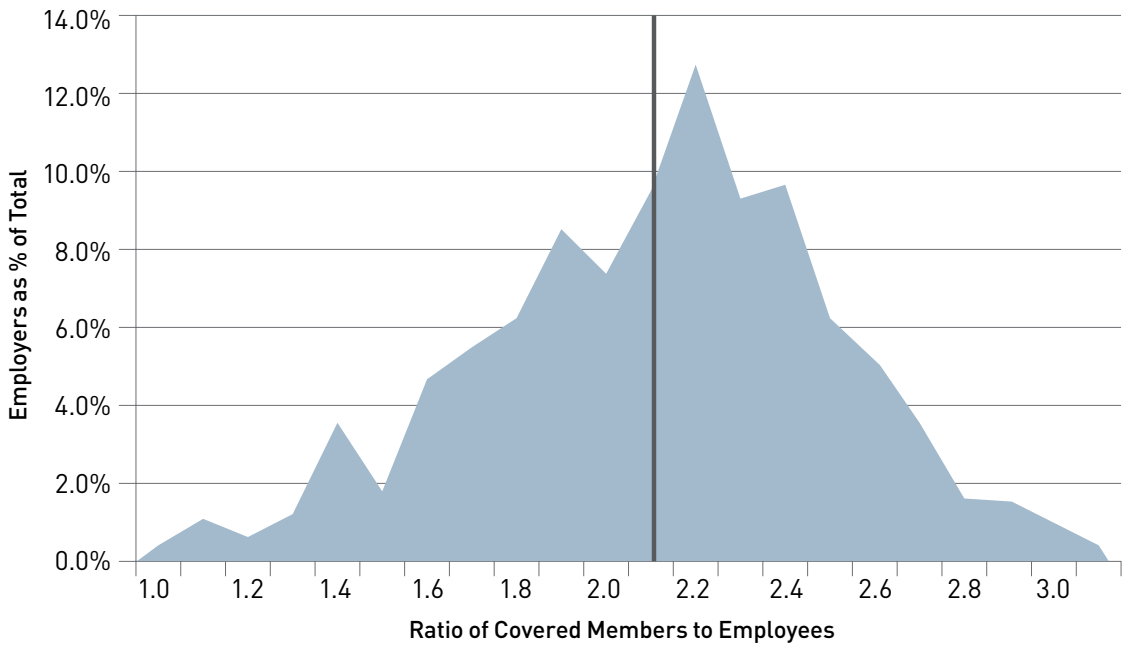
A major determinant of health benefits costs on an employer-by-employer basis is the size of the total covered population — including spouses, children and other eligible dependents — in the plan versus the number of participating employees.

Total Members = Participating Employees + Participating Dependents

In aggregate, the overall ratio of covered members to participating employees in the ADP Research Institute study was 2.11. In other words, for every employee who participated there was an additional 1.11 dependents who also received coverage. The ratio, however, varies significantly from employer to employer.

The chart below shows how individual employer dependent ratios vary from employer to employer. While 2.11 is the benchmark ratio, the distribution of ratios by employer varies from almost 1.0 to over 3.1 total members per covered employee.

FIGURE 6. Distribution of Member Ratios Among Employers



Source: *ADP Research Institute*

There are key aspects of this ratio that are potentially controllable by the employer. Others are determined by circumstance.

- **"Richness" of benefits.** Employee premiums, co-pays, deductibles, breadth of coverage (e.g. mental health, maternity benefits), and quality and accessibility of provider networks are all critical factors that impact the desirability of an employer's group health plan. The most generous benefits plan within a community becomes the plan of choice for working spouses who may decline coverage from their own employer. In rural communities, a dominant regional employer typically has a higher member ratio due to this effect.

  Employers may undertake several activities to keep the ratio in check, including such steps as:

  - Levying a surcharge to employees whose working spouses decline coverage available from another employer
  - Adjusting employee premium contributions for family coverage
  - Adjusting the premium structure, e.g., charging a premium proportionate to family size
  - Aligning plan coverages to conform more closely with regional and industry standards

- **Geographic location.** Locations with large family populations have significantly higher member ratios than locations that do not.

- **Dependent auditing.** Some employers are more rigorous in their enforcement of eligibility rules for covered dependents. Dependent audits are critical to identify dependents who are not eligible for coverage.

- **Economic cycles.** In an economic downturn, spouses who have lost their jobs and children under age 26 are more likely to seek coverage under the parent who remains employed and has access to coverage.

For employers, the key challenge is to create a valuable benefits package without taking on a disproportionate share of health costs compared to other employers within a community.

Annual Health Premiums Vary by Employer Size, Industry and More

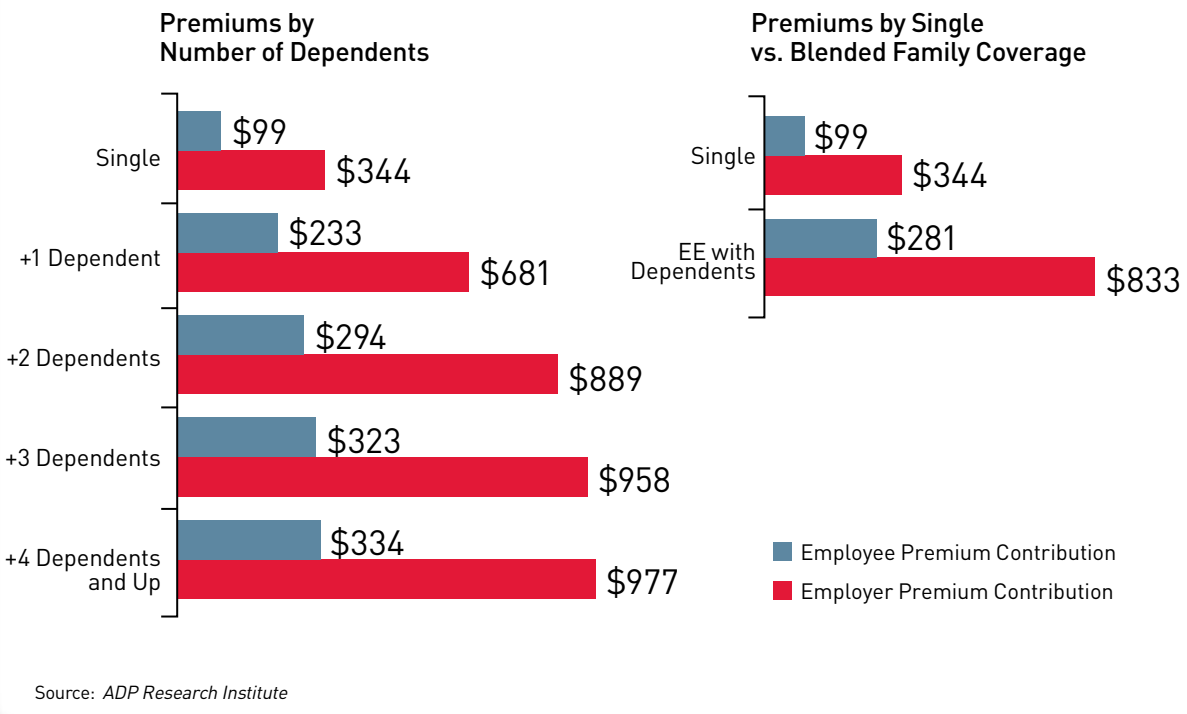
Using the actual premium paid information in the ADP Research Institute study, employers can find a potential cost benchmark.

The average annual health premium per participating eligible employee was $9,562 in the dataset. This is averaged across all employers and represents a blended rate across both self and family coverages.

This number excludes employer/employee contributions to a health savings account (HSA). It also excludes employer contributions to a health reimbursement account (HRA). In aggregate, employers paid $7,225 of the total premium, approximately 76% of the total. Employees picked up the remaining 24% of the cost.

When the data is broken out by individual coverage versus family coverage, the monthly premiums look as follows (Figure 7):

FIGURE 7. Health Premiums (Monthly)



Source: *ADP Research Institute*

For employers with 1,000 or more employees, the ADP information provides an accurate picture of employee and employer premium contributions at the time of annual enrollment. When ADP health premiums are compared to data from the DOL, a difference in the contribution percentage is noted, as shown in Figure 8.

