

EMPLOYEE BENEFITS SURVEY

To help us provide benefits that meet your needs, please complete this survey and return it to [Name] in Human Resources by [date].

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Health Benefits					
I am satisfied with my health plan options.					
I am satisfied with my dental plan options.					
I am satisfied with my vision plan options.					
I am satisfied with my long-term disability insurance.					
I am satisfied with my short-term disability insurance.					
I am satisfied with my options for life insurance.					
Overall, I am satisfied with my health benefits.					
Financial Benefits					
I am satisfied with my retirement plan.					
I am satisfied with my salary.					
I am satisfied with the Employee Stock Purchase Program.					
I am satisfied with my opportunities for promotion, raises, and bonuses.					
Overall, I am satisfied with my financial benefits.					
Paid Time Off					
I am satisfied with the number of vacation, sick, and personal days that I receive.					
Overall, I am satisfied with my paid time off.					
Additional Benefits					
I am satisfied with my continuing education and training opportunities.					
I am satisfied with my tuition reimbursement options.					
Overall, I am satisfied with my additional benefits.					
Overall					
I understand my benefit options.					
I know where to find information about my benefits.					
I know whom to call if I have questions about my benefits.					
Overall, I am satisfied with my employee benefits.					

Additional Comments: