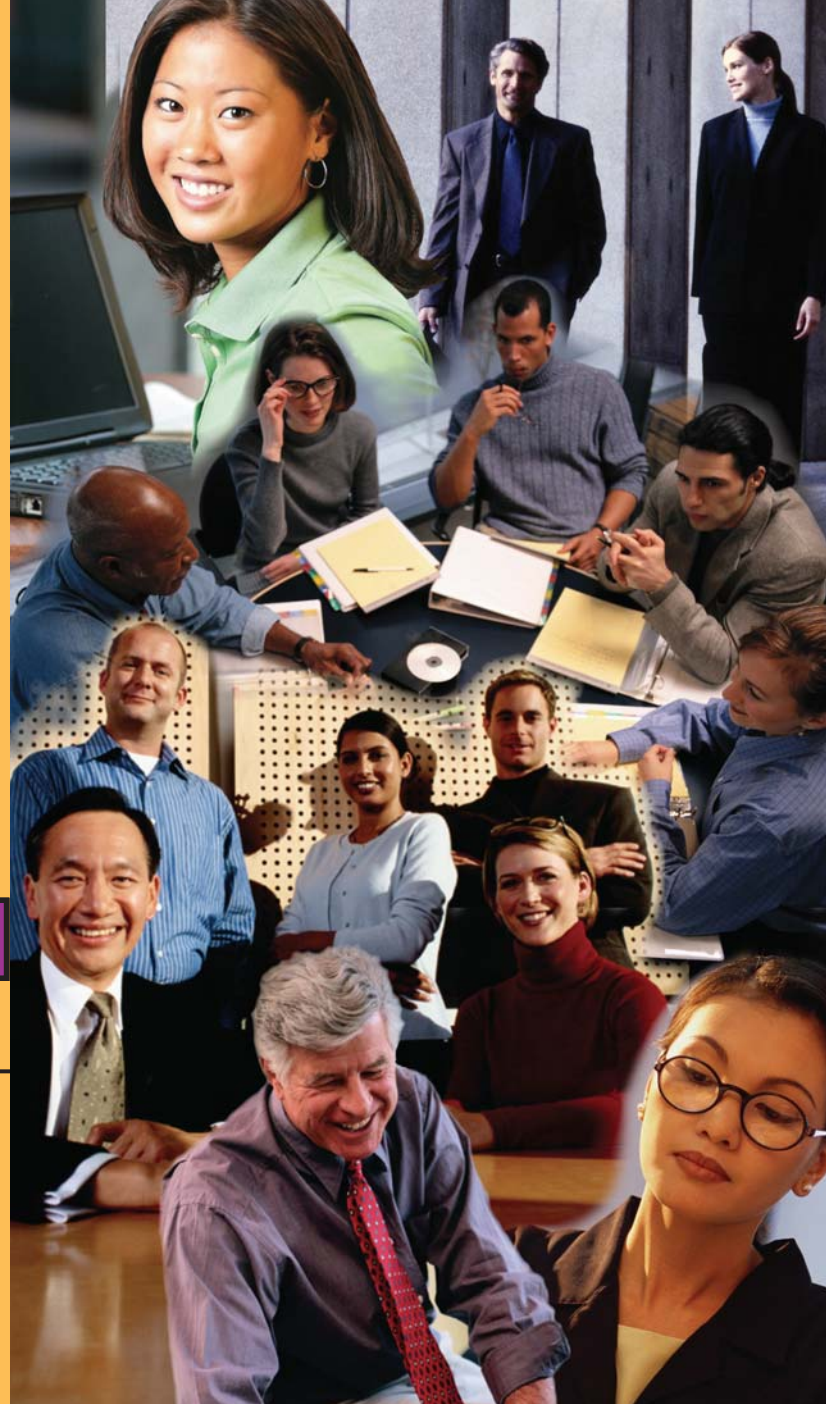


STAYING @ WORK™

2005



Making the Connection  
to a Healthy Organization

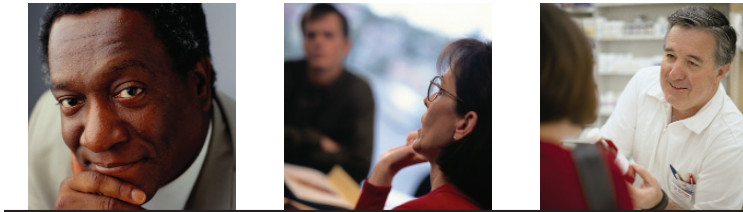


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Global  
Business and  
Economic Roundtable  
on **Addiction** and  
**Mental Health**







**EXECUTIVE SUMMARY**

The success of any business depends on the productivity of its workforce. Sustainable productivity requires both workforce health, or healthy employees, and organizational health, as demonstrated by effective human resources practices that enable and engage employees. In short, successful organizations need their employees on the job and productively engaged.

The focus in past Watson Wyatt *Staying@Work* studies was on absence and disability management. With the 2005 study, we go beyond this into broader health and productivity issues. The report explores both successful practices and opportunities for improvement in pursuit of a healthy organization.

The results of the 2005 study suggest that health and productivity issues have become a business priority. Mental health already emerged as an area of concern in the 2002/2003 *Staying@Work* study, and is explored in more depth in the 2005 study. Watson Wyatt thanks the Centre for Addiction and Mental Health and the Global Business and Economic Roundtable on Addiction and Mental Health for their wealth of knowledge in this field.

