

Employee Benefits Survey

[Company Name] strives to provide valuable, comprehensive and affordable benefit programs for our employees. Each year, we review our current programs—particularly our health and dental plans—to ensure they live up to these goals and are meeting our employees' needs.

Please take a few moments to complete this survey and help us with our annual benefits review process. Your input is important to us regardless of whether or not you currently participate in any of the programs.

Please return the completed survey to [Name].

Thank you.

1. Are you currently enrolled in the [Company Name] employee health care plan?
 Yes
 No
2. If you answered no to question 1, are you:
 Covered under spouse's plan?
 Covered under another plan?
 Uninsured?
3. If you do not have health insurance, are you uninsured because of:
 Cost
 Other—please explain:
4. Are you currently enrolled in the [Company Name] employee dental care plan?
 Yes
 No
5. If you answered no to question 4, are you:
 Covered under spouse's plan?
 Covered under another plan?
 Uninsured?
6. If you do not have dental insurance, are you uninsured because of:
 Cost
 Other—please explain:

7. How would you rate the information you receive from [Company Name] about your benefit plans?

- Excellent
- Above average
- Average
- Below average
- Poor

8. What is your preferred method for receiving benefits communication?

- Written material
- Easily accessible website
- Slide or video presentations
- Employee meetings
- Email

9. When you want detailed information about how your benefits work, where would you turn? Please rank your answers as 1 being the first place you would turn and 4 being the last place you would turn.

__ Supervisor __ Benefits booklet __ Company intranet __ Insurance broker

10. How well do you currently understand how your benefits work? (1 meaning very well and 5 meaning not at all.)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. How well do you want to understand how well your benefits work? (1 meaning very well and 5 meaning not at all.)

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. Which benefits are most important to you? Rank the following benefit plans in order of importance, with number 1 being most important, and number 6 being least important.

- __ Health/medical plan
- __ Dental plan
- __ Prescription plan
- __ Employee Assistance Program
- __ Short-term disability plan
- __ Long-term disability plan

13. Is your spouse eligible for medical insurance and/or other benefits from his or her own employer?

- Yes
- No
- Not applicable

14. If your spouse is eligible for benefits from his or her own employer, does he or she participate in those benefit plans?

- Yes
- No
- Not applicable

15. If coverage were available for your spouse from his or her own employer, would you be willing to have your spouse use his or her employer's plan (rather than the dependent coverage offered by the plan) if you were paid a fee to do so?

- Yes
- No
- Not applicable

16. Please mark the answer that best describes your overall feeling about the indicated benefit plans or plan elements.

	Poor	Below Average	Average	Above Average	Excellent
Medical Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Plan Provider Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Plan Provider Network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidental Death & Dismemberment Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term Disability Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term Disability Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drug Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. What do you think is the annual cost per employee for providing medical and dental benefits?

- \$1,000—\$2,500
- \$2,500—\$5,000
- \$5,000—\$7,500
- More than \$7,500

18. Would you prefer to pay more money from your paycheck for medical insurance (premium contributions) or more money when you actually go to the doctor or hospital?

- More money from my paycheck
- More money only when I go to doctor or hospital
- Do not understand

19. What is your impression of [Company Name's] benefit plans compared to other local employers?

- Excellent
- Above average
- Average
- Below average
- Poor

Your decision to join the company?

- 1
- 2
- 3
- 4
- 5

If over 3, which benefits?

Your decision to stay with the company?

- 1
- 2
- 3
- 4
- 5

If over 3, which benefits?

21. Rate your benefits in terms of importance. Please circle the number that best corresponds to the degree of importance you place on the following benefits.

	Very Important	Important	Undecided	Not too Important	Not at all Important
Health (Medical) Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Drug Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Assistance Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidental Death & Dismemberment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
401(k) Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuition Reimbursement Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sick Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Care Spending Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Care Spending Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Please answer the following questions related to possible plan alternatives.

Would you like to have different medical plans to choose from? One may cost more and provide higher benefits, while another may cost less and provide lesser benefits.

Yes

No

Would you like the opportunity to trade some of your current benefits for others of more importance to you?

Yes

No

Would you consider trading (or giving up) some of your benefits in order to receive more money in your paycheck?

Yes

No

The IRS allows employees to establish an employee-owned health savings account (HSA) that secures pre-tax dollars in a fund for future medical needs. HSAs are established with high deductible health plans that come with much lower premiums than traditional plans. If you had the option of participating in a high deductible health plan in conjunction with owning a HSA, would you consider it?

Yes

No

23. Please provide any additional comments on how we can improve upon our employee benefit plans, or how we can better meet your needs.