



SAMPLE Employee Benefits Survey

ABC Company 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 Jane Jones at ABC Company

Thank you.

1. Are you currently enrolled in the 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 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 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
- E-mail

Other - please explain _____

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 5 being the last place you would turn.

- ____ Supervisor
- ____ HR department
- ____ Company Intranet
- ____ Insurance Broker
- ____ Benefits Booklet

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

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

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



Thank you for viewing a sample of our Employee Benefits Survey!

Please give us a call for information on how we can provide your company with these surveys and other effective employee engagement and communication tools.

206.625.1800 / 800.967.3709 ext. 236

or

Email us at bhill@baclink.com