**Top Concerns**

Participants in the 2005 study cite rising mental health claims (related to depression, stress and anxiety) as their top area of concern. Second is the aging workforce, followed by employee engagement. More notable was the finding that very few participants planned to take initiatives to address the stigma surrounding mental health in the workplace, which could potentially present one of the largest obstacles to detecting and dealing with mental health issues.

**Comprehensive, Integrated Approaches**

The findings of Watson Wyatt's 2005 Canadian *Staying@Work* study suggest that companies are beginning to see the need for

more comprehensive and integrated approaches to absence management and employee health and productivity. There is an emerging realization that such initiatives are not just about managing costs. Companies are also starting to see that organizational health is fundamental to employee health, and that an employee's capacity to perform is fundamental to the organization's capacity to perform. In other words, an effective front line impacts the bottom line.

**Measurement**

Yet, while organizations are concerned about employee health and productivity issues, they continue to deal with absence management and related issues in a reactive rather than a proactive way. A key finding of the 2005 study, as well as previous ones, is that the majority of companies do not measure the costs associated with employee absenteeism. Capturing direct and indirect costs is essential to a more accurate diagnosis on the current state of workforce health, but it is not enough.

At this point, organizations need to focus on the lead indicators that will help them identify potential future issues, and not just the lag indicators that are an outcome of problems already evident. Lacking the lead and lag perspectives (along with the metrics, benchmarks and baselines that are integral to understanding this viewpoint), organizations will not gain the full value from their absence management and health and productivity initiatives.

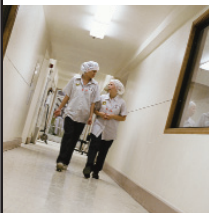
There is no one magic bullet for a healthy organization. Each organization is unique, with its own set of challenges and opportunities. While a standardized methodology and tools can be used, a customized approach to diagnosis and solution development is required to identify the right metrics, practices and policies needed to support a healthy workforce. Establishing a baseline is the first step towards optimizing the potential of health and productivity initiatives, the potential of employees, and the potential of the business.

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This report explores both participants' observations regarding costs as well as their views on the effectiveness of their current practices, policies, resources and tools. The report also includes a section on mental health with additional insights on how organizations can take steps to respond to this key area of concern. Perspectives on the evolution of absence management practices and possible next steps for organizations to address the challenges of maintaining a healthy and productive workforce close out the report.

### SURVEY HIGHLIGHTS

- **Mental health is top of mind...** Mental health continues to be a primary source of concern for participating organizations. The three major areas of concern for participants were rising mental health claims (related to depression, stress and anxiety) (56 percent), the aging workforce (54 percent) and employee engagement (48 percent).

- **LTD costs continue to rise...** Despite advances in early intervention and a continuing emphasis on claims management, this year's participants reported a 27 percent increase in LTD costs compared to participants in 2002/2003. Long-term disability costs face upward pressure from an aging workforce, unrelenting workplace productivity demands, and rising mental health claims, among other factors. On the other hand, a relatively strong employment climate in most areas of the country and stable investment returns by insurance companies suggest that proactive claims management and sound design may offset rising costs.

- **Lack of measurement impedes effective action...** The majority of companies are simply not formally measuring the direct and indirect costs associated with employee absenteeism in its many forms. Absences related to physical and mental health issues also impact the bottom line in terms of higher medical benefit costs and lost productivity.

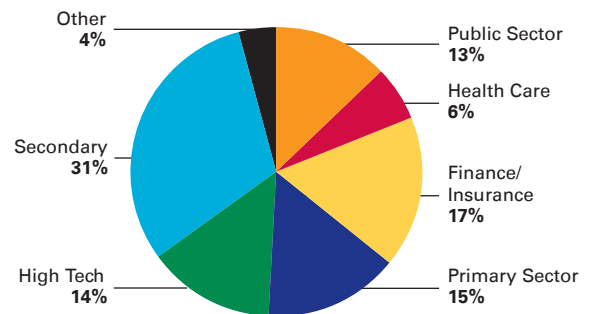
### ABOUT THE STUDY

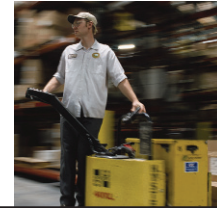
The Watson Wyatt 2005 *Staying@Work* study analyses the opinions of human resources professionals from 94 Canadian organizations with 250 or more employees, representing more than 300,000 full-time Canadian employees in all major industry sectors. Included in the study are large organizations with 1,000 employees or more (52 percent) and medium-size organizations with 250 to 1,000 employees (48 percent).

#### Profile of the average participating organization

Annual payroll:	\$161 million
Number of full-time employees:	3,372
Average employee age:	41 years
Unionized level:	23%
Annual turnover rate:	10%

FIGURE 1: Participating Organizations by Industry Sector





## GLOSSARY

**Direct costs:** The benefit amounts (or premiums) paid and administrative costs for disability benefit plans. Cost is expressed as a percentage of payroll over a given period of time.

**Indirect costs:** Any disability costs not paid directly to employees in cash or in kind, but incurred as a result of employee illness or injury. These costs can include overtime, lost productivity, replacement employees, and other expenses associated with replacing resources. Cost is expressed as a percentage of payroll over a given period of time.

**Long-term disability (LTD):** Programs that provide partial replacement income to employees who are absent from work for long periods of time due to illness or injury (typically, until the earlier of recovery, retirement or death). LTD benefits are generally coordinated with disability replacement income from social programs, such as the Canada Pension Plan, the Quebec Pension Plan or provincial workers' compensation programs.