FIGURE 8. Employee and Employer Share of Premium Contributions

	ADP		DOL	
	Employer Premium Contribution %	Employee Premium Contribution %	Employer Premium Contribution %	Employee Premium Contribution %
Single	**78**	22	**81**	**19**
Family	**75**	25	**77**	**23**
Blended	**76**	24	**n/a**	**n/a**

Sources: *ADP Research Institute* and *U.S. Department of Labor (DOL)*

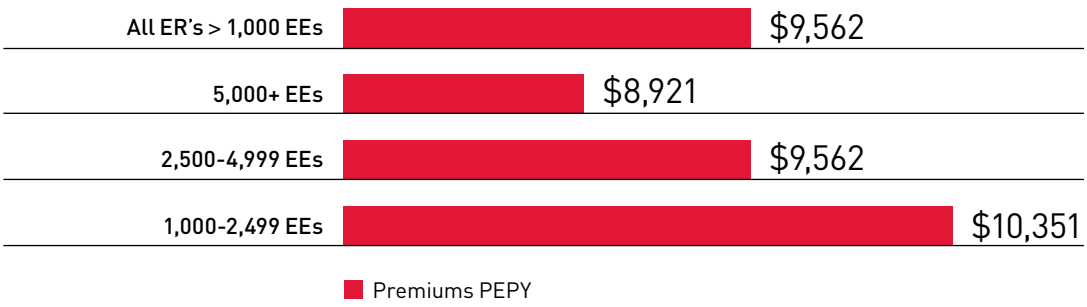
- Because the data used in this study is derived from actual employer and employee premium contributions, it will differ somewhat from Department of Labor data and Benefits Survey data. When using this data for comparative purposes, please note: The premium data reported to ADP does not account for contributions to an HSA or HRA.
- The data does not reconcile against actual claims paid for a self-funded health plan, which may vary somewhat from the employer's forecasted premium contribution.
- The Department of Labor statistics include very small employers whose premium levels may be substantially higher for equivalent coverage. ADP's dataset focuses on employers with 1,000 lives or greater.
- The ADP dataset reflects only private industry. It excludes public-sector and union populations.
- ADP's numbers reflect actual reported premiums at the time of annual enrollment. They do not capture employer subsidies to assist lower-income populations with these premiums.

Impact of Employer Size on Health Premiums

The ADP Research Institute study shows that employer size is correlated with total premiums, irrespective of employee contribution levels.

Despite wide disparities in total premium costs on an employer-by-employer basis, very large employers (>5,000 employees), as a group, pay 14% less for health insurance than employers with smaller populations (1,000-2,499 employees). The benefits of these lower premium costs are shared equally by employer and employee. An advantage of $1,430 per participating employee per year (PEPY) is that the employer can redirect these savings to higher direct compensation, workforce training and development, or to the company's bottom line.

FIGURE 9. Average Health Premiums (PEPY) by Size of Organization



Source: *ADP Research Institute*

Why do larger employers enjoy such a distinct cost advantage? There are several potential explanations:

- May have more effective purchasing practices — as well as negotiating power — with health plans, networks and TPAs versus smaller firms.
- More likely to operate self-funded health plans with the potential to reduce total premiums.
- Based on prior data from the ADP Research Institute, larger employers are more likely to put employee health and wellness programs in place to contain costs.
- May be more likely to have a health benefits expert or clinician on staff who can measure, manage and optimize plan designs, health plan communications, and assist in directing treatment for catastrophic health emergencies.
- May be more effective at communicating and implementing consumer-driven health plans (CDHPs) which redirect some premium costs to out-of-pocket spending.
- May have more effective practices for conducting audits to ensure member eligibility.
- May be more likely to have "grandfathered" health plans in place that do not require compliance with certain provisions of the ACA.

Very large employers, as a group, pay 14% less for health insurance than employers with smaller populations.

Source: *ADP Research Institute*

Impact of Industry on Health Premiums

The ADP Research Institute study shows clear differences in overall premium levels paid by industry.

