# Employee Survey - template

Please read the following carefully. Completing this survey should take about 5 minutes. Thank you.

The intent of this survey is to get your feedback and thoughts on your employee benefits plan. Remember, this is your plan and a valuable part of our overall compensation package. The information we receive in this survey is confidential. Data collected from all employees will be used by our benefits consulting firm in assessing and making recommendations to our organization in an attempt to improve our program. Our goal is to continue to provide a competitive benefits program that protects you and your family. Please be open and honest.

**Please note that all information collected–while invaluable to us–is used solely for information purposes and does not infer or guarantee any changes will be made to our plan.**

### Section 1 of 2: BENEFITS PLAN Please answer all the questions

1. Are you satisfied with the level of coverage under our current employee benefits plan?

* Yes
* Somewhat
* No

1. On average, how often do you use our benefits plan?

* Weekly
* Monthly
* Quarterly
* I rarely seek medical care

1. How important are benefits as part of your compensation?

* Very Important
* Somewhat Important
* Not that Important

1. Please rank our current company benefit plan on a scale from 1 to 6 (1 being the MOST important, and 6 the LEAST). You can drag and drop the rows to organize the order:

|  |  |
| --- | --- |
| Life Insurance |  |
| Long Term Disability |  |
| Health (ie: medical supplies, travel insurance, chiropractor, massage, etc.) |  |
| Drugs Benefits |  |
| Dental Benefits |  |
| Company Pension Plan |  |

1. If we were to enhance the group benefits available to you, what services would you like to see added? (Please check all that apply and/or describe any additional benefits you would like to see in our program that is not listed here.)

|  |  |
| --- | --- |
| Additional ‘Out of Country’ travel coverage |  |
| Healthcare Spending Account |  |
| Critical Illness Insurance – you would be paid a tax-free, lump sum income in the event of a heart attack, cancer, stroke (approx. 20 illnesses covered) |  |
| Other (please specify): |  |

1. If we were to make any of the additions to the benefits plan from Question #5, but needed to offset the improved coverage by cost sharing this increase with staff (50/50), how much would you be willing to contribute–per pay period–for these additional benefits?

* $0
* $10
* $15
* $20
* $25
* $30+

1. Overall, how satisfied are you with CARRIER as our Benefits provider?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Extremely Dissatisfied | Very Dissatisfied | Satisfied | Very Satisfied | Extremely Satisfied |
| 1 | 2 | 3 | 4 | 5 |

Additional comments about CARRIER’s customer service:

1. Do you access CARRIER’s website for benefit information (i.e. claims history, submitting claims, reviewing benefits, etc.)?

* Yes
* No

1. If you answered “Yes” to Question #8, how often do you access CARRIER’s website for group benefit information?

* Weekly
* Monthly
* Quarterly
* N/A

1. What type of coverage do you have through the plan? (check all that apply)

* Single
* Family
* I’m insured through my spouse/partner for health and/or dental coverage

1. Would you like to receive more communications and/or education about your overall Benefits plan?

* Yes
* No
* An annual benefit review ONLY

1. If we were to add a Healthcare Spending Account (this gives you more choice and flexibility for health and dental claims) but to fund this program we would have to reduce coverage in the existing benefits plan, would you be comfortable with this adjustment?

* Yes – I want to choose where my dollars are used (as long as there is no more than a 10% overall coverage reduction).
* No – I’d rather keep the plan as is; it works for me.

### Section 2 of 2: PENSION PLAN Please answer all the questions

1. Overall, how satisfied are you with CARRIER as our Pension provider?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Extremely Dissatisfied | Very Dissatisfied | Satisfied | Very Satisfied | Extremely Satisfied |
| 1 | 2 | 3 | 4 | 5 |

Additional Comments:

1. Would you like to have more communication/education with regards to our Pension plan? *Select all that interest you or meets your needs.*

* **Employees in the ‘Retirement Zone’:** Understanding your current income position, government benefits, and future retirement options to sustain your lifestyle income.
* **Employees in ‘Mid-Career’ (ages 30 to 50):** Noting different life stages when managing your money and investments.
* **In General:** Understanding investment market cycles and the importance of your participation.

### Overall Impression of Benefit and/or Pension plans (optional)

1. We value your input and are committed to working towards enhancing our workplace. Please provide any additional comments you feel would support this goal: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Thank you for taking the time to complete this survey. Your feedback will impact on how our benefits program evolves in the coming years.