**Short-term disability (STD):** Programs that replace all or part of an employee's income during the initial period of disability. Programs provide replacement income benefits up to a specified maximum period, which is seldom longer than one year. For the purposes of this survey, this category includes all disability income replacement programs (including sick leave) other than LTD and Workers' Compensation programs.

**Workers' Compensation (WC):** Provincial programs that pay for medical treatment, lost wages, death benefits and other related expenses associated with an injury or disease arising from employment.

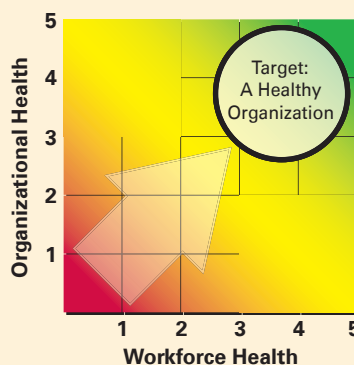
## WHAT IS A HEALTHY ORGANIZATION?

A healthy organization is one that has established a *balance* between *organizational health* and *workforce health*. Its workforce is productively engaged and healthy.

Optimal *balance* is unique to each organization — reflecting the distinctive attributes of its industry, business plan, HR strategy and the composition of its workforce.

*Organizational health* addresses the organization's capacity to achieve its business goals and objectives by applying effective human resources practices that enable and engage employees.

*Workforce health* addresses the physical, mental and emotional well-being of employees through effective group benefit practices, including prevention, plan administration and absence management.







### A LOOK AT THE KEY FINDINGS

Rising costs associated with disability benefits emphasize the importance of both measuring and managing absenteeism and disability.

Study participants reported on their annualized costs for Workers' Compensation as well as for short-term and long-term disability benefits (see Figure 2).

Workers' Compensation costs have decreased slightly over the 2002/2003 study and remain considerably lower than what was reported in 2000. The results are evidence that the various provincial boards have diligently managed claims, and have provided financial incentives for employers to follow suit.

Reported STD costs have remained virtually unchanged since our 2002/2003 survey. It is important to recognize that the data collected by organizations on short-term disability costs typically does not capture "casual" sick leave, particularly for white-collar employees with flexible schedules (who can ostensibly "make up" that time later). In contrast, in many environments with an hourly workforce, cost data is collected more rigorously as there may be overtime or replacement worker costs associated even with short absences.

Data reported in our 2002/2003 survey showed that LTD costs declined compared to the 2000 survey. In 2002/2003, Watson Wyatt suggested that LTD costs were nevertheless facing upward pressure from an aging workforce, unrelenting workplace productivity demands and rising mental health claims. That cautionary observation was well warranted. Despite advances in early intervention and a continuing emphasis on claims management, this year's participants reported a 27 percent increase in LTD costs compared to the level reported in 2002/2003. On the other hand, a relatively strong employment climate in most areas of the country and stable investment returns by insurance companies suggest that proactive claims management and sound design may offset rising costs.

As illustrated in Figure 3, the leading cause of disabling conditions for both STD and LTD was mental health issues including stress. The other predominant causes of disability are musculoskeletal disorders and cancer. An aging workforce, which many participants cite as one of their principal concerns for the future, exacerbates these conditions. Fortunately, there is a growing body of information available regarding both preventative steps to maintain good health and approaches for coping with chronic conditions. Understanding the need for both prevention and disease management is fundamental to both an integrated absence management approach and an effective health and productivity strategy.

FIGURE 2: Program Costs Over Time

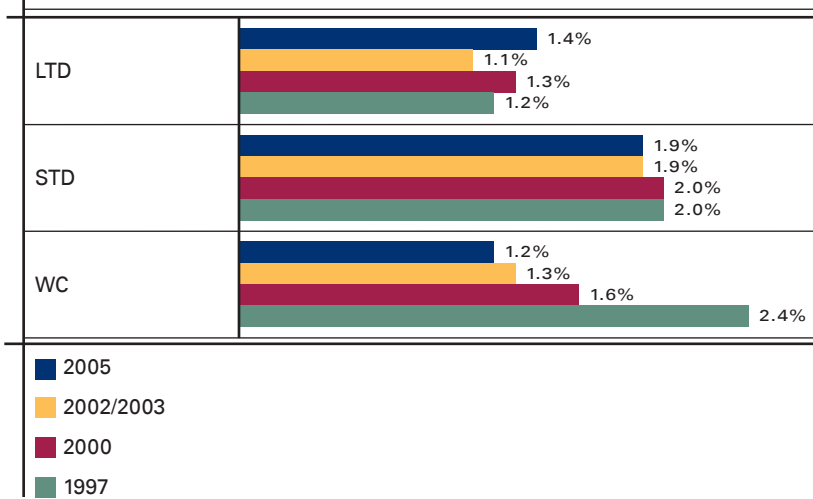
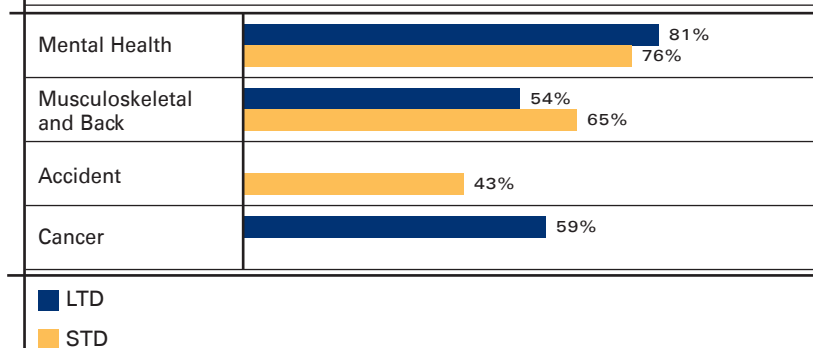


FIGURE 3: Leading Causes of Disability



## EFFECTIVE PROGRAMS, POLICIES AND PRACTICES

Success in absence and disability management requires an effective blend of measures. Survey participants were asked to indicate which programs, practices, resources and tools they currently use. They were also asked to assess the effectiveness of these elements against the top four HR objectives identified by 2002/2003 participants:

- Reducing costs
- Improving employee health
- Improving employee satisfaction
- Increasing productivity

Figure 4 shows the top five disability management practices of the survey participants, and the value they deliver.

