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