

YAFFE & COMPANY, INC.
 2007 EXECUTIVE COMPENSATION SURVEY
 FOR HOSPITALS AND SYSTEMS

CHIEF EXECUTIVE OFFICER - SYSTEM OR STAND ALONE HOSPITAL - 0001

1. Job Title: _____

2. Job Match: _____

Job is less than description (explain) _____

Job is close match to the description _____

Job is more than description (explain) _____

3. Same Incumbent last year? Yes No

4. Date of Birth? MM _____ DD _____ YYYY _____

5. Date of Employment? MM _____ DD _____ YYYY _____

6. Date Hired in Position? MM _____ DD _____ YYYY _____

7. a. Annual Base Salary as of 1/1/2007 \$ _____

b. Effective Date of Salary MM _____ DD _____ YYYY _____

8. a. Is position eligible for Incentive/Bonus? Yes No

b. Based on specific criteria? c. Discretionary?

9. Total Incentive/Bonus Amount (last fiscal year) \$ _____

10. Amount of Incentive/Bonus Paid In Cash \$ _____

11. Maximum Incentive/Bonus Opportunity as % of base salary _____ %

12. a. Basic Life Insurance (multiple of Base Salary i.e.. 1X or 2X) _____ X

b. Basic Life Insurance Maximum Face Value (dollar amount) \$ _____

c. Supplemental Life Insurance (dollar amount) \$ _____

13. a. Have LTD Plan? Yes No

b. Benefit Level as percentage of Base Pay _____ %

c. Maximum Monthly Benefit (dollar amount) \$ _____

d. Supplemental LTD coverage provided? Yes No

14. a. Supplemental/Executive Retirement Plan provided? Yes No

b. Annual contribution/premium (dollar amount) \$ _____

c. Benefit/Contribution based on: Total compensation Base Pay

15. a. Is there an employment contract? Yes No

b. If yes, term of contract (years)? _____ yrs.

c. If evergreen provision, check here:

16. a. Period of severance paid for Change of Governance: (months) _____

b. Period of severance paid for Involuntary Termination: (months) _____

17. a. Do you have a full flexible benefits program? Yes No

b.1. Based on a percent of base pay? Yes No b.2. If Yes, %? _____ %

c.1. Based on a dollar amount? Yes No c.2. If Yes, amount? \$ _____

18. Perquisites Paid by Organization:

a.1 Auto provided/Car Allowance Yes No

a.2 Annual Amount of Car Allowance? \$ _____

b. Professional Membership Dues Yes No

c. Country Club Yes No

d. Health Club Yes No

e. Financial Counseling Yes No

f. Post Retirement Health Insurance Yes No

g. Physical Exam Yes No

h. Spouse Travel Yes No

i. Cell Phone Yes No