Manufacturing, Professional/Scientific and Healthcare and Social Assistance industries paid substantially higher total premiums. Retail, Accommodation and Food Services industries paid the lowest premiums.

FIGURE 10. Health Premiums by Selected Industry

INDUSTRY	**Employee** Premium Contribution $	**Employee** Premium Contribution %	**Employer** Premium Contribution $	**Employer** Premium Contribution %	**Total** Premium Contributions $
Accommodation and Food Services	170	29%	426	71%	596
Administrative and Support and Waste Management and Remediation Services	192	27%	511	73%	703
Finance and Insurance	201	25%	606	75%	807
Healthcare and Social Assistance	175	20%	681	80%	856
Information	205	25%	621	75%	826
Manufacturing	182	20%	717	80%	899
Others	215	30%	510	70%	725
Professional, Scientific and Technical Services	209	24%	670	76%	878
Retail Trade	194	30%	457	70%	651
Wholesale Trade	186	24%	600	76%	787
Grand Total	195	24%	602	76%	797

Source: *ADP Research Institute*

Differences in the "richness" of health benefits across industries are well understood within the benefits community. Like other forms of compensation, the health benefit is tied to each company's human capital management strategy and to their workforce profile.

- Industries whose workforce consists predominantly of professionals and skilled trades will offer richer health benefits plans in order to hire and retain talent.
- Employers are more likely to locate high-income, professional and skilled trade employees in densely populated urban settings. Medical providers in these environments typically incur higher costs consistent with these locations and tend to charge more.
- Industries with higher incomes have a greater ability to purchase more extensive health benefits. They also receive greater tax savings by purchasing health coverage through a pretax deduction.
- Service and hospitality industries, whose profit margins are highly sensitive to the total cost of human capital, have a preponderance of lower-wage employees. Neither the company, nor its employees, could sustain the higher costs associated with a "rich" health benefits plan. Moreover, a rich health benefits plan may be less important than a competitive hourly wage in order to fill key positions, depending on the specific labor market.

With the passage of ACA, however, employers will be subject to minimum standards of coverage beginning in 2014. A key trend to monitor is whether the variance in premiums continues post 2014 or becomes more uniform.