### Employee Assistance Programs:

#### A success story...

Employee Assistance Programs (EAPs) or Employee and Family Assistance Programs (EFAPs) provide confidential professional support for an increasing range of issues. Fully 96 percent of survey participants offer an EAP. Participants in the 2005 survey rated EAPs/EFAPs as very effective for improving employee health and satisfaction and moderately effective in contributing to lower costs and higher productivity. With the principal causes of STD and LTD being related to mental health, EAPs are becoming an essential resource, as much for prevention as for intervention.

#### Written return-to-work (RTW) plans continue to be highly effective...

Written RTW plans were the second most prevalent practice in the 2005 survey. Eighty-one percent of respondents see them as a key factor for managing costs. Written RTW plans also received high marks for improving employee health and satisfaction and for contributing to higher productivity.

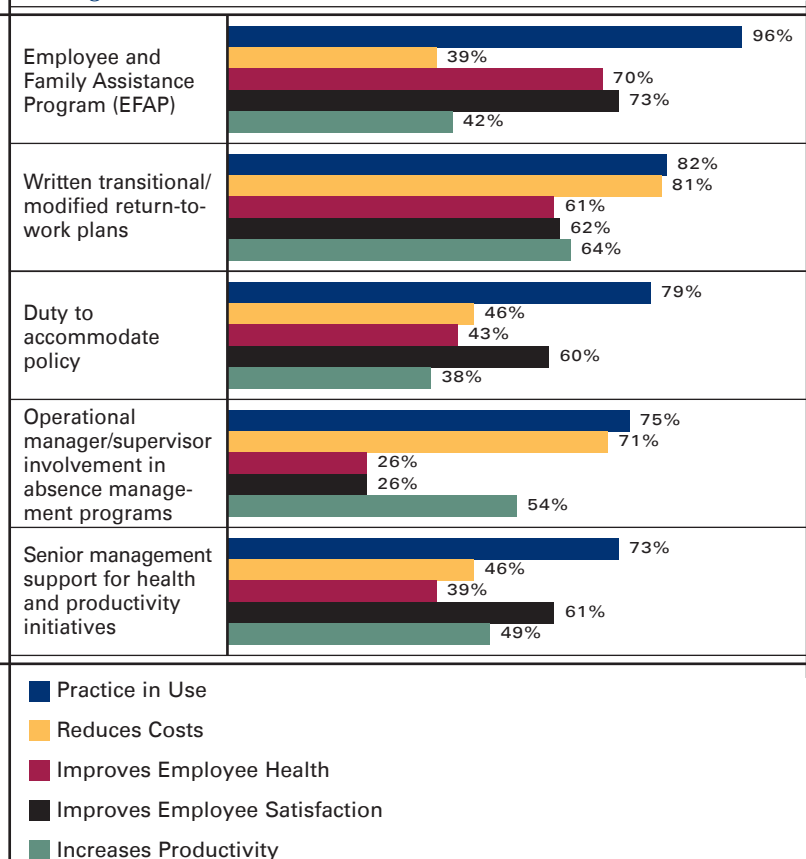
The prevalence of written RTW plans is not surprising. Having a written plan for an employee's reintegration into the workplace introduces a strong element of process and communication. Managers and employees know what to expect, and the goals captured in the plan allow for evaluation and adjustments if the expected results are not achieved.

#### Doing one's duty to accommodate...

Duty-to-accommodate policies were reported by 79 percent of the survey participants. This is to be expected as most provinces mandate job accommodation for occupational injuries. Organizations need to actively manage accommodations by type (permanent or transitional). In addition, employers need to monitor the number of accommodations in each department, the duration of the accommodations and the outcomes.



FIGURE 4: Effectiveness of Top Five Disability Management Practices





**Be involved and supportive...**

Just over 75 percent of respondents indicated that they involve front-line supervisors in absence management processes. Supervisor involvement in absence management is seen as contributing to reduced costs by 71 percent of respondents, with 54 percent suggesting that supervisor involvement in absence management improves productivity. However, only 43 percent of survey respondents make managers and supervisors accountable for absence management and return-to-work policies.

Similarly, in the broader scope of health and productivity, 73 percent of participants said they have the support of senior management for health and productivity initiatives, suggesting there is room for improvement.

**MEASURING PROVIDES A CLEAR PICTURE**

It is notable that many employers surveyed this year indicated they do not formally measure the direct costs of absenteeism, while the great majority reported they do not formally measure the associated indirect costs. Indirect costs that must be taken into consideration include overtime, replacement workers and lower levels of productivity.

Only 38 percent and 36 percent of organizations measure claims by diagnosis for STD and LTD respectively. This indicates that the majority of organizations do not fully understand what is causing their employees' absences. In the case of STDs, only 35 percent of companies measure benefit costs per employee and only 30 percent measure benefit costs as a percentage of payroll.

