

Employee Benefits Survey Form

This Packet Includes:

1. General Instructions & Checklist
2. Employee Benefits Survey Form

General Instructions & Checklist

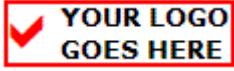
Employee Benefits Survey Form

- This form is an Employee Benefits Survey Form. It is used to take a survey from the employees of a company to see if they are satisfied of the benefits (i.e. salary, insurance, time off etc.) provided by the company.
- Be sure to include any “enclosures” mentioned in the letter. If there are no “enclosures” you may delete “Enclosure” from the bottom of the letter.
- Be sure to sign the letter and to make a copy before sending it out.
- Bracketed instructions may be included on this form to assist you in completing it and should be removed before printing. Generally in Microsoft Word, you can click on the bracketed instruction and start typing.
- These forms are not intended and are not a substitute for legal advice. These forms should only be a starting point for you and should not be used without consulting with an attorney first. An attorney should be consulted before negotiating any document with another party.
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EMPLOYEE BENEFITS SURVEY

Please complete this anonymous survey and return it to [Name] in Human Resources no later than [Date]. The results will help us provide benefits that meet your needs.

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 salary.					
I am satisfied with my retirement plan.					
I am satisfied with the Employee Stock Purchase Program					
I am satisfied with my opportunities for promotions.					
I am satisfied with my opportunities for raises.					
I am satisfied with my opportunities for 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 (please let us know if you have any additional comments or suggestions):