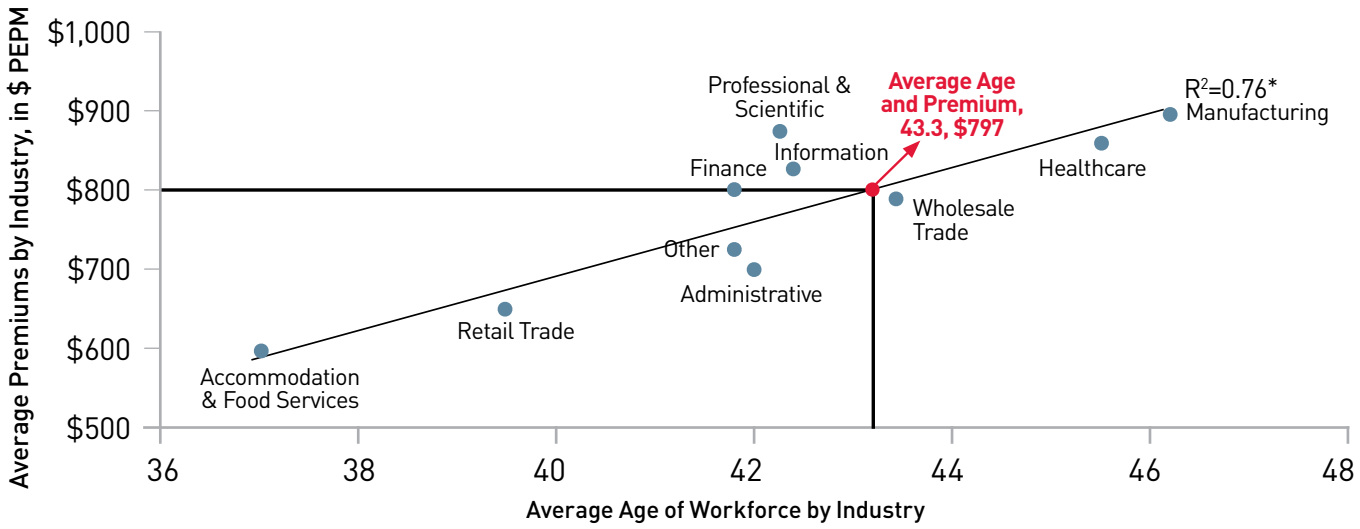
Impact of Age on Health Premiums

In general, the age components of a workforce have a direct impact on total premiums paid by an employer. To what extent is the age of the workforce a factor when comparing premium levels of different industries? To find out, the average age was computed by industry group. That result was then plotted against average premiums paid by industry. The results are shown in Figure 11 below.

The Accommodation and Food Services industry pays the lowest composite premiums of any industry group. It also has a substantially younger workforce (average: 36.9 years) than the aggregate norm. Manufacturing, on the other hand, has the oldest workforce (average: 45.5 years) and pays the highest premiums.

The workforce composition of any industry has a major impact on comparative premium levels. However, differences in premiums above and below the plotted curve are due to other factors, such as richness of benefits.

FIGURE 11. Relationship Between Workforce Age and Health Premiums for Selected Industries



* R-Squared is a value indicating how well the resulting line matches the original data points. A higher value of R-Squared reflects a closer relationship between the line and data points, with a value of 1.0 indicating a perfect fit. *http://www.trade-ideas.com/Glossary/R-Squared.html*

Source: *ADP Research Institute*

Variance in Health Premiums by State

The ADP Research Institute study shows wide variance in monthly premiums by state. California, Florida, Ohio and North Carolina all had average or below-average health premium costs. A diverse mix of states including New Jersey, Texas, Indiana, Missouri and Georgia all reported higher-than-average premium costs.

FIGURE 12. Health Premiums by State (Monthly)*

State	**Employee** Premium Contribution $	**Employee** Premium Contribution %	**Employer** Premium Contribution $	**Employer** Premium Contribution %	**Total** Premium $
NJ	239	26%	694	74%	934
IN	190	22%	691	78%	881
NY	195	22%	684	78%	879
MI	198	23%	665	77%	864
MN	192	23%	649	77%	842
TX	207	25%	629	75%	836
MO	199	24%	626	76%	826
IL	207	25%	615	75%	822
PA	189	23%	627	77%	816
GA	204	25%	600	75%	804
U.S. AVERAGE					797
OH	185	23%	605	77%	790
CO	199	25%	587	75%	786
TN	189	24%	590	76%	780
CA	193	25%	580	75%	772
AZ	179	23%	590	77%	768
NC	194	26%	555	74%	749
FL	196	27%	531	73%	727

*Includes states with 10,000 or more participants
Source: *ADP Research Institute*

ADP aggregated health premiums based upon the home state of record for each employee. Then, an overall average health premium was computed, as well as a composite breakdown, of employer and employee contributions. This approach bundles a wide range of health cost variables into a single comparative number.

The reported average premiums are not adjusted to account for the covered employee's workplace location, work environment or proximity to the employer's geographic headquarters. Employees working remotely and requiring location-specific coverage are counted in exactly the same way as employees located at major corporate work centers.

While this measurement approach may seem simplistic, it accurately reports the real health costs incurred by the employers within the ADP Research Institute dataset on a state-by-state basis. For states with sufficiently large sample sizes that include covered populations from multiple employers, industries and health plans, average state premiums may provide a useful index for comparing the potential costs associated with providing employees healthcare coverage in a given state.

For this state-level analysis, we chose to report only on states with sample populations with at least 10,000 participants.