The numbers are even lower for LTD, with cost per employee measurement at 35 percent, and percentage of payroll at 28 percent. Further, only 16 percent of companies measure employee satisfaction related to their STD policy and 15 percent to their LTD policy. Finally, only 29 percent measure the effectiveness of return-to-work practices for employees on STD, and 25 percent engage in such measurement for employees on LTD.

Companies that do not measure their indirect costs related to short-term and long-term disability may be missing information that could help them identify health and productivity issues more clearly. In turn, this may limit their ability to develop effective and robust strategies for managing and improving health and productivity in the workplace as well as their bottom line. Effective measurement is typically a key success factor for an integrated disability management or absence management program.

**MEASURING UP: FRONT LINE = BOTTOM LINE**

Some metrics are universal and readily accessible, like the direct cost of providing disability benefits. Commonly-used metrics are "lag indicators" measuring the effect of claims already in progress. Additional "lead indicators" — metrics that foreshadow potential future issues — can include employee and customer satisfaction, employee engagement levels, and the willingness of employees and customers to refer others to the organization. Other metrics depend on the nature of the enterprise and may include claim frequency, EAP cost and utilization, turnover, number and duration of accommodations for disabled employees, WC experience penalties and the cost of return-to-work programs.



**Where to Begin and How to Decide: Designing the right model for your organization...**

An effective strategy for absence or disability management integrates and balances numerous – and sometimes conflicting – priorities related to reducing costs, improving employee health, improving employee satisfaction, and increasing productivity.

While many organizations have such goals in common, the paths they follow to achieve them can be unique to the organization, its workforce and its circumstances. An understanding of both typical tactics and their perceived effectiveness, as illustrated in Figures 5 to 8, can provide helpful insights.

Some employers try to implement many initiatives at the same time, often without understanding the connections between the various initiatives, or the root cause of the symptoms they are experiencing. As with any other business challenge, they need to assess their situation first, before embarking on a specific course.

Measuring current organizational and workforce health practices and establishing a benchmark against best practices allows an organization to quantify and demonstrate the value of interventions. Digging deeper with diagnostic tools can highlight specific practices and processes that require targeted intervention. Determining appropriate metrics and developing action plans gives an organization the appropriate tools to realize the best return on its investment.

**FIGURE 5: Cost Reduction Tactics**

Written return-to-work plans	81%
Manager involvement	71%
Reviewing the performance of external vendors	70%
Ergonomic assessments	68%
Independent medical examinations	64%
Insurance company resources	51%

**FIGURE 6: Employee Health Improvement Tactics**

Safety training on and off the job	78%
Ergonomic assessments	78%
External resources for medical advice	73%
Employee Assistance Programs	70%
External resources for dealing with mental health	69%
Written return-to-work plans	61%

**FIGURE 7: Employee Satisfaction Improvement Tactics**

Personal days	88%
Ergonomic assessments	76%
Employee Assistance Programs	73%
Written return-to-work plans	62%
External resources for medical advice	61%

**FIGURE 8: Productivity Improvement Tactics**

Ergonomic assessments	66%
Written return-to-work plans	64%
Functional physical capacity assessments	56%
Manager involvement	54%
Independent medical examinations	46%
Work/life balance	42%



## A CLOSER LOOK AT MENTAL HEALTH IN THE WORKPLACE

When asked to prioritize issues of concern relative to health and productivity, the participants in our 2005 survey cited the rise in mental health claims, the aging workforce and employee engagement as their top three (see Figure 9).

FIGURE 9: Issues of Concern and Likelihood to Address

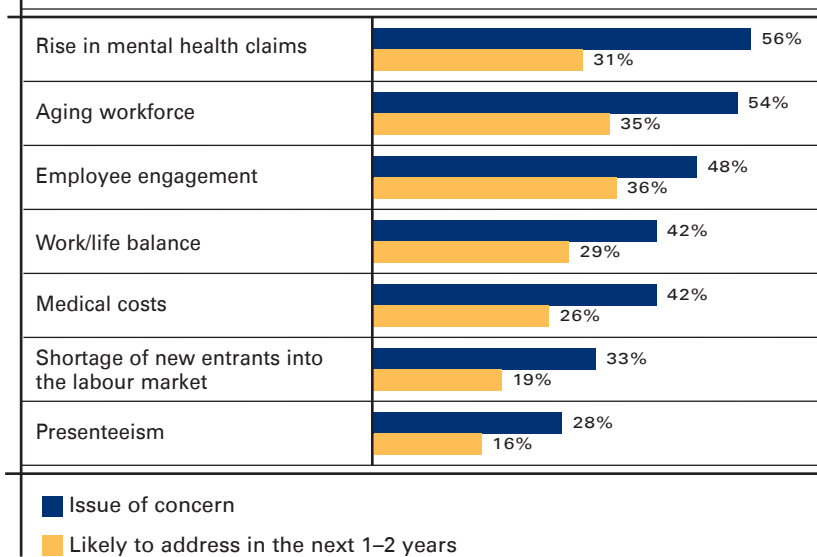
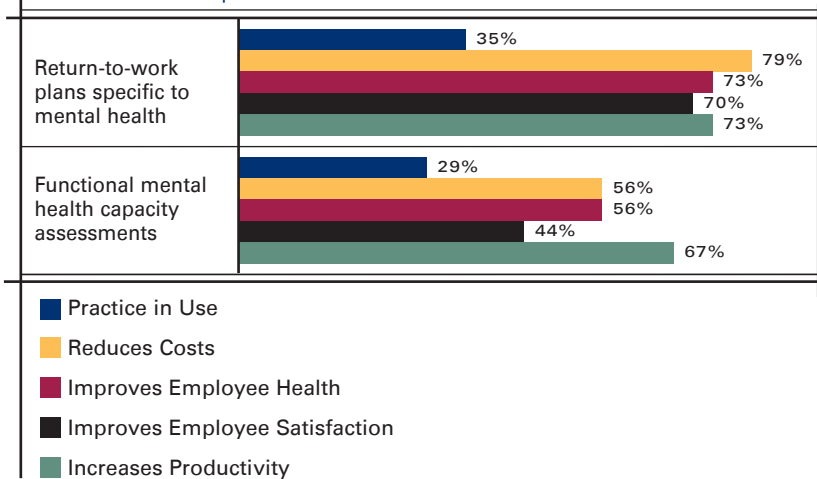


