**Employee Healthcare Engagement Survey Form**

**Employee Details
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Employee ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Healthcare Survey Questions**

| **Question** | **Yes/No** | **Comments** |
| --- | --- | --- |
| **Are you satisfied with the healthcare benefits provided?** | **☐ Yes ☐ No** |  |
| **Do you feel the benefits meet your needs?** | **☐ Yes ☐ No** |  |
| **Have you utilized any healthcare benefits in the last year?** | **☐ Yes ☐ No** |  |
| **Is the enrollment process easy and clear?** | **☐ Yes ☐ No** |  |
| **Do you feel healthcare options are competitive?** | **☐ Yes ☐ No** |  |

**Suggestions for Improvement
☐ Enhanced Coverage
☐ More Options
☐ Simplified Processes
Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Acknowledgment
☐ I understand this feedback will be used to improve healthcare benefits.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**