What are the potential causes for observed cost variations between states? There are multiple considerations:

- Some state populations are inherently younger and/or healthier and therefore simply consume less healthcare.
- State insurance laws and state-mandated coverage requirements vary significantly.
- Workforce populations associated with industries that offer more comprehensive and expensive health benefits, e.g., concentrations of heavy manufacturing in some mid-western states.
- Some states — particularly those with dense urban populations and higher costs of living — are more likely to have more expensive health coverage. These regions may also be paying more in order to subsidize the cost of healthcare for the uninsured.
- Major health providers within some states and regions may deliver more efficient, high-quality healthcare than their counterparts in other states.
- Competition among health plans varies on a state-by-state basis.
- The location of a corporate headquarters often has a direct impact on employer health benefit purchasing decisions — in particular, the choice of health networks. That may drive health cost differences between employees in the corporate home office versus satellite locations.

Because many factors impact total premiums, the ADP Research Institute plans to conduct a follow-up analysis to better understand the key drivers behind observed variations between states.

Conclusion

A key question for employers will be how the ACA impacts the total costs of providing health benefits to employees. The shared responsibility provision of the ACA may result in employees who are currently classified as part-time being reclassified as full-time, meaning the employer must offer coverage to those employees or face a potential penalty. Minimum acceptable coverage rules will likely eliminate some of the variation in premium costs between industries, such as Manufacturing and Accommodation and Food Services, as plan designs become increasingly standardized and uniform. The ADP Research Institute's 2012 Study of Large Employer Health Benefits provides a valuable tool for tracking these ongoing trends, but it also poses a lot of unanswered questions:

- What are the key benefits purchasing preferences of part-time and full-time workforce populations?
- How does income impact health benefits choices?
- Which employer health practices are most closely associated with lower health costs?
- What drives the major variations in health costs among states?
- How will the mainstream use of consumer-driven health plans (CDHPs) change the growth of health premiums and benefits election patterns?

For employers, the real challenge is to determine the combination of pay and benefits that maximizes value for their employees, as well as for the employer.

The ADP Research Institute will conduct follow-up studies to better understand the underlying drivers of employer health costs and practices. Ultimately, the goal of the ADP Research Institute is to provide employers and policy makers with actionable insights to help execute high-value health benefits strategies that can maximize their return on human capital.

IN THE BUSINESS OF YOUR SUCCESS℠

About the Study

ADP offers a comprehensive health and welfare benefits product among its broad spectrum of available products and services. Leveraging anonymous information from our client dataset allows us to draw insights into employee behavior with respect to benefits participation, demographics, and premiums paid by employees and employers.

This study is based on 2012 actual employee-level, aggregated data from ADP's health and welfare benefits clients of approximately 300 U.S.-based client organizations. All states and major industries are covered, as well as gender, age, and marital status. Each of the companies in the study has 1,000 or more employees, including both full-time and part-time workers. Due to the small dataset population of union employees, only nonunion employees are considered in this analysis.

Research Methodology

The ADP Research Institute conducted this cross-sectional analysis utilizing raw anonymous employee-level data from 2012. These static data were joined with ADP's client-level information to identify the associated industry for each employee. The employee base was evaluated in terms of eligible versus ineligible for health insurance, including an assessment of participation rates. Demographic analyses were then conducted by geography, industry, age, and gender. Premiums were analyzed from the perspective of number of dependents, annual compensation, and full-time versus part-time status. The "monthly premium" data allowed for segmenting the premiums by employee-only, employer-only, and both pay. (Most of the analyses focus on the premium segment where both pay.) By combining the participants with number of dependents, further analyses were conducted focused on total members covered.

About the ADP Research Institute℠

The ADP Research Institute, a specialized group within ADP, provides insights to leaders in both the private and public sectors around issues in human capital management, employment trends, and workforce strategy.

About ADP

Automatic Data Processing, Inc. (NASDAQ: ADP), with more than $10 billion in revenues and approximately 600,000 clients, is one of the world's largest providers of business outsourcing solutions. Leveraging over 60 years of experience, ADP offers a wide range of human resource, payroll, tax and benefits administration solutions from a single source. ADP's easy-to-use solutions for employers provide superior value to companies of all types and sizes. ADP is also a leading provider of integrated computing solutions to auto, truck, motorcycle, marine, recreational vehicle, and heavy equipment dealers throughout the world. For more information about ADP or to contact a local ADP sales office, reach us at **1-800-CALL-ADP (1-800-225-5237)** or visit the company's website at **adp.com**.

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