FIGURE 10: Specific Mental Health-Related Practices



Given the growing concerns about employee health and productivity, these top concerns are not surprising. What is surprising, however, is that an average of only 31 percent of participants indicated that they are likely to undertake an initiative to address these issues in the next one to two years.

Only 35 percent of organizations have RTW practices for mental health cases and only 29 percent have functional mental health assessments, as illustrated in Figure 10. Organizations that have such practices give relatively high marks to RTW plans in terms of cost-effectiveness and to mental health assessments in terms of productivity improvements.

### Present but not accounted for...

One of the newer areas of concern in conjunction with productivity and disability management is presenteeism. It is identified by 28 percent of participants as an issue of concern, and 18 percent intend to address the issue in the short term.

Presenteeism describes the condition of employees whose chronic health issues, whether physical or mental, do not prevent them from going to work but inhibit their ability to be fully productive. In many cases, low levels of productivity (e.g., low energy levels, loss of concentration) can be significant for weeks before an actual STD absence. In a sense, this is the very opposite of a state of productive engagement.

Costs associated with this issue, while difficult to measure, are also potentially significant. Without preventive health and workplace measures, the impact of presenteeism will likely continue to grow, especially as the workforce ages.

## PERSPECTIVE ON MENTAL HEALTH IN THE WORKPLACE

*Mental health is clearly an underlying issue in much of the Staying@Work data as a dimension of workforce and organizational health. Watson Wyatt sits as a member of the Global Economic Roundtable on Addiction and Mental Health and we interviewed it's Chairperson, Bill Wilkerson, to share his thoughts on the survey's findings.*



Bill Wilkerson

**WW:** *Our research demonstrates that mental health is emerging as a key issue in the workplace. What are your views on this trend?*

**BW:** Senior executives in Canada have begun to experience three major trends: the increasing prevalence and productivity cost of depression and anxiety disorders in the labor force and their connection to substance abuse; the sharp and continuing rise of disability-related absence rates; and the concentration of depression and anxiety among men and women in their prime working years, a trend that is beginning to complicate succession planning and the sustainability of organizations. This is of equal importance to another health issue of the day — the aging population.

**WW:** *Are you saying that managing the workforce and the future of the company — rather than the costs associated with mental health — are the reasons to recognize the importance of this issue?*

**BW:** For years, we have been aware of the oft-quoted \$30 billion dollar price tag on mental health in Canada. What we have not done is bring those costs down. In turn, the incentive to act comes from seeing where those costs are occurring, their effects on the organization, and who is affected. In this light, mental health in the workplace becomes a performance and a productivity issue. This, not straight dollar costs, is the real incentive to act.

**WW:** *Despite the evidence that mental health is the leading cause of both STD and LTD, why is there a lack of planned action?*

**BW:** Organizations simply don't know what to do. They may also be hesitant to face up to such non-medical issues as management practices that impact mental health. And the stigma surrounding mental health leads people to avoid recognizing it as legitimate illness. They may see stress as a *social fad* rather than a *social problem*, which feeds the notion that it is not real.

Mental health problems, like all health problems, have both physical and psychological components. Anyone looking around their own circle of acquaintances will find examples of people dealing with mental health issues that are quite real, including many with positive outcomes. We are not going to solve these issues through the narrow context of disability practices. We can begin to solve them through understanding how management practices impact employee health.

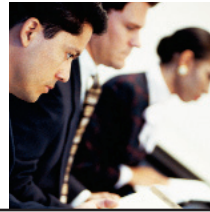
**WW:** *There are organizations trying to deal with mental health issues. Where should an employer start?*

**BW:** Employers have to start concurrently on three fronts to reverse trends:

Managers must be equipped to understand the subject matter and their role in managing mental health in the workplace. This includes questions around privacy, human rights, and the duty to accommodate a disabled employee's gradual return to work full-time.

Employers must determine how well their health care providers, such as insurance companies and EAP providers, understand mental health, and their expertise in managing these issues. Employers must demand high standards of provable expertise in this area.

Employers must also understand the drivers behind their LTD claims. What is their current LTD experience, who is on long-term disability and why, what has happened to them, and why are they not back at work. Cross reference that with the claims management process and find out what has worked and what hasn't. Then look at STD experience and find out why people may be drifting toward LTD.



**WW:** How much of an influence could employers have over the broader spectrum?

**BW:** A significant one. By helping to reverse trends of prevalence, employers will have an influence on the general population. If enough companies work toward this, they could become agents of fundamental social change.

