

## Employee Financial Wellness Survey

This survey is intended to provide us with a better understanding of your financial needs and goals.

The results will be used to determine if a financial wellness program would be beneficial for you and your family. If it is decided that a program will be put in place, there will be little disruption in your work schedule and we will make every effort to keep the time commitment to what is necessary.

**All of the information taken from this survey is 100% confidential and anonymous.** It will take you no longer than 3 minutes to complete.

### How well do the following statements describe your financial situation?

	Absolutely	Very Well	Somewhat	Not at all
1 I feel confident with the direction of my retirement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 I can cover all unexpected expenses that occur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 I enjoy life the way I want because of my financial situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 I am barely getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 I am consistently saving part of my paycheck in addition to my retirement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 I always have money leftover at the end of every month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 I worry about money every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 I would definitely be interested in learning how to better manage my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	None	\$500-\$1,000	\$1,000-\$5,000	Over \$5,000
9 How much debt do you have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 How much savings do you have?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**In 2-3 sentences describe your financial situation. Where you are now and where you would like to be in 10 years.**

**Age**

Under 25	26-30	31-40	41-50	51- 60	61+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Male</b>	<b>Female</b>
<input type="checkbox"/>	<input type="checkbox"/>

**Dependents**

None	1	2	3+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Household Income**

< \$30,000	\$30-\$50k	\$50-\$75k	\$75-\$100k	\$100k+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you!  
We take your personal wellbeing very seriously and want to help in any way we can.