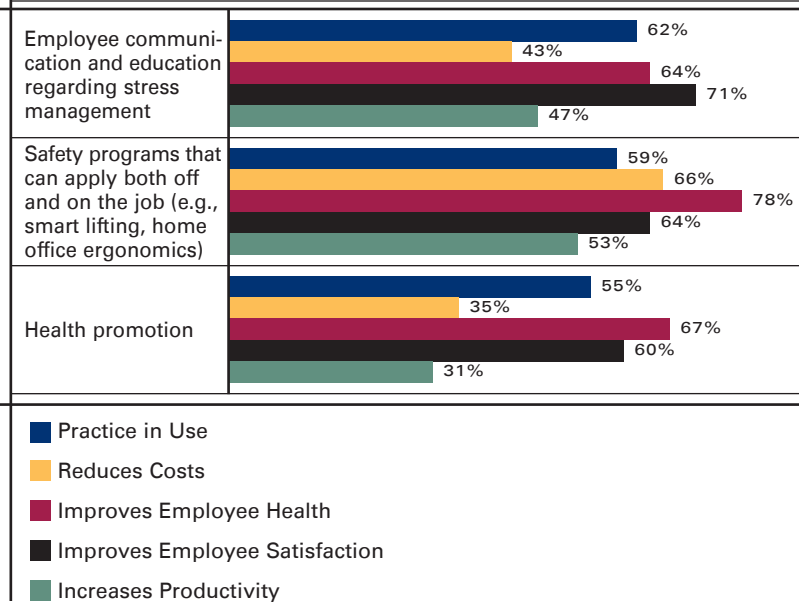
**WW:** Are you optimistic about all this?

**BW:** There is a light at the end of the tunnel, and it is not a train — it is a greater understanding of the issues and commitment to address them, and doing so on sound business grounds.

*About the Global Business and Economic Roundtable on Addiction and Mental Health*

*Since 1998, the Roundtable has been an instrument of information analysis and ideas concerning the linkage between business, the economy, mental health and work. The Roundtable consists of business, health and education leaders who have undersigned the proposition that mental health is a business and economic issue. The Roundtable's Mental Health Roadmap shows investors the standards they should expect from organizations they invest in. It also provides governing boards, CEOs and managers with tools to help manage employees experiencing mental health issues.*

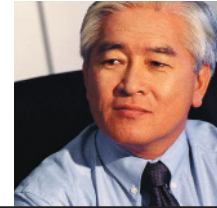
**FIGURE 11:** Less Prevalent but Promising Practices



**PRACTICES ON THE HORIZON**

Some less prevalent absence and disability management programs and practices show promise in their ability to impact costs, employee health, satisfaction and productivity (see Figure 11). These practices are examples of long-term strategies that can be effective in several respects over time.

Their effectiveness is as much about the process used as it is about doing the right thing. In absence and disability management, which often involves a number of people in the organization, transparent processes with clearly defined roles and strong communication are essential. This is important as an organization's overall work environment and workplace policies and practices impact employees' physical and mental health.



**Prevention can only help...**

As shown in Figure 12, the number one health improvement initiative cited by 73 percent of survey participants is supporting employees to get immunizations. There is also a growing focus on fitness, wellness, and nutrition. Over half of the respondents either provide fitness subsidies or have fitness facilities available on site. In addition, 40 percent offer nutritional counseling and 37 percent have wellness activities. So while the prevalence of such initiatives is still modest, they seem to be gaining ground in organizations as part of their overall strategy.

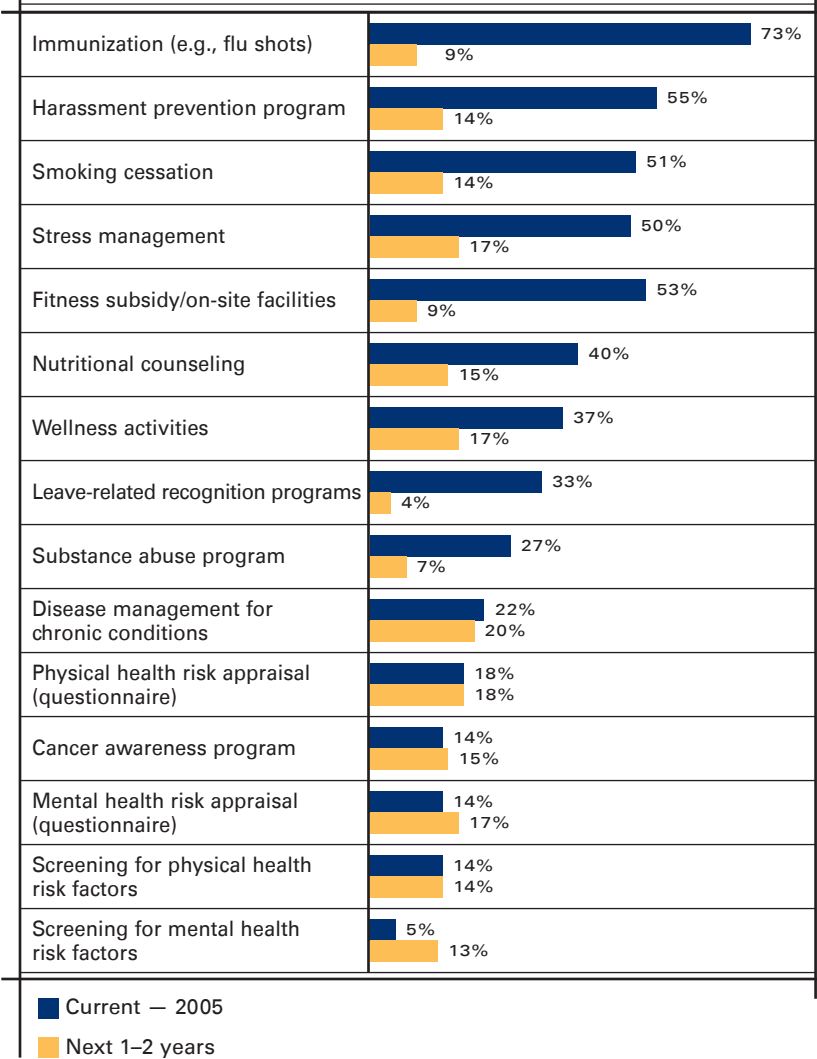
Interestingly, even though concerns about mental health claims are top of mind for the survey participants, only 5 percent of them are currently screening for mental health risk factors. Thirteen percent of respondents plan to introduce such screening in the next one to two years. On a related note, 50 percent currently have stress management programs and 17 percent report plans to introduce stress management initiatives in the next one to two years.

Concerns regarding an aging workforce were second to concerns over rising mental health claims, and 22 percent of companies currently have disease management for chronic conditions. Encouragingly, 18 percent have a physical health risk appraisal tool available for employees today and an additional 18 percent plan to offer one in the near term.

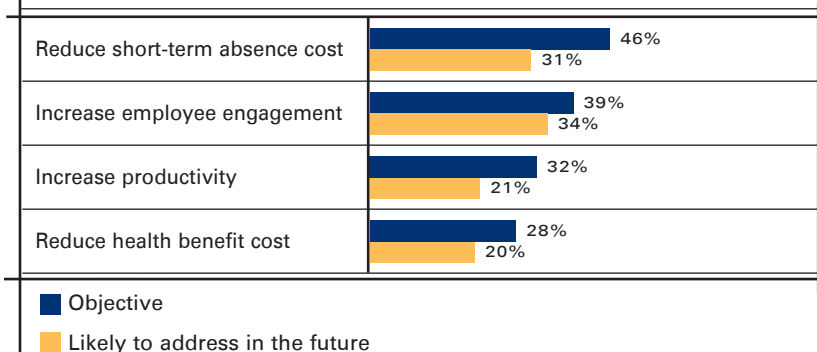
**HEALTH AND PRODUCTIVITY OBJECTIVES**

When asked more broadly about their current top health and productivity objectives, survey respondents cited reducing the costs of short-term absences, increasing employee engagement and increasing productivity, as shown in Figure 13. These same three are also the ones they are most likely to address in the next one to two years.

**FIGURE 12: Health Improvement Initiatives: Now and Likely to Offer in the Future**



**FIGURE 13: Health and Productivity Objectives and Plans for the Future**







## CONCLUSION: ACHIEVING A HEALTHY ORGANIZATION

The priorities and areas of concern cited by the survey participants suggest that organizations are beginning to see the link between a healthy workforce and employee productivity and engagement, and are now looking for ways to achieve improvements in these areas.

Every company is unique, with distinct factors influencing the whole. A truly holistic approach considers not only the design and delivery of specific programs, but also the broader context in which these programs operate. Just as the medical profession is encouraged to “treat the whole patient, not just the symptoms,” so too are organizations encouraged to consider their overall environment, i.e., what constitutes a healthy organization.

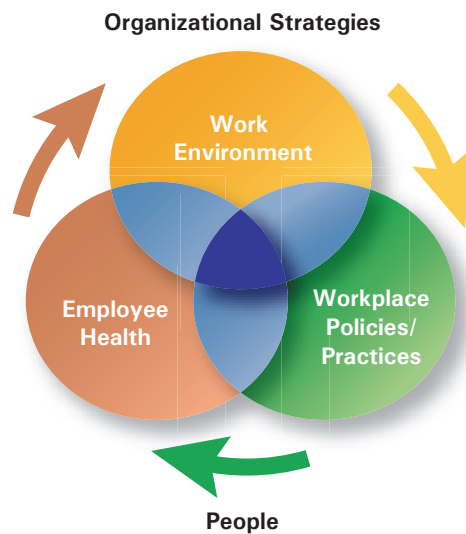
This holistic perspective starts with an assessment. Measures and data help identify gaps and inspire fact-based choices on how best to move forward. Such an approach includes addressing *work environment*, *employee health*, and *workplace practices*.

Health and productivity strategies (with a sub-strategy for integrated disability management) are fully effective when all the components that contribute to a healthy workforce are addressed.

The findings from our 2005 study demonstrate that organizations are doing a much better job than in previous years of creating robust and integrated absence and disability management programs. But, they need to avoid applying practices in isolation. With the cost and the frequency of claims continuing to rise, influenced by many factors in the workplace beyond the medical arena, it is important that absence management programs evolve into holistic action plans that allow organizations to realize the best return on their investment.

It is through this evolution towards a global approach to absence management – and to the broader question of employee health and productivity – that future challenges can be addressed and managed. In this direction lies a healthy organization.

Health and productivity is a crucial issue for the success of organizations today, and one which forward-looking business leaders will recognize. It makes good business sense, and just plain good sense.



## ABOUT WATSON WYATT

Watson Wyatt Worldwide (NYSE: WW) is a global human capital and financial management consulting firm. We specialize in employee benefits, human capital strategies, technology solutions, and insurance and financial services. Watson Wyatt has approximately 6,000 associates in 32 countries.

**TO FIND OUT MORE** about making the connection to a healthy organization,  
contact us at 866/206-5723 or [infocanada@watsonwyatt.com](mailto:infocanada@watsonwyatt.com).

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